EVALUATION OF A COURSE IN COUNSELLING WOMEN

by

GISELA MAGDALENE THEURER
B.A., University of Victoria, 1975

A THESIS SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE DEGREE OF
MASTER OF ARTS
in
THE FACULTY OF GRADUATE STUDIES
(Department of Counselling Psychology)

We accept this thesis as conforming to the required standard

UNIVERSITY OF BRITISH COLUMBIA
September 1981

© Gisela Magdalene Theurer, 1981
In presenting this thesis in partial fulfilment of the requirements for an advanced degree at the University of British Columbia, I agree that the Library shall make it freely available for reference and study. I further agree that permission for extensive copying of this thesis for scholarly purposes may be granted by the head of my department or by his or her representatives. It is understood that copying or publication of this thesis for financial gain shall not be allowed without my written permission.

Department of Counselling Psychology

The University of British Columbia
2075 Wesbrook Place
Vancouver, Canada
V6T 1W5

Date September 28, 1981
ABSTRACT

This study was designed to evaluate the effectiveness of a course in counselling women. The evaluation considered increased awareness, attitudinal and behaviour changes in female counsellors-in-training. Sex bias and sex role stereotyping have been reported in studies of psychotherapeutic practice but the extent and effects of sex role stereotyping by counsellors is an unresolved issue. The need for more awareness and knowledge of women's special issues has been widely stated.

A quasi-experimental design was used with female counsellors-in-training as the experimental group and female counsellors-in-training who have not yet taken the course as the control subjects. Both groups were tested at the beginning, in the middle, and at the end of the thirteen week course. Two objective written measures (Salient Issues Measure by Jean, Lafromboise & Plake, 1981; Therapists' Attitude toward Women Scale by Sherman, Koufacos & Kenworthy, 1978) and questions about videotaped vignettes depicting female clients (Videotape Questionnaire by Kahn & Theurer, 1981) were used as instruments to detect changes in the subjects' awareness of, and attitudes toward, women's issues.

Statistically significant differences were found on some of the measures indicating that the course was effective in changing the subjects' attitude toward women, their understanding of socio-cultural issues, and strategy and goal planning. Other measures revealed no statistically significant differences; indicating either measurement problems or lack of course related effects.
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Section</th>
<th>Pages</th>
</tr>
</thead>
<tbody>
<tr>
<td>List of Tables</td>
<td>(v)</td>
</tr>
<tr>
<td>Acknowledgments</td>
<td>(vi)</td>
</tr>
</tbody>
</table>

## I INTRODUCTION
- Background of the Problem
- Feminist Counselling and Training
- The Problem
- Definition of Terms
- Objectives

## II LITERATURE REVIEW
- Components of Counsellor Education
- How Therapy facilitates Change
- Values in Therapy
- Counselling Women
- Counsellor Bias
- Who can do Therapy with Women
- Feminist Counselling
- Courses and Training Programs in Counselling Women

## III METHOD
- Population and Sample
- Subject Selection
- Experimental and Control Groups
# LIST OF TABLES

<table>
<thead>
<tr>
<th>TABLE</th>
<th>PAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Videotape &quot;Adult Clients talk to a Counsellor&quot;.</td>
<td>39</td>
</tr>
<tr>
<td>2. Pre-test LERTAP scores for the Therapists' Attitude Scale and the Therapists' Information Scale.</td>
<td>49</td>
</tr>
<tr>
<td>3. Post-test LERTAP scores for the Therapists' Attitude Scale.</td>
<td>51</td>
</tr>
<tr>
<td>4. ANACOVA main group effects at post-testing on the Therapists' Attitude Scale.</td>
<td>52</td>
</tr>
<tr>
<td>5. Means and standard deviations for importance and rank at pre-, mid- and post-testing for each of five subscales of the Salient Issues Measure.</td>
<td>55</td>
</tr>
<tr>
<td>6. MANOVA F-ratios for group (experimental, control) and time (pre-, mid- and post-testing) for the five subscales of the Salient Issues Measure.</td>
<td>56</td>
</tr>
<tr>
<td>7. Coefficient alpha reliabilities for the Salient Issues Measure.</td>
<td>57</td>
</tr>
<tr>
<td>8. Interrater reliabilities and percentage of absolute agreement for the Videotape Questionnaire.</td>
<td>60</td>
</tr>
<tr>
<td>9. Median scores and chi-square results of the five questions on the Videotape Questionnaire.</td>
<td>61</td>
</tr>
<tr>
<td>10. Means and standard deviations of each of the five questions on the Videotape Questionnaire.</td>
<td>63</td>
</tr>
<tr>
<td>11. Pearson correlation coefficients between the four videotaped vignette stimulus clients on each of the five questions.</td>
<td>64-65</td>
</tr>
</tbody>
</table>
ACKNOWLEDGMENTS

I would like to thank the three members on my thesis committee for their involvement in my work and their support of me. I am especially grateful to:

Sharon Kahn for introducing me to the field of counselling women, for inspiration when I needed it, for assistance in structuring my thoughts and ideas, and last but not least in sharing with me in this process;

Stephen Foster for demystifying the whole process of statistical analysis and the specific moments of encouragement;

Marvin Westwood for his organizational skills, critical questions, and knowledge in the area of rating.

I would also like to express my appreciation to my colleagues Valerie Ward, Brenda Hooge and Caren Durante for the time and effort they gave for rating the data.

A special thank-you to my sisters Susanne and Kristine for their continuous interest, midnight typing and proofreading.
Background of the Problem

The components of effective humanistic counselling as taught in many counsellor training programs include empathy, genuineness (congruence) and unconditional positive regard. Rogers (1980) stated that these three conditions must be present in order for a therapeutic climate to be growth-promoting. Counsellor trainees also are taught stimulating, influencing, and facilitating action skills (Egan, 1975; Gazda, Asberry, Balzer, Childers & Walters, 1977; Hackney & Cormier, 1979). Most popular training manuals used in introductory counselling courses do not discuss the effect of possibility of differential treatment for female and male clients. Counselling implicitly is assumed to be non-sexist, and it is believed that clients should make decisions about their behaviour based on what they want for themselves and not be sex role expectations of their society or their counsellor.

Sex bias and sex role stereotyping, however, have been found in psychotherapeutic practice (American Psychological Association -APA, 1975). The APA Task Force (1975) identified four areas of bias in therapy:

1. fostering traditional sex roles,
2. bias in expectations and devaluation of women,
3. sexist use of psychoanalytic concepts, and
4. responding to women as sex objects.
While there is anecdotal information on present day sex stereotyping (APA, 1975; Canadian Psychological Association -CPA, 1981), research data to back the claims have been conflicting and negligible. Speaking of the lack of documentation of how sex bias actually affects the therapeutic interaction and outcome, Brodsky (1978) has said, "... the inability to validate one's personal experience is frustrating." (p. 3) Studies in the last few years indicate a moderating of stereotyping, especially by female counsellors (Maslin & Davis, 1975). Some interpretations for such reductions are "... a change in clinical attitudes, more appropriate training, artifacts of unrepresentative sampling, or socially desirable responding as awareness of discrimination against women has increased." (Brodsky & Hare-Mustin, 1980, p. 386) Smith (1980) reviewed and critiqued research articles in the area of sex bias in counselling and psychotherapy. She argued that varying the gender of the stimulus person as a cue to measure biases in the subject may be insufficient. Smith quoted four studies (Hayes & Wolleat, 1978; Maxfield, 1976; Smith, 1973; Wirt, 1975) that gave more narrative information about stimulus persons. In all four studies, counsellor bias was usually in the nonstereotypical direction. Thus the single cue of gender identity did not evoke counsellee stereotyping when more salient cues about individual characteristics were available.

Though the extent and effects of sex role stereotyping by counsellors is an unresolved issue, the need for more awareness and knowledge of women's specific issues has been widely stated (APA, 1981; Brodsky & Hare-Mustin, 1980; Sturdivant, 1980; Rawlings & Carter, 1977). This study was directed toward the issue of awareness of counsellors'
bias and knowledge of women's psychological processes among practitioners of mental health services.

The APA Task Force (1975) described two problems central to therapy with women:

1. the question of values in psychotherapy, and
2. the therapist's knowledge of psychological processes in women.

"To be with another in this (empathic) way means that for the time being you lay aside the views and values you hold for yourself in order to enter another's world without prejudice." (Rogers, 1980, p. 143) Many counsellor training programs espouse value-free counselling, whereas several authors have claimed there is no value-free counselling (Brodsky & Hare-Mustin, 1980; Rawlings & Carter, 1977; Szasz, 1970). Indeed Sturdivant (1980) claimed that values were an integral part of counselling.

Most psychologists are white, middle class and male, therefore their counselling will reflect white, middle-class and male values (Chesler, 1972). (The 1980/81 Membership Directory of the Canadian Guidance and Counselling Association indicates a more equal male/female ratio: approximately 1.25 male counsellors for each female counsellor.) Borverman, Broverman, Clarkson, Rosenkrantz and Vogel (1970) found that clinicians displayed a strong consensus about the behaviours and attitudes they thought typified a healthy adult, a healthy male, and a healthy female. Their concepts for a healthy adult and a healthy male were the same, but a healthy female was seen as different. She was viewed, for example, as more submissive, less independent, less adventurous, more easily influenced and less aggressive than a healthy male or a healthy
adult. Other studies also have shown that psychology is influenced strongly by traditional cultural values (Buss, 1975). Kaplan and Sedney (1980) found a "... strong link between what people in general consider socially desirable behavior for the sexes, and judgments made by mental health professionals." (p. 346) The client usually is considered 'improved' when s/he takes on the values of the counsellor, therefore therapy, to a large extent, is a change in such values as sex, aggression and authority (Pepinsky & Karst, 1964). Beutler, Pollock and Jabe (1978) found a strong relationship between the clients' acquisition of their therapist's values and their ratings of improvement. If the counsellor is not aware of his/her own biases, s/he could foster traditional sex role behaviours, whereas it is often the dissatisfaction with that traditional role that has led the female client to come for counselling.

Many therapists lack knowledge of specific psychological processes of women. They are not aware of the ways in which scientific research and psychological assumptions have been biased by sex stereotypical beliefs (e.g., Bernard, 1972; Levenson, 1972). Authors have called for a reevaluation of theories about women, especially those theories based on Freudian beliefs (APA, 1975; Baker-Miller, 1976; Cline-Naffziger, 1974; Harmon, Birk, Fitzgerald & Tanney, 1978; Kaplan & Sedney, 1980; Sturdivant, 1980; Sturdivant, 1980; Wyckoff, 1977).

Feminist Counselling and Training

Alternative approaches to psychotherapy for women make some common assumptions: "therapists should be familiar with research
on the psychology of women; they need to be aware of the importance of therapist-client similarities of values; and they need to be aware of the importance of social change in considering therapeutic change in women" (Brodsky & Hare-Mustin, 1980, p. 398). Feminist counselling incorporates the values that women and men should have equal personal, political-institutional and economic power.

Feminist therapists claim that it is not enough to attempt to be nonsexist, but that therapists must be aware of the role that socio-cultural factors play in the lives of women and have special expertise to deal with women's issues and problems. Thomas (1975) described the two major parts of the feminist belief system:

1. Feminist Consciousness (the belief that women differ from men because of social conditioning on the basis of sex role stereotypes and the belief that this socialization has been destructive and oppressive for women); and

2. Feminist Humanism (a highly positive belief in the ultimate capacity of each woman for self-actualization based not on sex role stereotypes but on her own self-knowledge and human potential). (cited in Sturdivant, 1980, p.77)

At the August 1978 meeting of the APA in Toronto, thirteen principles were presented as being essential for the counselling and therapy of women (Appendix I). Included in these principles was the recognition of how counsellor values, biases, and functioning affect women clients and also the need for knowledge about women as a special client group. An extensive guideline for therapy with women was subsequently published by the APA (1978).
The need for training counsellors in specific women's issues has been widely reported (e.g., APA Task Force, 1981; Buczek, 1981; CPA, 1981; Foxley, 1979; Gilbert & Waldroop, 1978; Gilbert, 1979; Moore & Strickler, 1980; Rawlings & Carter, 1977; Thames & Hill, 1979). In describing the multi-disciplinary approach in many counsellor education programs Foxley (1979) stressed the necessity of including the study of sex roles. Understanding the social, educational, political, psychological and economic contradictions in the environment includes assessing the detrimental effects of sex role stereotyping. The first step that a counsellor trainee takes in becoming a nonsexist counsellor is that of recognizing and understanding his/her own sexist and nonsexist attitudes.

Counsellors need to be aware of the common problems women share (such as post-partum depression, powerlessness, lack of self-esteem) and learn the particular counselling skills that have been shown to be most effective with a particular problem. Thames and Hill (1979) advocate that existing training programs need to be modified to accentuate the differential response to female and male clients. Moore and Strickler (1980), in reviewing counsellor training programs, found a discrepancy between the attitudinal support given to the need for training in awareness of women's unique concerns, and the behavioural support by the educators responsible for the training and continuing education of counsellors. This discrepancy is emphasized by Scott and McMillan (1980) in their survey of counsellor training institutions. They found that course work in sex fair guidance and counselling was only offered in 33% of the institutions surveyed in the United States.
and only 4% of the departments required course work in this area.

The Problem

In surveying the literature, it was found that while the need for special training was being repeatedly reported, few articles assessed the effectiveness of the courses presently being offered. Ruble, Croke, Frieze and Parsons (1975) were able to detect significant changes in female subjects in the areas of attitudes toward traditional roles of women, non-stereotypical beliefs and perception of sex discrimination after a women's studies course. Gilbert and Waldroop (1978) used role plays and structured exercises to increase the awareness of sex role behaviour of men and women and found that after the course (which also included core counselling competencies) the subjects not only had increased their awareness of sex role stereotyping but also were able to demonstrate greater sex fair counselling behaviours. Gilbert (1979) did an informal evaluation of a ten week course that also combined basic counselling skills with role plays and exercises that were based on four identified areas of sex bias and stereotyping (APA, 1975). After completion of the course, male participants described themselves as possessing feminine characteristics to a greater degree than they had prior to the course.

In the last year, only two studies were published that evaluated the effectiveness of short-term workshops on counsellors' awareness of sex role stereotyping. (Moore & Nelson, 1981; Thomas, Moore & Sams, 1980). Brodsky and Hare-Mustin (1980) have suggested that the absence of long-term experience with specific techniques
in counselling women has hampered more definitive evaluations. It also may be that evaluation of courses in counselling women suffer from a similar absence of long term experience and careful planning.

Definition of Terms

**Sex role stereotyping**: The attribution of a set of differential characteristics or qualities that typify woman and man. The characteristics are considered to be the traditionally acceptable ones for the genders; such as dependence, altruism and expressiveness for women and independence, assertiveness and objectivity for men.

**Sex role bias**: A tendency by a counsellor in his/her expectations of stereotypical behaviours from clients; and a fostering of those attributes as a strategy and goal for counselling.

**Counselling and therapy** are terms used interchangeably in this study. Counselling is a term generally used for a varied number of functions, but for the purpose of this study it is synonymous with therapy: the alleviation of undesirable conditions and the striving for personal growth.
Objectives

It was the purpose of the present study to evaluate a thirteen week (1.5 unit) graduate course in counselling women. Under investigation was the effectiveness of the training on the students' changing awareness of women's issues and the students' counselling responses to situations where clients may be seen, and treated in, a traditional stereotypical manner.

The questions asked in designing and carrying out this study were:

1. Did the course teach knowledge about client processes that were not learned through other counselling courses?
2. Did a counsellor-in-training change her responses and treatment plans for female clients after taking the course?
3. Did a counsellor-in-training change her attitude toward female clients after taking the course?
Components of Counsellor Education

One of the major modes used in counsellor education is based on Carl Rogers' Client-centred approach. Rogers (1967) formulated six conditions as necessary and sufficient for personality change to occur:

1. Two persons are in psychological contact.
2. The first, whom we shall term the client, is in a state of incongruence, being vulnerable or anxious.
3. The second person, whom we shall term the therapist, is congruent or integrated in the relationship.
4. The therapist experiences unconditional positive regard for the client.
5. The therapist experiences an empathic understanding of the client's internal frame of reference and endeavors to communicate this experience to the client.
6. The communication to the client of the therapist's empathic understanding and unconditional positive regard is to a minimal degree achieved. (p. 73)

Rogers further emphasized that these conditions do not vary according to client severity of problem, and the counsellor did not need any specialized knowledge.
Rogers' training workshop involved students in:
1. listening to tape-recorded interviews of experienced therapists,
2. role-playing therapist with fellow students,
3. observing a series of live demonstrations by the supervisor,
4. participating in group therapy or multiple therapy,
5. conducting individual psychotherapy and recording the interviews for discussion with a facilitative non-directive supervisor, and
6. personal therapy. (Matarazzo, 1978, p. 943)

One of the criticisms directed at Rogers' approach has been that, while listening and reflecting are a requisite for a therapeutic relationship; they are not sufficient for therapeutic change (Egan; 1975; Kanfer & Goldstein, 1980).

The major influence on Egan's (1975) three stage developmental model for counsellor education was Robert Carkhuff (e.g., Carkhuff, 1969a & b). The helping skills that Carkhuff outlined train the student directly and systematically in both human-relations skills and problem-solving skills. Egan's model combined Rogers' responsive dimensions, a dynamic self-understanding phase and a progressive action phase which required the counsellor to incorporate specific behaviour change methodology into his/her repertoire. Egan called his model organic or developmental as each stage "is successful only to the degree that the preceding stage has been successful"
Egan was aware of the difficulty in integrating skills into a smoothly functioning and effective whole, and recommended three factors to help achieve this integration. First the trainee needed to get a conceptual grasp of individual skills and do extensive practice with each skill before moving on to the learning of a new skill. Secondly, the trainee needed to watch modeling by high-level helpers. Thirdly, supervised practice with extended sessions plus feedback was essential.

In the literature used in many training programs (Egan, 1975; Gazda et al., 1977; Hackney & Cormier, 1979) the counsellor is viewed predominantly as the provider of conditions necessary for client change and the skills required are in the domain of interpersonal and behavioural change. A shift is occurring in counselling away from the counsellor to emphasize the importance of the counsellor-client relationship. The relationship is viewed as egalitarian and the counsellor and client together form a bond and agree upon goals and tasks (Bordin, 1979). The burgeoning interest in the counsellor-client alliance suggests the inclusion of new theoretical and perceptual skills. Counsellor education now may include the understanding and recognition of differential client psychological processes and the application of the appropriate affective, cognitive and behavioural methods to facilitate client change (Kanfer & Goldstein, 1980). The recognition that specific client groups have different psychological processes has allowed the inclusion of feminist conceptualizations of women's processes into counselling.
A new discipline in counselling is needed as new emerging needs and goals of women are not being met by traditional procedures (Worell, 1980). Accumulated changes in social organization, such as the women's movement and the changing composition of families; create new sources of stress and increase demands for innovative counselling services in areas like family/career/achievement conflicts, reentry (work and school), single-parenting and sexuality counselling based on recent findings of female psychosexual functioning.

How Therapy facilitates Change

Frank (1973) has emphasized the five functions which form the basic assumptions of all therapies and that (in conjunction with the therapeutic relationship, the setting [designated by society as a place of healing], the rationale [which includes an explanation of illness, health, deviancy and normality] and the tasks and procedures used) will produce attitude change and therapeutic benefit. The five functions are:

1. All forms of psychotherapy provide the opportunity for the client to come to some new cognitive understanding and experiential learning.
2. The client's hope of relief is enhanced.
3. The client is given the opportunity for success experiences which strengthen the sense of power, mastery and interpersonal competence.
4. Therapy helps the client overcome his/her sense of alienation and assist in the discovery that his/her problems
are not unique and that others are caring.

5. A prerequisite for attitudinal and behaviour change is that the client is emotionally aroused.

For women to come to an understanding of sex role issues, and to recognize the commonalities that all women share alleviates the sense of alienation and fosters the recognition that personally felt symptoms (such as depression or dissatisfaction) can well be ascribed to cultural causes instead of psychological ones. This recognition can lead to a hope of relief "since labelling the cause of a problem brings with it the possibility of change, as well as implied strategies for doing so" (Sturdivant, 1980, p. 143). Feminist counselling assumes that once women come to an understanding of sex role and power analysis, they will take responsibility for their interpersonal relationships and for participating in social action for change.

Values in Therapy

Closely connected with an analysis of women's power and role structure in society are the therapist's values and beliefs in the origins and reasons for women's problems. All systems of therapy contain implicit value judgements (Halleck, 1971; Szasz, 1970). Value judgements are used whenever a therapist makes a decision on diagnosis, treatment goals and applicable techniques. The study of values has been, to a large extent, not incorporated into the study of therapy (textbooks in counselling do not address the issue). One explanation for this could be the interpretation by Frank (1973)
that the emphasis on the democratic ideal and scientific values of objectivity and intellectual comprehension in our society makes it difficult for therapists to understand and accept the power, or persuasion, they have and use in the process of therapy. The high worth of insight that is given to therapy (Egan, 1975; Perls, 1969; Rogers, 1980) makes it more difficult for therapists to see their own influence in the therapeutic relationship.

Feminists consider that our culture’s value system is patriarchal and male dominated. Polk (1974) compared male and female value systems and found that masculine values (such as aggressiveness, competitiveness and rationality) are given a higher status and dominate our culture (in terms of personal, political and economic relationships) when compared to feminine values such as expressiveness, passivity and cooperation. Women may be devalued then, in part, because they embody an alternative value system. The value orientation of feminist counselling is based on the female value system and stresses living in harmony with nature (as compared to conquering nature), and cooperation and interdependence of group and individual goals (rather than competitiveness) (Sturdivant, 1980).

The professional values of therapists determine the techniques and goals set in therapy, and are based on the therapist’s identification with a particular personality theory (Rawlings & Carter, 1977). Values are generally applied differentially to women and to men. "Whether psychoanalytic, behaviorist, or humanist, all schools of therapy view successful performance of the female role as part of the definition of a successful woman" (Sturdivant, 1980, p. 13).
Freud did not separate female biology from female status, and therefore saw women's inferior status (and low power) as an innate quality. He did not consider the role definitions of feminine and masculine as originating from cultural norms. Neofreudians such as Karen Horney and Clara Thompson (Rawlings & Carter, 1977) contended that attributes (such as penis envy) did not represent women's biological inferiority but rather were the outcome of cultural prejudices against women and their inferior social status. Personality traits that have been linked to women's innate structure, such as passivity, masochism and narcissism, also can be explained in terms of women's inferior social status, economic dependency on women and the social inhibition of sexual and aggressive behaviour (Rawlings & Carter, 1977).

An interactional, or social learning, model of behaviour assumes that social structure, culture, and the individual are dynamically interrelated, with role being the mediating link between society and the individual (Sturdivant, 1980). It is assumed that the emotional needs and feelings plus the cognitive processes interact with the social context, previous social conditioning, and cultural norms to determine behaviour. This model sees men and women as being flexible, adaptable, capable of change, and capable of choice. If personality is not seen as a relatively inflexible set of traits, then change in both behavior and personality is made possible. For women, this opens the possibility not only of changing many of their negatively valued personality
characteristics, but of changing their role in society as well. (Sturdivant, 1980, p. 136)

As a belief in the flexibility of change possibilities is a part of the value system that can restrict or enrich the client's possibilities, therapists need to be aware of their professional values and communicate them to the client (Barrett, Berg, Eaton & Pomeroy, 1974).

Symptoms are considered to be feelings, attitudes or behaviours that take on the meaning assigned to them by the therapist according to his/her value system. Feminist therapy interprets symptoms as being the direct result of the female role and socialization and as representing role conflicts or survival tactics (Sturdivant, 1980).

Counselling Women

Counselling women can be divided into two main areas:
1. non-sexist counselling, and
2. feminist counselling.

Non-sexist counselling includes the counsellor's awareness and recognition of the four areas in which bias in therapy occurs (APA, 1975):
1. fostering traditional sex roles (e.g., that a woman can only find fulfillment in the role of mother and wife),
2. bias in expectations and devaluation of women (inaccurate
and demeaning use of labels such as histrionic and seductive),
3. sexist use of psychoanalytic concepts (e.g., to label "ambition"
as "penis envy"), and
4. responding to women as sex objects (e.g., the therapist being
affected by the female client's physical appearance).

Non-sexist counselling is a belief in reciprocal influence: the
client has the potential to have the same skills as the therapist,
and new ideas and goals in counselling are created by both the
counsellor and the client. The behavioural strategies involved
include the willingness of the counsellor to share power in the
counselling relationship with any client who has competence in
decision making and implementation of action strategies; and that
the methodology and the meaning of the concepts connected with the
strategies are open to scrutiny by those clients expected to use
them. This leads to a belief in the validity of the process of
counselling and in the counsellor, a free and informed choice on
the part of the client and therefore an internal commitment to
the choice and its implementation. This model of counselling assumes
that:

1. the therapist is aware of her/his own values,
2. there are no prescribed sex-role behaviors,
3. sex-role reversals in life-style are not labeled pathological,
4. marriage is not regarded as any better an outcome of therapy
   for a female than for a male,
5. females are expected to be as autonomous and assertive as males; males are expected to be as expressive and tender as females, and
6. theories of behaviors based on anatomical differences are rejected. (Rawlings & Carter, 1977, pp. 51-52)

Non-sexist counselling also incorporates the two aspects that, in combination, are called androgyny (Bem, 1975):
1. instrumental (the ability to cope or act for oneself), and
2. expressive (the ability to relate sensitively to other people).

"A basic premise of the model of androgyny is that behavior that is flexible, situationally appropriate, and integrates femininity and masculinity will be effective and ultimately result in feelings of well-being" (Kaplan & Sedney, 1980, p. 335). Therapy can be a form of resocialization for androgyny. The behaviours and feelings that have been neglected as a result of sex role socialization can be reintegrated. Effective use of androgynous behaviours is not always sufficient for the well-being of clients. Kaplan and Sedney (1980) see that as a problem of the social context. "Androgyny cannot be really effective in a society that devalues women and the feminine mode" (p. 356).
Counsellor Bias

As most counsellors state a belief in non-sexist counselling, even when the practices do not reflect those beliefs, counsellor bias studies will be reviewed before the section on feminist counselling.

The statement frequently has been made that counsellors hold stereotypical concepts about the nature of women and the appropriateness of certain behaviours (Smith, 1980). In therapy counsellors, unconsciously or consciously, work toward the female client's acceptance of, or return to, traditional roles (APA, 1975). The primary evidence for these statements was the Broverman et al. (1970) study that revealed differential mental health concepts for men and women by counsellors. More recent studies have not been able to confirm the results from Broverman. Maslin and Davis (1975) used counsellors-in-training and found that only the male counsellors-in-training held stereotypical beliefs of women to some degree. Female counsellors-in-training expressed the same mental health standards for women and men. Abramowitz, Roback, Schwartz, Vasuna, Abramowitz and Gomes (1976) hypothesized whether sex role countertransference could be generalized to conventionally trained, experienced group therapists. Analogue methodology was used and the results failed to confirm the expectation of sex bias in psychotherapy. However, the female stimulus clients received greater amounts of empathy and were rated as having better prognoses. The male case was more likely to be
recommended for group therapy. The authors hypothesized that the results may have resulted from a sensitization in the subjects to the extensive outpourings of professional concern over sex bias or to the use of analogue responses where client impact is not as strong as in reality.

Smith (1980) raised the argument that sex differences may have been produced in these studies because sex was the only variable given about the stimulus client. She reviewed four studies that gave subjects more information about the clients and examined whether individual characteristics or gender prevailed. Hayes and Wolleat (1978) used audiotapes as a stimulus and therefore did present more information to the subjects than just gender designation. The results found significant effects in the opposite direction; that is, counsellor bias was nonstereotypical. Maxfield (1976) also found significant effects in the opposite direction of sex bias on half of the cases in a study that gave extensive case histories to therapists. Wirt (1975) used thirty-minute interviews with trained clients where the variables of client sex, race and emotional tone (hostile or friendly) were varied. Analysis of variance revealed that males were rated as more negative than females and as more potent, but as less active. Smith (1973) presented 25 items of narrative information and test data about clients to secondary counsellors. Again, counsellor stereotyping was not evoked when other salient characteristics were available.
In a meta-analysis (method by which the results of several studies are transformed to a common metric, which reflects the magnitude of effect produced by each study), Smith (1980) combined 34 sex bias studies and found no evidence for the existence of counsellor sex bias. Whitley (1979) appraised the current status of sex roles and psychotherapy. He compared subject population (mental health professionals, counselling trainees and college students), measuring instruments and analogue and field studies and came to the conclusion that clinicians shared the sex role stereotypes of their culture, but there was little evidence that these stereotypes affected professional judgements or treatment goals. Billingsley (1977) found that when client pathology was well-defined, client sex did not influence treatment goals. Cowan (1976) studied therapists' judgement of client's sex-role problems using a sex role stereotype questionnaire. Results showed that therapists did apply a male or adult mental health standard to women: women were considered to be too feminine. While men's problems were not seen in sex role dimensions.

Studies done since the original research into counsellor bias have not been able to find conclusive evidence of a double standard of health and treatment for women. Brodsky (1978) stated that it may well be an issue of misinformation about women's problems that is more relevant and of current concern than counsellor bias. The misinformation can be remedied by courses and programs in counselling women. Bias in counselling can also be eliminated by
a careful matching of a client with a counsellor that is compatible to the client's needs.

Who can do Therapy with Women

The importance of the therapist variables is recognized by feminist therapists who assume that the individuality and involvement of the therapist are integral parts of the change process. Consistent with the egalitarian attitude to therapy; feminists believe that skill, expertise and a commitment to a feminist philosophy are more important than formal degrees and titles (Rawlings & Carter, 1977). Therapists and clients should be pre-matched on values for both efficiency and ethics (Kaplan & Sedney, 1980). This would diminish conflicts that result when an anti-feminist client is paired with a feminist therapist; that client would benefit as little from therapy as a feminist client with an anti-feminist therapist. As it is not always possible to match therapist and client on values, it is the responsibility of the therapist to make his/her values clear to the client, and then to discuss the compatibility/incompatibility of the client's needs with those values.

As modeling is an important factor in therapy and only female therapists can serve as role models for female clients, this factor should be taken into account when choosing a therapist.

Men who are nonsexist and knowledgeable about women's problems are qualified to treat women (Rawlings & Carter, 1977). The exceptions when men should not treat women are:
1. A man should not do therapy with an all-female group. . . .

It would produce a situation in which women are once more exposed to the role model of a powerful male to whom they are subservient.

2. Men who have vestiges of guilt about the enforced subservience of women or who have rescue fantasies about women should not do therapy with dependent women whose husbands mistreat them.

3. Men should not do therapy with women who are hostile to men. . . . Such women are not likely to have much trust in male therapists at the beginning of therapy, when the work is the most difficult. It would be much better for a male-hostile woman to work with a female therapist and then, when the client felt she was ready, either introduce a male cotherapist or put the client in a mixed-sex group.

4. Men should not do therapy with women who relate to men primarily in a seductive manner. These women should be referred to a female therapist. Such women try appealing to male therapists sexually because that is the way they have learned to cope with men. However, it should be remembered that women have been socially conditioned to be pleasing to men and may have no intention to seduce the therapist, even though their behavior is often interpreted as seductive. (Rawlings & Carter, 1977. pp. 71-72)

Male therapists who have traditional notions of masculinity and who take a biological deterministic view of sex role behaviours would
expect women to accept their feminine identity by accepting a subordinate mode of behaviour (Rawlings & Carter, 1977); these values and attitudes would be clearly detrimental to any female client.

Orlinsky and Howard (1976) studied the effects of sex of therapist on the therapeutic experiences of women and found that, generally, women in treatment with male therapists were significantly involved with the therapist but felt more uncomfortable, self-critical and found therapy less supportive (though not necessarily less beneficial) than female clients with female therapists. Female clients who were young (18 - 22 years of age) and single reacted the strongest to sex of their therapist. At that age, women are often not yet committed to either a traditional or alternative life-style and a female therapist may well be the most satisfying for those clients.

**Feminist Counselling**

Feminist counselling supports the concepts espoused by non-sexist counselling, and adds the dimensions of politics and power struggles. "Sex role stereotyping may be more accurately viewed as power typing" (Harmon et al., 1978, p. 137). Johnson (1974) found that certain forms of social power are considered as stereotypical male and others as stereotypical female:

- **male:** a) legitimate power (based upon some authorized relationship),
  
  b) expert power (based on the competency that is not possessed by others), and
c) informational power (based on the possession of some data as needed by others).

female: a) referent power (based on the need to belong to a group), and

b) helpless/dependency power (based on the social norm of helping those who cannot help themselves). (Harmon et al., 1978)

Counselling women is partially the freeing of the boundaries between the stereotypical power bases (for both men and women) and encouraging the individuals to examine the different options. The basic assumption underlying feminist therapy is that ideology, social structure and behaviour are inextricably intertwined.

Gilbert (1980) stated that feminist therapy requires the adoption of new attitudes, not just new techniques. Two principles are outlined by Gilbert. The first principle is that the personal is political. This requires knowledge on the part of the counsellor to be able to evaluate the influence of social norms and roles on the individual's experiencing. The counsellor has to validate the female client's experience and help her to explore her behaviour and what the societal influences are that shape her behaviour. A necessity for counselling, according to the feminist perspective, is the participation in social action. The emphasis is on change in the societal structures rather than on adjustment to them. Counsellors should be willing advocates for their clients.
Clients are encouraged to also engage in social actions to strengthen their feelings of effectiveness and power.

Gilbert's second principle is that the counsellor/client relationship is viewed as egalitarian. This consists of taking the mystique out of the counsellor's position and giving the client equal power in the process of therapy. It is teaching the client to be active in finding a counsellor that is compatible with her needs, and it is also encouraging the client to become autonomous, self-sufficient and independent (in contrast to becoming reliant on the counsellor for support). The client learns to express her anger about the expectations that have been placed on her by society. Through bodywork women learn techniques to release pent-up energy and held-in emotions (Mander, 1977). The counsellor has to be open to model to the client and be willing to self-disclose to help the client validate her experiences.

Two other strategies that feminist counsellors use are teaching the client more straightforward and open communication skills to minimize manipulation by either the client or the counsellor, and the use of behavioural terms (i.e., common language, bibliotherapy, consciousness-raising groups) to help the client become her own helper.

Counselling women is often done in groups. In a group setting it becomes easier for women to distinguish between social and personal issues. Group work is seen as both a political tool and a therapeutic one (Mander, 1977). Because a higher degree of modeling is encouraged.
(Wyckoff, 1977), women learn interaction skills. One of the primary group structures is the consciousness-raising group where women come together to discuss the politics of their lives and invent their own formulas for social change. One of the prevailing norms in consciousness-raising groups is the primary emphasis on personal experience, on valuing feminine qualities that have been devalued as well as validating behaviours that have traditionally been considered masculine. Kravetz (1976) describes five outcomes that are characteristics of consciousness-raising groups:

1. women are more likely to perceive themselves as equals in interpersonal relationships,
2. women are more likely to develop their own identity, independent of men and children,
3. women are more likely to trust and respect other women,
4. women become aware of the social, political, and economic factors that affect their lives, and
5. social change is defined as a prerequisite for many personal changes. (p. 70)

All-women's groups can break the isolation of individual women and provide new role models and avenues of self-definition. After the realization of the 'wrongness' in society, the experienced anger can be redirected into open confrontation with the oppressor, which then increases the sense of mastery and leads to more reciprocal interrelationships (Barrett et al., 1974). The value of group counselling with a feminist perspective and with female leaders was emphasized in a study
by Johnson (1976) where two of the top ten factors seen as helpful by the participants were experiencing the therapists as competent women and knowing that the therapists shared the female experience. What the feminist perspective brings into sharper focus are questions about the way an individual has chosen and defined roles; whether they have been freely chosen or prescribed by tradition, how role conflicts are resolved, and how well roles are integrated into the self. (Klein, 1976, p. 93)

Courses and Training Programs in Counselling Women

Worell (1980) stated the need for counselling procedures to fit the special needs of women. Division 17 Committee on Women Task Force (APA, 1981) produced four models that represented innovative practices and curriculum models which further implemented the Principles for Therapy with Women (APA, 1979). The models range from a one month extension of a counselling women course that teaches participants to see themselves as psychoeducators of women rather than remedial counsellors; to Master's, Doctoral and Internship programs that incorporate career and life planning, developmental theories in practice, the effect of values and attitudes on the practice of counselling women, and the study of how theoretical assumptions of women's development influences counselling practices. The committee concluded that the acquisition of new knowledge, new skills and new attitudes are required before they can be used in practice.
It is our belief that the Principles cannot be implemented by individuals exposed to an isolated course on psychology of women or counseling of women. A series of courses allows students to learn, for example, how knowledge of research on developmental issues in women leads to implementation of specific counseling skills in counseling women, and often leads to the uncovering of the student's attitudes about these issues. (APA, 1981, pp. 2-3)

Training programs . . . could help ameliorate value problems by providing opportunities for fuller understanding of the experiences and values of a wide range of potential clients . . . special efforts could also be made to help female therapists understand the negative elements of the male role, such as pressure to repress emotions and a lack of options for full family involvement. (Kaplan & Sedney, 1980, p. 353)

Harway (1979) developed a model program after a survey reported that 85% of counsellor educators were male. The revisions to existing programs would depend on the resources available and the commitment to change by the faculty. The model program:

1. employs at least 40% women on the faculty;
2. enrolls an equal number of male and female students and provides recruitment programs to equalize the number;
3. provides at least one required course on the psychology of women and sex-role socialization, a practicum experience in counseling women, and workshops to other college women;
4. encourages research on women and women's career development;
5. has a substantial library of significant research and theoretical work in the psychology and counseling of women;
6. requires one or more experiential sessions for all students (and faculty) on sex-role stereotyping, and thus provides an opportunity for each individual to examine his/her biases;
7. encourages faculty to develop sex-fair materials or books and prohibits the use of male pronouns when referring to both sexes.

Textbooks used in counsellor education also need to be examined. Gray (1977) analyzed ten recently published textbooks in psychology and found that the image of women in textbooks was biased, as experiments and studies frequently did not indicate the sex of subjects or were based on male samples, though the results were then generalized to both sexes. The language and illustrations also reinforced the implication that psychologists are male.

Counsellor education could be improved and better meet the needs of clients by teaching counsellors-in-training an awareness of their values and addressing the specific needs of female clients. An increased knowledge base and attitude change can be provided by courses and programs in the area of women's issues. This study evaluated a course in counselling women with the intention of examining the effectiveness of such a course in counsellors' behaviour toward, and attitudes about, female clients.
CHAPTER III

METHOD

This chapter identifies and discusses the population, sample groups, treatment, measuring instruments, data collection and analysis, assumptions and hypotheses of the study.

Population and Sample

The two sample groups for this study were selected from a population of female counsellors-in-training at The University of British Columbia. All subjects had a baccalaureate degree and a minimum of 12 weeks of training in empathic responding skills. For the experimental group (n = 17), the age range was 23 to 47, with a median age of 30. The control group (n = 17) had an age range of 25 to 42, with a median age of 35. The range of experiences varied within the groups. A majority (82%) of the subjects had teaching experiences with some school counselling background. Other subjects came from diverse backgrounds in the helping professions: social work, nursing and community work. Though the total amount of experience did not vary greatly between the groups (means of 8.1 and 8.3 years), the main difference between the groups seemed to be that more subjects in the control group were part-time students due to familial and financial commitments. This would account for the somewhat higher median age in that group.

Subject Selection

A questionnaire (Appendix II) was distributed in November 1980 among students attending some of the required courses for counsellors-
in-training to ascertain course planning for the semester of January to April 1981. Though only the "Course in Counselling Girls and Women" (hereafter referred to as "the counselling women course") was of interest, the other elective courses also were listed to avoid focussing attention on the women's counselling course. Due to the small size of the available population and course selection procedures, a random selection of subjects was not followed: all the female counselling students that had responded on the questionnaire were contacted by telephone to request their participation. Only one student was not willing to participate and gave as a reason, lack of time.

From the results of the questionnaire, regretfully it was decided not to include male subjects in the study because only two male students indicated a desire to attend the counselling women course in 1981. Studies (Gilbert & Waldroop, 1978; Gilbert, 1979) have shown that male and female therapists react differently when reporting personal changes in their attitudes and counselling strategies after completing a course for increasing sex-fair counselling.

**Experimental Group**

The experimental group consisted of 17 female students who were taking the thirteen week counselling women course from January to April 1981.

**Control Group**

The 17 subjects in the control group were matched with the experimental group in terms of background training and years of professional experience. These students had expressed an interest in the counselling women course, but were unable to participate in the course until a later
date. A second planned control group of students who had expressed no interest or desire to take the counselling women course at any time was not possible to form, as there were only four female students who fit that criterion. Therefore, to obtain equal sizes between the experimental and control groups, these four subjects were combined with the thirteen other control group subjects.

**Experimental Treatment**

The course in Counselling Girls and Women is an optional, one semester credit course available to all graduate students in the Department of Counselling Psychology. The approximately fifty hours are spent in lecture and discussion (60%), and experiential learning (40%). The course was developed in 1976 and has been offered five times to a total of approximately seventy students in the program. Enrollment has consisted mainly of female students, with only one or two male counsellors-in-training attending the course each year. An outline and a tentative time schedule are given in Appendix IV.

**Measuring Instruments**

1. **Therapists' Information about Women Scale** (Appendix V)
   (Therapists' Information Scale)

2. **Therapists' Attitude toward Women Scale** (Appendix VI)
   (Therapists' Attitude Scale)

Both of the above scales were developed by Sherman, Koufacos and Kenworthy (1978). Though these scales have not been used in other studies (reliability and validity have not been reexamined), it was the belief of the experimenter that these two scales were more detailed
and required more knowledge about women's processes than the earlier
developed scales such as the Attitude toward Women Scale (Spence &
Helmreich, 1972). The earlier scales did not sufficiently take into
account the sophistication level of graduate students in psychology and,
therefore, did not differentiate between a counsellor with a social
desirability response bias and a counsellor who has incorporated the
non-sexist issues and beliefs into his/her style of counselling.

Data from this scale, when subjected to statistical analysis
(as reported by Sherman et al., 1978) yielded the following results:
The Cronbach Alpha (a measure of reliability and homogeneity)
for the information scale was .62 and .86 for the attitude scale. The
means, standard deviations, score ranges, and correlations
between scales are presented in Appendix VII. A 2 x 3 analysis
of variance (sex by profession) was performed on the scores from
each scale. There was no significant sex-related difference
among professions (social work, psychology, psychiatry) in infor-
mation or attitudes. However, there were significant sex-related
differences for information (p < .01) and attitudes (p < .05), female
therapists being better informed and more liberal, less stereotyped
than male therapists in their views. The interactions for sex
and profession were not significant. There were significant
correlations between the information and attitude scales. The
overall correlation between the scales was .57 (n = 184). It
should be noted that while positively related, the scales do not
measure the same aspects and are not highly related in some
groups, e.g., correlation for male social workers was .29.
3. **Salient Issues Measure** (Appendix VIII)

This instrument has been developed over the last two years by Jean, Lafromboise and Plake at the University of Nebraska (unpublished). Salient Issues consists of 12 vignettes describing presenting counselling concerns featuring six male and six female clients. The presenting problems were parallel for both sexes and focus on conflicts with the same and opposite sex as well as career related and personal dilemmas. The five response options are:

1. promoting sex role insight,
2. focusing on communication skills,
3. stimulating information gathering,
4. facilitating compromise, and
5. helping the client to adjust to the situation.

A strong advantage to using this measure was that the sex role issues were not readily apparent to the respondent. Harris and Lucas (1976) studied students' attitudes toward sex role stereotypes and noted that "the publicity of the feminist movement may have increased reluctance of people, particularly university students, to acknowledge openly their beliefs in a sex-stereotyped notion of mental health" (p. 393).

The Salient Issues Measure was administered for the first time in Spring 1980 (n = 18). Perhaps due to the small sample sizes, the multivariate analysis was not able to detect statistically significant pattern differences, though trends in the results indicated a sensitivity to sex role awareness instruction. The data collected through this study on this measure also were additional evidence by Jean, Lafromboise and Plake to continue their construct validity investigations.
4. Videotape: "Adult Clients Talk to a Counsellor" and Questionnaire

The use of video- (and audio) taped vignettes has been found effective in assisting counsellors in identifying their awareness of sex role stereotyping and sex bias. In a counsellor renewal workshop Thomas, Moore and Sams (1980) used eight audio-taped situations where school counsellors were asked to identify and describe biased statements. A measure called "Exercise in Identification of Sex Bias" (developed by Thomas) was used to evaluate the effectiveness of using audiotapes. Significant changes in the awareness of sex bias were found and the counsellors stated that they became more aware of how their perceptual sets affected their counselling for both male and female clients. Thames and Hill (1979) stated that the use of simulated vignettes depicting males and females in various roles (such as dependent, friendly, angry or depressed) could help trainees recognize differences in the ways they respond to different sexes and roles. "Using recall techniques after these sessions could help the trainees become aware of blocks they may have in responding to a particular person or role" (p. 18).

Whitley (1979) in an appraisal of sex role research, recommended that the "situational context as well as behavioral description may be an important factor in the experimental materials" (p. 1315). From his survey of the literature, Whitley suggested that it was the degree and appropriateness of the behaviour that is a more relevant indicator of mental health rather than the more often used trait scales. He also found that it was the specific sex-role-deviant behaviour that led to negative judgments of mental health.
The videotape "Adult Clients talk to a Counsellor" was developed by Sharon Kahn (1980), the instructor of the counselling course being evaluated, with the cooperation of the students in the course in previous years. Eight issues reflect the four areas of perceived sex bias and gender role stereotyping as identified by the APA (1975). The students, both male and female, role-played pre-planned client scripts directly before the camera. No counsellor responses are recorded. The eight issues are played once by a female client and once by a male client. The scripts are also classified as either typical or atypical as based on stereotypical behaviour and situation responses. They incorporate both situational and behavioural descriptions, and also traditional and contemporary sex role behaviour. There are sixteen segments with duration lengths ranging from 1.43 to 4.16 minutes (average length is 2.70 minutes). The order of the vignettes and the classification are listed in Table 1 on the following page.

In a pilot study, it was decided that eight female vignettes took too long a span of time to answer and resulted in short and perfunctory comments, therefore four vignettes were excluded. Two were left out as they assumed a prior counsellor-client interaction; and the other two as having a too conflicting issue for present purposes and as not distinguishing sufficiently awareness of women's issues. The four vignettes used in the evaluation present relationship issues. The female clients are not able to express their feelings to their partners, nor to get their needs met (full transcripts are in Appendix IX). In all four cases, whether it is a lack
**TABLE 1**

**ADULT CLIENTS TALK TO A COUNSELLOR**

<table>
<thead>
<tr>
<th>Issue</th>
<th>Role</th>
<th>Class.</th>
<th>Role</th>
<th>Class.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baby:</td>
<td>(which partner will give up his/her career to raise the child)</td>
<td>male typical</td>
<td>female atypical</td>
<td></td>
</tr>
<tr>
<td><em>Mate:</em> (Melanie)</td>
<td>(client supported partner through school and now feels felt out and inadequate)</td>
<td>female typical</td>
<td>male atypical</td>
<td></td>
</tr>
<tr>
<td>Propositioned:</td>
<td>(client sexually propositioned by counsellor)</td>
<td>male atypical</td>
<td>female typical</td>
<td></td>
</tr>
<tr>
<td><em>Retraining:</em> (Andy)</td>
<td>(client does not have partner's support to return to school after raising children)</td>
<td>female neutral</td>
<td>male neutral</td>
<td></td>
</tr>
<tr>
<td>Career:</td>
<td>(parents want client to marry and start family)</td>
<td>male typical</td>
<td>female atypical</td>
<td></td>
</tr>
<tr>
<td><em>Dependence:</em> (Penny)</td>
<td>(client not able to individuate from partner)</td>
<td>female typical</td>
<td>male atypical</td>
<td></td>
</tr>
<tr>
<td>Appearance:</td>
<td>(improving physical appearance would attract desired partners)</td>
<td>male atypical</td>
<td>female typical</td>
<td></td>
</tr>
<tr>
<td><em>Children:</em> (Phyllis)</td>
<td>(client wants children, partner wants to remain 'unencumbered')</td>
<td>female neutral</td>
<td>male neutral</td>
<td></td>
</tr>
</tbody>
</table>

* Vignettes used in present study
of meaningful contact (Melanie), lack of support for career plans (Andy), for children (Phyllis), or a lack of individuation (Penny); the clients are at present not able to identify their struggle as a result of societal pressure to conform to traditional sex role behaviours.

The questionnaire to accompany the videotape consisted of five open-ended questions (Appendix X). A subjective (free) response style was chosen, as a forced-choice format has been found to maximize stereotypic responses, since the subjects can only respond with the items given regardless of whether they would ordinarily use them (Lunneborg, 1970). Reuben and Strauss (1980), in their literature review, found that evaluations that included open-ended questions appeared to detect attitudinal changes more readily than those that only used objective or standardized questionnaires.

Question 1. (As a counsellor, what would you say to this client?) was to concentrate and focus the attention of the subject on the specific vignette that she had just seen, so that this scene would not be combined or confused with previous scenes. It also was used as a measure to compare the primary component ratings of effective counselling (empathy, genuineness and respect) to check for any potential differences between the groups. Therrien and Fischer (1978) found that written measures of empathy can yield reliable estimates of empathic level of functioning.

As feminist and non-sexist counselling do not adhere to a specific set of techniques, it was necessary to discover the philosophy behind the techniques advocated by the subjects to differentiate between
those subjects who have a knowledge of women's processes and use it, and those who advocate a technique as a social desirability response. Questions 2. and 4. ("What beliefs seem to be in conflict for this client?" and "As a counsellor, what beliefs, values and attitudes do you have about this client's issues?") attempted to evoke the subjects' understanding of the issues presented by the clients.

The use of the term "environmental issues" in Question 3. ("As a counsellor, what is your understanding of the environmental issues as presented by this client?") was chosen to disguise the term "socio-cultural analysis" which might have indicated to the subjects the expected trend in the replies and so precipitated responses that reflected an academic knowledge instead of internal beliefs and attitudes.

As feminist counselling promotes a more active (and different) goal planning (Wyckoff, 1977), Question 5. ("As a counsellor, what goals and strategies would you have for your work with this client?") was used to give the subjects another possibility to state/not state their awareness of the differences between the Carkhuff/Egan model of counselling and the feminist one.

Data Collection

After distribution of the questionnaire on course planning, the subjects were contacted by telephone and asked for their consent to participate in the study. The consent form (Appendix III) was signed at the first data collection meeting. Pre-, mid- and post-testing were done according to the following schedule:
Pre-testing:  January 1981
Therapists' Information about Women Scale
Therapists' Attitude toward Women Scale
Salient Issues Measure

Mid-testing:  February 28, 1981
Salient Issues Measure

Post-testing:  April 1981
Therapists' Attitude toward Women Scale
Salient Issues
Videotape Questionnaire

The experimental group completed the Therapists' Attitude Scale and the Therapists' Information Scale in their first classroom meeting and took the Salient Issues Measure home and returned them the next week. The control subjects filled out the three questionnaires in small groups or individually (with the experimenter present). The Salient Issues Measure was completed first to avoid any carry-over from the more obvious area of interest presented in the Therapists' Attitude Scale and the Therapists' Information Scale. Both groups received the Salient Issues Measure at the end of February and returned the completed forms by mail.

A preliminary analysis was run on the Therapists' Information Scale and the Therapists' Attitude Scale to check the assumption that there were no statistical differences between the groups at pre-testing. As reliability coefficients of .48 for the experimental group and .40 for the control group were found for the Therapists' Information Scale,
only the Therapists' Attitude Scale was used as a post-test.

The Videotape was presented to the experimental group at the beginning of April 1981 at their last classroom meeting, at which time they received the third administration of the Salient Issues Measure (to be returned by mail). They had filled out the Therapists' Attitude Scale the week before to prevent any contamination with the Videotape Questionnaire.

The control group subjects completed the Videotape Questionnaire in small groups or individually between the beginning and middle of April 1981. The Therapists' Attitude Scale was filled out after the Videotape Questionnaire. These subjects also received the third administration of the Salient Issues Measure to complete at home and return by mail.

Pilot Study

As an instrument check for the Videotape Questionnaire, 16 counsellors who were not part of the research completed the Videotape Questionnaire, the Therapists' Information Scale and the Therapists' Attitude Scale in February 1981. The subjects were divided into two groups of 8 each; one group consisted of subjects who had either completed the women's course in previous years or who are involved in feminist counselling. The construct validity of the Videotape Questionnaire was checked to assess whether the questions elicited responses that differentiated between the experimental and control groups on their awareness of women's issues. The Videotape Questionnaire originally had 6 questions: after the pilot data were inspected,
two questions ("As a counsellor, what is your understanding of this client?" and "What beliefs, values and attitudes seem to be in conflict for this client?") were combined into the question "What beliefs seem to be in conflict for this client?"

Data Analysis

Therapists' Attitude about Women Scale and Therapists' Information about Women Scale (Sherman et al., 1978)

A Laboratory of Education Research Test Analysis Package (LERTAP) (Nelson, 1974) statistical item analysis was run separately for the two scales. This provided item statistics and correlations, means, standard deviations, source of variance, Hoyt Estimate of Reliability and the standard error of measurement. A t-test was used to ascertain initial differences between the experimental and control groups on mean scale scores. To control for pre-test differences (and check for any remaining post-test statistically significant differences) on the Therapists' Attitude Scale, an analysis of covariance with the pre-test scores as covariates was conducted.

Salient Issues Measure (Jean, Lafromboise & Plake, 1980)

The Salient Issues Measure was designed to evaluate semester long treatments in a repeated measures fashion. Data analysis used by the authors in Nebraska was a 2-factor fixed model MANOVA: Group (experimental, control) was considered a between subjects factor and time (beginning, middle, end) a within subjects factor. Rank and importance were considered as simultaneous dependent measures and were analyzed in a multivariate fashion. Each of the five subscales was analyzed separately.
Videotape Questionnaire (Kahn & Theurer, 1981)

The three raters were graduate students in counselling psychology who had taken the women's counselling course in previous years. The raters reviewed their knowledge of women's issues by reading and discussing:

1. Principles concerning the Counseling and Therapy of Women (APA, 1979),
2. Guidelines for therapy and counselling with women (adapted by the CPA, 1981), and

The raters were trained on the pilot study data. They constructed their own scale on a four-point system:

0 = no awareness of women's issues,
1 = implicit awareness of at least one issue regarding women (or may be used to give an ambiguous answer the benefit of doubt),
2 = explicit awareness (one clear statement) of one issue regarding women, and
3 = at least two explicit issues mentioned in the answer.

The actual responses of the subjects were typed and number-coded, so as to eliminate any rater bias that might arise from form or style. The typed excerpts were then presented in random order to the raters. Each question was rated separately and completely for all subjects before the next question was considered. Before rating, the raters also read a written transcript of the stimulus client's presenting issue.
The raters came to at least an 80% agreement on their overall ratings.

For Question 1 ("As a counsellor, what would you say to this client?") the raters were trained with the "Carkhuff Discrimination of Helper Responses to Helpee Stimulus Expressions" (Carkhuff, 1969a, pp. 124-130). The training excerpts were rated on a scale of 1 to 5 on empathy, respect and congruence. Chi-Square analysis, a median test for independent samples, was used to test for statistically significant differences between the experimental and control groups.

Using the Statistical Package for Social Sciences (SPSS) (Nie, Hull, Jenkins, Steinbrenner & Bent, 1975), the Pearson Correlation Coefficient was used to test for correlations between responses to the four vignettes. The SPSS was used to compute the correlation between the Therapists' Attitude Scale and the Videotape Questionnaire. The testing of the hypothesis in this study was set at a minimum of .025 level of significance.

Assumptions

It was assumed that there would be no statistically significant mean score difference, as analyzed by the t-test on group means, between the counselling women course students and the control group at pre-testing as measured by the Therapists' Attitude Scale and the Therapists' Information Scale.

It was also assumed that the Videotape Questionnaire was able to detect differences in subjects' attitudes toward women's issues.
Statistical Hypotheses

1. There will be no statistically significant mean score difference between the counselling women course students and the control group at post-testing on the Therapists' Attitude toward Women Scale as analyzed by the F-test.

2. There will be no statistically significant mean score difference between the counselling women course students and the control group at pre-, mid- and post-testing on their attitudes toward sex role stereotypical treatment plans as measured by the Salient Issues Measure and analyzed by MANOVA and F-ratio mean scores.

3. At post-testing, there will be no statistically significant mean score difference in the treatment of and beliefs about women clients between the counselling women course students and the control group in their reactions to videotaped vignettes as scored by independently trained raters and analyzed by a Chi-square analysis.
CHAPTER IV

RESULTS

It was assumed that there would be no statistically significant mean score difference, as analyzed by the t-test on group means, between the counselling women course students and the control group at pre-testing as measured by the Therapists' Attitude Scale and the Therapists' Information Scale.

The pre-test scores for both the experimental group and the control group on the two scales by Sherman et al. (1978) were analyzed using the LERTAP program (Nelson, 1974). This is a program adopted by the Faculty of Education (University of British Columbia) to do item and test analysis. The pre-test mean scores on the Therapists' Attitude Scale the Therapists' Information Scale are presented in Table 2.

The t-test analysis revealed a statistically significant difference between the experimental and the control groups on the Therapists' Attitude Scale at the .01 level of significance. The Therapists' Information Scale did not reveal a statistically significant difference between the two groups but, due to the low reliability coefficient, the validity of the results are questionable. Therefore, the decision was made not to use the Therapists' Information Scale as a post-test.

The assumption that there would be no statistically significant mean score difference between the two groups at pre-testing was not supported by the results, and was therefore rejected.
TABLE 2

PRE-TEST LERTAP SCORES
FOR THE THERAPISTS’ ATTITUDE SCALE AND
THE THERAPISTS’ INFORMATION SCALE

<table>
<thead>
<tr>
<th>Therapists' Attitude</th>
<th>X</th>
<th>SD</th>
<th>r^1</th>
<th>Se</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group: Experimental</td>
<td>128.47</td>
<td>8.68</td>
<td>.75</td>
<td>4.25</td>
<td>32</td>
<td>3.40*</td>
</tr>
<tr>
<td>Control</td>
<td>119.29</td>
<td>6.77</td>
<td>.53</td>
<td>4.56</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Therapists' Information</th>
<th>X</th>
<th>SD</th>
<th>r^1</th>
<th>Se</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group: Experimental</td>
<td>86.40</td>
<td>5.64</td>
<td>.48</td>
<td>3.99</td>
<td>30</td>
<td>.64</td>
</tr>
<tr>
<td>Control</td>
<td>85.18</td>
<td>4.97</td>
<td>.40</td>
<td>3.78</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1: Hoyt Estimate of Reliability
*: \( \alpha = .01 \)
Hypothesis 1: There will be no statistically significant mean score difference between the counselling women course students and the control group at post-testing on the Therapists' Attitude toward Women Scale as analyzed by the F-test.

The difference between the experimental and control groups at post-testing on the Therapists' Attitude Scale was significant. The mean scores and standard deviations of this dependent variable are presented in Table 3 (p. 51).

Using the pre-test scores of the Therapists' Attitude Scale as a covariate, a one-way analysis of covariance was performed on the post-test scores of the Therapists' Attitude Scale to determine the significance of the adjusted mean scores between the experimental and the control groups. A remaining statistically significant difference between the counselling women course students and the control group was identified on the mean scores on the post-test of the scale. The ANACOVA main group effects at post-testing are presented in Table 4 (p. 52).

The F-test revealed a statistically significant difference between the experimental group and the control group at post-testing, therefore the null hypothesis was not supported by the results, and was rejected.
TABLE 3

POST-TEST LERTAP SCORES
FOR THE THERAPISTS' ATTITUDE SCALE

<table>
<thead>
<tr>
<th>Therapists' Attitude Scale</th>
<th>$\bar{X}$</th>
<th>SD</th>
<th>$r^1$</th>
<th>Se</th>
<th>df</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group: Experimental</td>
<td>135.29</td>
<td>7.28</td>
<td>.63</td>
<td>4.38</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control</td>
<td>123.53</td>
<td>8.18</td>
<td>.71</td>
<td>4.36</td>
<td></td>
<td>32</td>
</tr>
</tbody>
</table>

1: Hoyt Estimate of Reliability

*: $\alpha = .01$
TABLE 4

ANACOVA MAIN GROUP EFFECTS AT POST-TESTING
ON THE THERAPIST' ATTITUDE SCALE

<table>
<thead>
<tr>
<th></th>
<th>Unadjusted Cell Means</th>
<th>Adjusted Cell Means</th>
<th>F1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Population</td>
<td>129.41</td>
<td>129.41</td>
<td></td>
</tr>
<tr>
<td>Experimental Group</td>
<td>135.29</td>
<td>131.93</td>
<td>5.58*</td>
</tr>
<tr>
<td>Control Group</td>
<td>123.53</td>
<td>126.89</td>
<td></td>
</tr>
</tbody>
</table>

1: df = 1, 31

*: $\alpha = .025$
Hypothesis 2: There will be no statistically significant mean score difference between the counselling women course students and the control group at pre-, mid- and post-testing on their attitudes toward sex role stereotypical treatment plans as measured by the Salient Issues Measure and analyzed by MANOVA and F-ratio mean scores.

A 2-factor fixed model MANOVA was used by the original authors of the measure (Jean, Fafromboise & Plake, 1981) to analyze the Salient Issues Measure. Group (experimental, control) was the between subjects factor and time (beginning, middle, end) was the within subjects factor. Rank and Importance were considered as simultaneous dependent measures and analyzed in a multivariate fashion.

The five subscales which were analyzed separately were:

1. promoting sex role insight,
2. focusing on communication skills,
3. stimulating information gathering,
4. facilitating compromise, and
5. helping the client to adjust to the situation.

Table 5 (p. 55) presents the means and standard deviations for importance and rank at pre-, mid- and post-testing for each of the five subscales. The F-ratios obtained from the multivariate analysis of variance are presented in Table 6 (p. 56).
No significant differences were found between the experimental group and the control group on any of the subscales. The reliabilities of the individual subscales, as shown in Table 7 (p. 57), are fairly low.

The null hypothesis was, therefore, supported by the results, but a serious problem within the instrument was discovered, which made the results questionable. This problem will be discussed in chapter 5.
<table>
<thead>
<tr>
<th>Group</th>
<th>Expt.1</th>
<th>Control1</th>
<th>Expt. SD</th>
<th>Control SD</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subscale 1</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imp-pre</td>
<td>56.62</td>
<td>58.81</td>
<td>6.58</td>
<td>6.30</td>
</tr>
<tr>
<td>-mid</td>
<td>61.19</td>
<td>58.25</td>
<td>6.56</td>
<td>8.72</td>
</tr>
<tr>
<td>-post</td>
<td>59.62</td>
<td>59.50</td>
<td>5.98</td>
<td>7.51</td>
</tr>
<tr>
<td>Rank-pre</td>
<td>31.69</td>
<td>31.62</td>
<td>3.34</td>
<td>3.74</td>
</tr>
<tr>
<td>-mid</td>
<td>30.31</td>
<td>29.50</td>
<td>4.03</td>
<td>3.12</td>
</tr>
<tr>
<td>-post</td>
<td>31.12</td>
<td>30.69</td>
<td>3.36</td>
<td>3.36</td>
</tr>
<tr>
<td><strong>Subscale 2</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imp-pre</td>
<td>56.69</td>
<td>56.88</td>
<td>6.00</td>
<td>7.84</td>
</tr>
<tr>
<td>-mid</td>
<td>58.12</td>
<td>55.12</td>
<td>8.20</td>
<td>9.23</td>
</tr>
<tr>
<td>-post</td>
<td>59.19</td>
<td>56.19</td>
<td>7.07</td>
<td>6.97</td>
</tr>
<tr>
<td>Rank-pre</td>
<td>32.00</td>
<td>32.19</td>
<td>3.33</td>
<td>3.78</td>
</tr>
<tr>
<td>-mid</td>
<td>33.69</td>
<td>32.62</td>
<td>3.66</td>
<td>3.44</td>
</tr>
<tr>
<td>-post</td>
<td>31.88</td>
<td>31.62</td>
<td>2.53</td>
<td>1.82</td>
</tr>
<tr>
<td><strong>Subscale 3</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imp-pre</td>
<td>46.06</td>
<td>48.81</td>
<td>7.54</td>
<td>10.36</td>
</tr>
<tr>
<td>-mid</td>
<td>49.12</td>
<td>46.88</td>
<td>8.02</td>
<td>10.75</td>
</tr>
<tr>
<td>-post</td>
<td>49.44</td>
<td>50.12</td>
<td>6.74</td>
<td>9.97</td>
</tr>
<tr>
<td>Rank-pre</td>
<td>36.62</td>
<td>36.56</td>
<td>3.93</td>
<td>3.35</td>
</tr>
<tr>
<td>-mid</td>
<td>36.94</td>
<td>38.31</td>
<td>2.67</td>
<td>4.47</td>
</tr>
<tr>
<td>-post</td>
<td>37.62</td>
<td>37.25</td>
<td>3.84</td>
<td>2.74</td>
</tr>
<tr>
<td><strong>Subscale 4</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imp-pre</td>
<td>49.38</td>
<td>52.25</td>
<td>5.19</td>
<td>5.17</td>
</tr>
<tr>
<td>-mid</td>
<td>50.88</td>
<td>47.94</td>
<td>6.97</td>
<td>8.85</td>
</tr>
<tr>
<td>-post</td>
<td>49.50</td>
<td>49.12</td>
<td>5.93</td>
<td>5.86</td>
</tr>
<tr>
<td>Rank-pre</td>
<td>36.94</td>
<td>35.88</td>
<td>3.43</td>
<td>3.50</td>
</tr>
<tr>
<td>-mid</td>
<td>36.25</td>
<td>36.44</td>
<td>2.64</td>
<td>2.80</td>
</tr>
<tr>
<td>-post</td>
<td>37.00</td>
<td>36.81</td>
<td>2.66</td>
<td>3.06</td>
</tr>
<tr>
<td><strong>Subscale 5</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Imp-pre</td>
<td>35.50</td>
<td>37.69</td>
<td>7.14</td>
<td>8.89</td>
</tr>
<tr>
<td>-mid</td>
<td>38.94</td>
<td>36.88</td>
<td>9.12</td>
<td>8.05</td>
</tr>
<tr>
<td>-post</td>
<td>39.06</td>
<td>37.69</td>
<td>6.28</td>
<td>8.66</td>
</tr>
<tr>
<td>Rank-pre</td>
<td>42.75</td>
<td>43.75</td>
<td>2.18</td>
<td>2.52</td>
</tr>
<tr>
<td>-mid</td>
<td>42.81</td>
<td>43.31</td>
<td>2.10</td>
<td>3.75</td>
</tr>
<tr>
<td>-post</td>
<td>42.38</td>
<td>43.62</td>
<td>2.94</td>
<td>3.18</td>
</tr>
</tbody>
</table>

1: n = 16
<table>
<thead>
<tr>
<th>Subscale 1</th>
<th>F-ratio</th>
<th>df</th>
<th>p &lt; than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>.15</td>
<td>2, 29</td>
<td>.86</td>
</tr>
<tr>
<td>Time</td>
<td>2.20</td>
<td>4, 27</td>
<td>.10</td>
</tr>
<tr>
<td>Group x Time</td>
<td>1.93</td>
<td>4, 27</td>
<td>.13</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscale 2</th>
<th>F-ratio</th>
<th>df</th>
<th>p &lt; than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>.50</td>
<td>2, 29</td>
<td>.61</td>
</tr>
<tr>
<td>Time</td>
<td>1.69</td>
<td>4, 27</td>
<td>.18</td>
</tr>
<tr>
<td>Group x Time</td>
<td>.81</td>
<td>4, 27</td>
<td>.53</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscale 3</th>
<th>F-ratio</th>
<th>df</th>
<th>p &lt; than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>.12</td>
<td>2, 29</td>
<td>.89</td>
</tr>
<tr>
<td>Time</td>
<td>2.37</td>
<td>4, 27</td>
<td>.08</td>
</tr>
<tr>
<td>Group x Time</td>
<td>.65</td>
<td>4, 27</td>
<td>.63</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscale 4</th>
<th>F-ratio</th>
<th>df</th>
<th>p &lt; than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>.12</td>
<td>2, 29</td>
<td>.89</td>
</tr>
<tr>
<td>Time</td>
<td>.59</td>
<td>4, 27</td>
<td>.67</td>
</tr>
<tr>
<td>Group x Time</td>
<td>1.43</td>
<td>4, 27</td>
<td>.25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Subscale 5</th>
<th>F-ratio</th>
<th>df</th>
<th>p &lt; than:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Group</td>
<td>.87</td>
<td>2, 29</td>
<td>.43</td>
</tr>
<tr>
<td>Time</td>
<td>.72</td>
<td>4, 27</td>
<td>.59</td>
</tr>
<tr>
<td>Group x Time</td>
<td>.96</td>
<td>4, 27</td>
<td>.44</td>
</tr>
</tbody>
</table>

---

1: F-ratio for multivariate test of equality of mean vectors
### TABLE 7

**COEFFICIENT ALPHA RELIABILITIES FOR THE SALIENT ISSUES MEASURE**

<table>
<thead>
<tr>
<th>Group</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td>.52</td>
<td>.67</td>
<td>.53</td>
<td>.48</td>
<td>.53</td>
<td>.84</td>
</tr>
<tr>
<td>Control</td>
<td>.61</td>
<td>.61</td>
<td>.71</td>
<td>.45</td>
<td>.64</td>
<td>.87</td>
</tr>
</tbody>
</table>

1: n = 16
Hypothesis 3: At post-testing, there will be no statistically significant mean score difference in the treatment of and beliefs about women clients between the counselling women course students and the control group in their reactions to videotaped vignettes as scored by independently trained raters and analyzed by a Chi-square analysis.

The Pearson Product-Moment coefficient was calculated between each of the rater pairs on the rating assigned to each of the vignettes independently rated by the three raters (the subject responses had been typed and randomized before being rated). When the three raters were not in agreement, two procedures (from Kirkpatrick & Elliott, 1981) were used to come to a single rating score:

1. When the ratings differed by only one point (e.g., 2, 3, 2) the modal score (2) was the assigned rating.
2. When the ratings differed by more than one point (e.g., 1, 3, 2), the raters were asked to re-evaluate and discuss the statement until they agreed upon a score. This was done in 8.5% of the total cases.

Interrater reliabilities and the percentage of absolute agreement between pairs of raters are displayed in Table 8 (p. 60).

The median test was used to test the significant differences between the two independent groups by using the median of the combined groups as the statistical basis for dichotomizing the scores. The chi-square test was then used to test for Hypothesis 3.
Median scores and chi-square results for the Videotape Questionnaire (Kahn & Theurer, 1981) are shown in Table 9 (p. 61).

The five rated questions from the Videotape Questionnaire were:

1. As a counsellor, what would you say to this client? (give your immediate response)

2. What beliefs seem to be in conflict for this client?

3. As a counsellor, what is your understanding of the environmental issues as presented by this client?

4. As a counsellor, what beliefs, values and attitudes do you have about this client's issues?

5. As a counsellor, what goals and strategies would you have for your work with this client?

The null hypothesis 3 was supported by the Chi-square results on Questions 1, 2, and 4; and was not supported by Questions 3 and 5.
TABLE 8

INTERRATER RELIABILITIES AND PERCENTAGE OF ABSOLUTE AGREEMENT FOR THE VIDEOTAPE QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Raters</th>
<th>r</th>
<th>% Absolute Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 &amp; 2</td>
<td>.83</td>
<td>66</td>
</tr>
<tr>
<td>1 &amp; 3</td>
<td>.83</td>
<td>66</td>
</tr>
<tr>
<td>2 &amp; 3</td>
<td>.80</td>
<td>62</td>
</tr>
</tbody>
</table>

1: Number of cases rated = 680
TABLE 9

MEDIAN SCORES AND CHI-SQUARE RESULTS OF THE FIVE QUESTIONS ON THE VIDEOTAPE QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Question</th>
<th>Expt.</th>
<th>Control</th>
<th>Combined</th>
<th>Chi-Square$^1$</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>3.10</td>
<td>2.86</td>
<td>2.98</td>
<td>2.16</td>
</tr>
<tr>
<td>2</td>
<td>1.07</td>
<td>1.17</td>
<td>1.14</td>
<td>.24</td>
</tr>
<tr>
<td>3</td>
<td>1.63</td>
<td>.47</td>
<td>1.09</td>
<td>6.78$^2$</td>
</tr>
<tr>
<td>4</td>
<td>1.82</td>
<td>1.50</td>
<td>1.77</td>
<td>.32</td>
</tr>
<tr>
<td>5</td>
<td>2.09</td>
<td>1.50</td>
<td>1.82</td>
<td>5.72$^3$</td>
</tr>
</tbody>
</table>

1: df = 1
2: $\alpha = .01$
3: $\alpha = .02$
To more fully understand the results from the Videotape Questionnaire, a further analysis was done. The four vignettes were analyzed separately within each of the five questions. As only the internal reliability of the questionnaire was of concern in this analysis, the experimental and control group subjects were combined. Means and standard deviations are presented in Table 10 (p. 63). Pearson correlation coefficients were calculated through the Statistical Package for the Social Sciences (Nie, et al., 1975) to examine the correlations between the vignettes on each of the five questions (as measured by the ratings assigned to the responses). These correlation coefficients are presented in Table 11 (pp. 64-65). Results show significant correlations, at the level of significance of .05 or higher, on all paired vignettes of Question 1; four out of the six pairs of Question 3; and two paired vignettes of Question 5. Questions 2 and 4 revealed low reliabilities on the correlations.

An inter-test correlation was done between two of the post-tests: the Therapists' Attitude Scale and four of the five questions on the Videotape Questionnaire (Question 1 was omitted from this correlation as it did not measure any knowledge about, or attitude toward, women). The Pearson Product-Moment correlation coefficient showed a statistically significant correlation at the .001 level of significance:

\[ r = .52 \ (\alpha = .001) \]

A correlation was not done with the Salient Issues Measure because of the internal instrument problem discovered in that measure.
## TABLE 10
MEANS AND STANDARD DEVIATIONS OF EACH OF THE FIVE QUESTIONS ON THE VIDEOTAPE QUESTIONNAIRE

<table>
<thead>
<tr>
<th>Question 1*</th>
<th>( \bar{X} )</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vignette 1†</td>
<td>3.00</td>
<td>.92</td>
</tr>
<tr>
<td>&quot; 2</td>
<td>2.91</td>
<td>1.00</td>
</tr>
<tr>
<td>&quot; 3</td>
<td>2.76</td>
<td>.61</td>
</tr>
<tr>
<td>&quot; 4</td>
<td>2.91</td>
<td>.62</td>
</tr>
<tr>
<td>Question 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vignette 1</td>
<td>1.35</td>
<td>.95</td>
</tr>
<tr>
<td>&quot; 2</td>
<td>1.18</td>
<td>.76</td>
</tr>
<tr>
<td>&quot; 3</td>
<td>1.68</td>
<td>.59</td>
</tr>
<tr>
<td>&quot; 4</td>
<td>.44</td>
<td>.61</td>
</tr>
<tr>
<td>Question 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vignette 1</td>
<td>.74</td>
<td>.96</td>
</tr>
<tr>
<td>&quot; 2</td>
<td>1.15</td>
<td>.86</td>
</tr>
<tr>
<td>&quot; 3</td>
<td>1.41</td>
<td>1.05</td>
</tr>
<tr>
<td>&quot; 4</td>
<td>1.20</td>
<td>1.12</td>
</tr>
<tr>
<td>Question 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vignette 1</td>
<td>1.68</td>
<td>1.01</td>
</tr>
<tr>
<td>&quot; 2</td>
<td>1.91</td>
<td>.62</td>
</tr>
<tr>
<td>&quot; 3</td>
<td>1.68</td>
<td>.81</td>
</tr>
<tr>
<td>&quot; 4</td>
<td>1.32</td>
<td>.94</td>
</tr>
<tr>
<td>Question 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vignette 1</td>
<td>2.00</td>
<td>1.04</td>
</tr>
<tr>
<td>&quot; 2</td>
<td>1.24</td>
<td>1.10</td>
</tr>
<tr>
<td>&quot; 3</td>
<td>2.24</td>
<td>.65</td>
</tr>
<tr>
<td>&quot; 4</td>
<td>1.12</td>
<td>.91</td>
</tr>
</tbody>
</table>

*: \( n = 34 \)
†: Vignette 1: Melanie, Vignette 2: Andy
    " 3: Penny,   " 4: Phyllis
TABLE 11

PEARSON CORRELATION COEFFICIENTS BETWEEN THE FOUR VIDEOTAPED VIGNETTE STIMULUS CLIENTS ON EACH OF THE FIVE QUESTIONS

<table>
<thead>
<tr>
<th>Question 1</th>
<th>( r^* )</th>
<th>( p = )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vignettes: 1 &amp; 2(^+)</td>
<td>.40</td>
<td>.02</td>
</tr>
<tr>
<td>1 &amp; 3</td>
<td>.38</td>
<td>.03</td>
</tr>
<tr>
<td>1 &amp; 4</td>
<td>.48</td>
<td>.004</td>
</tr>
<tr>
<td>2 &amp; 3</td>
<td>.47</td>
<td>.005</td>
</tr>
<tr>
<td>2 &amp; 4</td>
<td>.43</td>
<td>.01</td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>.43</td>
<td>.01</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 2</th>
<th>( r^* )</th>
<th>( p = )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vignettes: 1 &amp; 2</td>
<td>.25</td>
<td>.16</td>
</tr>
<tr>
<td>1 &amp; 3</td>
<td>-.17</td>
<td>.34</td>
</tr>
<tr>
<td>1 &amp; 4</td>
<td>.04</td>
<td>.84</td>
</tr>
<tr>
<td>2 &amp; 3</td>
<td>.06</td>
<td>.72</td>
</tr>
<tr>
<td>2 &amp; 4</td>
<td>.28</td>
<td>.10</td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>-.35</td>
<td>.04</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 3</th>
<th>( r^* )</th>
<th>( p = )</th>
</tr>
</thead>
<tbody>
<tr>
<td>Vignettes: 1 &amp; 2</td>
<td>.45</td>
<td>.007</td>
</tr>
<tr>
<td>1 &amp; 3</td>
<td>.38</td>
<td>.03</td>
</tr>
<tr>
<td>1 &amp; 4</td>
<td>.22</td>
<td>.21</td>
</tr>
<tr>
<td>2 &amp; 3</td>
<td>.40</td>
<td>.02</td>
</tr>
<tr>
<td>2 &amp; 4</td>
<td>.60</td>
<td>.00</td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>.29</td>
<td>.10</td>
</tr>
</tbody>
</table>

*\( *: \text{df} = 32\)

\(^{+}\): Vignette 1 : Melanie, Vignette 2 : Andy
\n\" 3 : Penny, \" 4 : Phyllis

continued


<table>
<thead>
<tr>
<th>Question 4</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vignettes: 1 &amp; 2</td>
<td>0.20</td>
</tr>
<tr>
<td>1 &amp; 3</td>
<td>0.13</td>
</tr>
<tr>
<td>1 &amp; 4</td>
<td>0.02</td>
</tr>
<tr>
<td>2 &amp; 3</td>
<td>0.12</td>
</tr>
<tr>
<td>2 &amp; 4</td>
<td>-0.10</td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>-0.10</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Question 5</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Vignettes: 1 &amp; 2</td>
<td>0.16</td>
</tr>
<tr>
<td>1 &amp; 3</td>
<td>0.40</td>
</tr>
<tr>
<td>1 &amp; 4</td>
<td>0.25</td>
</tr>
<tr>
<td>2 &amp; 3</td>
<td>-0.04</td>
</tr>
<tr>
<td>2 &amp; 4</td>
<td>0.33</td>
</tr>
<tr>
<td>3 &amp; 4</td>
<td>0.26</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>r</th>
<th>p</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Summary

Differences were found between the women's course students and the control group at post-testing on the mean scores of the Therapists' Attitude Scale and two of the five questions on the Videotape Questionnaire. In addition, a difference was found between the experimental and the control groups at pre-testing on the Therapists' Attitude Scale. No difference was found resulting from the treatment procedure between the two groups on the mean scores of the Salient Issues Measure.

Therefore, two null hypotheses formulated to test the effect of the treatment procedures were rejected at the established level of significance: 1) that there would be no mean score difference in the attitudes between the counselling women course students and the control group at post-testing, and 2) that there would be no mean score difference in the treatment of and beliefs about women clients between the counselling women course students and students who did not take the course. Also rejected was the assumption predicting a similarity between the experimental and the control groups at pre-testing. The remaining null hypothesis formulated to test treatment plans as measured by the Salient Issues Measure was tentatively accepted.
The results of this study present a mixed picture. There were initial differences in their attitudes about women between the female counsellors-in-training who attended the course in counselling women and those female students who either were not interested in the course or who planned to take it at a later date. The same instrument, the Therapists' Attitude toward Women Scale (Sherman et al., 1978), also measured statistically significant differences at post-testing between the two groups. No significant group effects, time effects, or time by group interactions were found on the Salient Issues Measure (Jean et al., 1981). The Videotape Questionnaire (Kahn & Theurer, 1981) revealed significant group differences on two of the five questions, the ones pertaining to socio-cultural analysis and goal setting. The significant correlation between the Therapists' Attitude Scale and the Videotape Questionnaire strengthens the evidence for the validity of each of the two measures, and highlights the result that the experimental group did exhibit significant differences in their understanding and action plans for female clients.
Therapists' Information about Women Scale (Sherman et al., 1978)

Internal reliabilities for this scale, when compared to the Therapists' Attitude Scale, were lower in both the original analysis done by Sherman et al. in 1978 (.62) and in the present study (.48 and .40 for the two groups). Item statistics for this scale show low and negative correlations of the items with overall test results, indicating that the measure may be measuring more than one area of knowledge. The instrument emphasized medical and psychoanalytic content; information that counselling psychology students typically do not have nor acquire in their training.

Therapists' Attitude toward Women Scale (Sherman et al., 1978)

The reliability coefficients for this scale were higher for the experimental group (.75) and somewhat higher for the control group (.53) on the pre-test when compared to the Therapists' Information Scale. The attitude statements in this measure reflect the prevalent issues being espoused by the women's movement, feminist literature and women's studies courses. The significant differences found at pre-testing may indicate that students who are interested in women as a special needs client group already have incorporated feminist attitudes. It is likely that those women who elect to take a women's counselling course have been involved with women's issues, either through reading, discussion or participation in a consciousness-raising group. A significant post-test difference indicates that the course may have strengthened and broadened the students' attitudes toward women, a process not occurring for students
Salient Issues Measure (Jean et al., 1981)

The statistical analysis on data from this study was done by the authors of the instrument. The discussion is based on their interpretation of the results. Jean, Lafromboise and Plake, in an attempt to understand the failure to find significant differences between groups, found a serious problem within the instrument. The problem is that of the five presented counselling options, from which subjects rank order their responses, the sex role option is confounded with the insight option. Both the sex role awareness counselling strategy and the insight strategy are incorporated into one option, thus students may choose the insight counselling approach without being knowledgeable of the sex role implications. As the instrument is now constructed, it is not possible to separate out or understand which choice has been made by the subjects. Two examples of the confounded sex role insight options are:

1. Brian's need for the status and prestige of engineering even though he may not really enjoy the profession.
2. Cathy's feelings about her own sexuality and what it might mean to her to "trade" her virginity for Ned's commitment.

That both Brian and Cathy need to become aware of, and understand, their needs and feelings is an option high in priority according to the counsellor education model advocated at The University of British Columbia, and could be seen as evidencing insight. Brian's
and Cathy's dilemma also is related closely to the traditional role expectations and power issues between men and women, and therefore the above examples may be viewed as demonstrations of sex role awareness. In the analysis done with the original data, the authors found that all of the three groups (sex roles class, counselling class, and statistics class) favoured the sex roles insight option by the end of the semester. The sex roles class showed a sharp preference for this approach by mid-semester while the other groups did not, but by the third administration all the groups were in accord.

Videotape Questionnaire (Kahn & Theurer, 1981)

Question 1 of the Videotape Questionnaire focuses the subject's attention on the specific vignette just seen and requires an understanding or a directive response. Both the women's class students and those who did not take the course had received similar training in empathy skills; therefore no differences were expected between the experimental group and the control group on that question, and none were found.

Results on Question 2 ("What beliefs seem to be in conflict for this client?") can be seen in a similar manner to those on Question 1. The answers reflect an understanding of the issues as presented by the client rather than an analysis by the subjects about the causes of the conflict. Examples of the subjects' responses are:

1 From a personal communication with Jean, June 19, 1981.
"Her husband's belief that children will change their lifestyle in a negative way and her belief that children are welcome additions to their lives."

"intimacy vs autonomy"

No significant differences were found between the two groups on this question, which can be understood in term of the similarities between the problem as stated by the client and the subjects' responses. All subjects tended to paraphrase the clients on this question.

Question 3 ("As a counsellor, what is your understanding of the environmental issues as presented by this client?") found significant differences between the experimental group and the control group. From the responses it becomes clear that it is in the cultural analysis of women that the students from the women's class gained a significant awareness. Generally, subjects in the experimental group did express an awareness of the role of society in women's issues as the following examples reveal:

"She's been socialized to believe that a good woman is only good when she's with a man", and

"social views that women must be mothers".

Control group subjects wrote comments such as:

"Phyllis is going to let her husband influence the next stages of her life and she will have to live with the consequences or else she will have to take control of herself and do what

\(^2\) All quotations in this section are taken directly from the raw data.
is best for herself", and
"feeling inferior - not good enough now to fit into husband's high social position".

Both of these answers lack an awareness of women's role in society and stress the control the client 'should' take in her life. These responses evidence a lack of awareness of the difficulties caused by not conforming to sex role stereotypical behaviours prescribed for women.

The non-significant difference between the two groups on Question 4 ("As a counsellor, what beliefs, values and attitudes do you have about this client's issues?") was unexpected. The Therapists' Attitude Scale did detect a significant difference between the two groups; therefore in this question concerning attitudes a similar result might have emerged. From studying the subjects' answers, three points stand out that may be explanations for the lack of difference between experimental and control group results. The first is that subjects seem not to have differentiated between Question 2 (client's beliefs) and Question 4 (subject's/ counsellor's beliefs). For example, one subject answered Question 2:

"You must always please others. You define yourself (as a woman) by how well those about you do",

and answered Question 4:

"I believe that this client has failed to value herself, and her abilities and relies on others for defining her happiness and feelings about herself".
Similarities in responses by subjects to Questions 2 and 4 made it clearer why both questions received similar ratings, though the nonsignificant difference between the two groups was not explained by that factor. The problem of measuring attitude and attitudinal change will be discussed later.

A second point is that a more in-depth analysis by the subjects seems to have been done in Question 3, so that the subjects' attitude toward the presenting issue had been clearly stated previously: subjects may have had nothing left to state for Question 4. A third possibility could be that feminism is still a controversial area, therefore many counsellors may have a reluctance to identify strongly, or define themselves, as feminist. Question 4 required the subject to state her own beliefs, not just a socio-cultural understanding.

Question 5 ("As a counsellor, what goals and strategies would you have for your work with this client?") found a significant difference between the experimental group and the control group. The subjects in the experimental group tended to advocate assertiveness training, work on anger, women's support groups, power analysis and consciousness-raising; as well as the more 'traditional' therapeutic strategies of exploration of feelings and needs, couples counselling and work on self-esteem. The subjects in the control group chose traditional counselling interventions rather than feminist counselling techniques.

An issue raised by the raters was the lack of a negative rating scale. Answers were found that not only revealed a lack of awareness of women's issues, but also detracted from the client's expression of her problem. For example, a strategy for Penny (who had an issue of dependency on her male friend) was:
"get rid of guilt about needing another person and enjoy the sharing and caring".

This answer ignored the strong need by Penny to feel independent as well as her experiences of unhappiness and depression.

A second issue raised by the raters was confusing meanings of certain words; which sometimes lead to disparate ratings. An example would be the word "dependence". The ratings assigned for a statement based on the issue of dependency could range from '0' (no understanding of women's issues) and '1' (an implicit understanding) to '2' (an explicitly stated awareness of women's issues). Ambiguous statements by subjects were sometimes difficult to assess as serious or as ironical, for example:

"that a good wife makes no demands on her husband and supports him".

An individual correlational analysis of the vignettes for each question reinforced the Chi-square analysis results. Questions 1, 3 and 5 had expected results, and the high level of significance between the vignettes indicated that subjects answered in an expected manner on all the vignettes (e.g.: for Question 1, empathic responses for individual subjects were at the same level of rating across the four vignettes).

The very low probabilities for Questions 2 and 4 indicated that attitudes varied greatly for the different issues, and also that attitudes were hard to measure. A subject may have different perceptions for the "seriousness" of the issues presented: the issue
of children (Phyllis) could elicit a stronger reaction (and therefore a different rating) than the issue of retraining (Andy).

The variety of ages and experiences in the subject samples could mean that subjects were at different stages of development; and that different processes contributed to responses on the questionnaire (Cronbach & Furby, 1970). As the inter-test correlation between the Videotape Questionnaire and the Therapists' Attitude Scale was high, the confounding variable within the videotape questions may well have been the individual differences among the subjects.

Limitations

Analysis of covariance was used to control for pre-existing differences as measured by the Therapists' Attitude Scale. Using ANACOVA with ordinal data has limitations, therefore the results should be accepted with reservations. Cronbach and Furby (1970) stated that even a perfect measure of a covariate would not be able to remove the confounding of the results caused by uncontrolled pre-existing differences.

The generalizability of the Videotape Questionnaire results is limited by both the problem of the flexibility of the raters' scale and the issue of how to measure attitudes and attitudinal change. The scale developed and used by the raters left open too many possibilities for individual rater interpretation and understanding; meaning that, though raters usually came to similar scores, they may have reached them through different means. To measure attitudes requires measuring instruments with more detail.
(to be discussed in the recommendations). The partial acceptance of the hypothesis that stated there would be no statistically significant differences between the experimental and the control groups on the Videotape Questionnaire may therefore only be due to measuring problems and not a true reflection of the subjects' attitudes.

Not controlled in this study was the somewhat differential treatment the experimental group and the control group received. The videotape was shown to the experimental group in a group setting, whereas the subjects in the control group viewed the videotape either singly or in small groups of two to four.

Another unexplained factor is experimenter effect. Because many of the subjects knew that the researcher was working under the supervision of the teacher of the counselling women course, it might have made the purpose of the study somewhat apparent to the subjects, and so caused an increased effort on the part of the experimental group subjects to write down their academic knowledge from the course content instead of their beliefs.

**Recommendations**

In general, the results of this study suggest that the course in counselling women did cause a significant change in counsellors-in-training in their awareness of socio-cultural issues and goal and strategy planning with female clients. The subjects' attitudes toward female clients received support from one measure (Therapists' Attitude Scale) and partially from the Videotape Questionnaire. Before any further testing of course effectiveness can be done, the
areas of measuring attitude changes and pre-existing differences have to be explored. At pre-testing the measures used have to be more discriminating in detecting the nature of attitudinal differences prior to any treatment. It is the belief of the experimenter that the most valid and comprehensive method of discovering attitudes is an in-depth interview both at pre- and post-testing. It would be necessary to fully explain to the subjects the nature of the research, as an understanding of the expectations could increase the subjects' cooperation. The emphasis in the literature in the last few years on women's issues has heightened the knowledge and awareness of women's roles in our society; especially among students in upper level psychology programs (Gilbert, 1979), therefore it would only be possible through extensive interviewing to get beyond subjects' social desirability responses and discover what aspects of the cognitive knowledge has been incorporated into personal attitudes and professional counselling values.

As a time lag in the expression and incorporation of attitudinal changes in women's studies graduates has been found (Reuben & Strauss, 1980), one recommendation also would be to do follow-up studies to evaluate the effects of the counselling women course on both attitudinal and behavioural changes.

Counselling behaviours are best elicited in live situations, so another possibility would be to use live stimulus clients instead of videotaped ones. With a live client more emotions and interactions are stimulated, indicating that the subjects'
responses would better correspond to their true counselling style outside a research setting and again elicit more valid information about counsellor behaviour and attitudes.

As the above suggestions are both costly and time consuming to implement, it is worthwhile to improve the Videotape Questionnaire. A careful consideration of the wording of the questions (and perhaps and expansion of the number of questions) would be necessary before the Questionnaire should be used again. The questions need to be reworded to separate an internal belief and knowledge of women's issues as compared to a social desirability response set.

Offering courses in the area of counselling women as a specific population with special needs has been left to the discretion of individual programs and faculty in counselling departments. Assuming that the present results are generalizable to graduate work in the helping professions, it is hoped that more programs offering training in counselling skills will recognize the potential effectiveness of such courses and respond to the need for specific training in counselling female clients. At the same time, the courses being offered or introduced should continually develop and revise evaluation procedures to maximize the effectiveness of such courses on the professional skills of future counselling practitioners.
REFERENCE LIST


Halleck, S. L. Therapy is the handmaiden of the status quo. Psychology Today, 1971, 4, 30-34 & 98-100.


Kahn, S. E. Adult clients talk to a counsellor. (Videotape). University of British Columbia, Department of Counselling Psychology, Vancouver, B. C., 1980.
Kahn, S. E. *A course in counselling women*. Unpublished manuscript, 1981. (Available from the Department of Counselling Psychology, University of British Columbia, Vancouver, B. C.)

Kahn, S. E. & Theurer, G. M. *Videotape Questionnaire*. Unpublished instrument, 1981. (Available from the Department of Counselling Psychology, University of British Columbia, Vancouver, B. C.)


Spence, J. T. & Helmreich, R. The attitudes toward women scale: An objective instrument to measure attitudes toward the rights and roles of women in contemporary society. Journal Supplement Abstract Service Catalog of Selected Documents in Psychology, 1972, 2, 66.


APPENDIX I

Principles Concerning the Counseling and Therapy of Women.*

Although competent counseling/therapy processes are essentially the same for all counselor/therapist interactions, special subgroups require specialized skills, attitudes and knowledge. Women constitute a special subgroup.

Competent counseling/therapy requires recognition and appreciation that contemporary society is not sex-fair. Many institutions, test standards and attitudes of mental health professionals limit the options of women clients. Counselors/therapists should sensitize women clients to these real-world limitations, confront them with both the external and their own internalized limitations and explore with them their reactions to these constraints.

The principles presented here are considered essential for the competent counseling/therapy of women.

1. Counselors/therapists are knowledgeable about women, particularly with regard to biological, psychological and social issues which have impact on women in general or on particular groups of women in our society.

2. Counselors/therapists are aware that the assumptions and precepts of theories relevant to their practice may apply differently to men and women. Counselors/therapists are aware of those theories and models that prescribe or limit the potential of women clients,

as well as those that may have particular usefulness for women clients.

3. After formal training, counselors/therapists continue to explore and learn of issues related to women, including the special problems of female subgroups, throughout their professional careers.

4. Counselors/therapists recognize and are aware of all forms of oppression and how these interact with sexism.

5. Counselors/therapists are knowledgeable and aware of verbal and non-verbal process variables (particularly with regard to power in the relationship) as these affect women in counseling/therapy so that the counselor/therapist-client interactions are not adversely affected. The need for shared responsibility between clients and counselors/therapists is acknowledged and implemented.

6. Counselors/therapists have the capability of utilizing skills that are particularly facilitative to women in general and to particular subgroups of women.

7. Counselors/therapists ascribe no pre-conceived limitations on the direction or nature of potential changes or goals in counseling/therapy for women.

8. Counselors/therapists are sensitive to circumstances where it is more desirable for a woman client to be seen by a female or male counselor/therapist.

9. Counselors/therapists use non-sexist language in counseling/therapy, supervision, teaching and journal publications.
10. Counselors/therapists do not engage in sexual activity with their women clients under any circumstances.

11. Counselors/therapists are aware of and continually review their own values and biases and the effects of these on their women clients. Counselors/therapists understand the effects of sex-role socialization upon their own development and functioning and the consequent values and attitudes they hold for themselves and others. They recognize that behaviors and roles need not be sex based.

12. Counselors/therapists are aware of how their personal functioning may influence their effectiveness in counseling/therapy with women clients. They monitor their functioning through consultation, supervision or therapy so that it does not adversely affect their work with women clients.

13. Counselors/therapists support the elimination of sex bias with institutions and individuals.

- These principles were endorsed unanimously by the Division 17 Ad Hoc Committee on Women, the Executive Committee of Division 17, and the entire membership of Division 17 during the August 1978 meeting of APA in Toronto as necessary for responsible professional practice in the counseling and therapy of women.
APPENDIX II

QUESTIONNAIRE

(Instructions delivered orally)

Name: ____________________________

Program:

___ Elementary
___ Secondary
___ College & Adult
___ Family

___ M.A.
___ M.Ed.
___ Diploma

This survey is to provide information on the following 508's:

- 508 Family
- 508 Group
- 508 Vocational
- 508 Women
- 508 Crisis & Confrontation

1. Which of the courses listed above are you taking now, or have you taken?

2. Which of these courses will you take in the 2nd semester (January - April 1981)?

3. Which of these courses would you like to take at a future time?

4. Which of these courses are you not planning to take? (put course title next to appropriate reason)

________________________ not relevant to career goals
________________________ lack of time
________________________ lack of interest
________________________ already knowledgeable in this area
________________________ other (please specify)
APPENDIX III

CONSENT FORM

The purpose of this study is to assess the kinds of issues students think might be important in a counselling situation. The goal of this project is to find out in what ways counsellor training programs could better meet the needs of clients.

This project is being undertaken as an M.A. thesis at the University of British Columbia under the supervision of Dr. Sharon Kahn. The project consists of two meetings with you, once in January 1981 and once in April 1981. At the first meeting I would ask you to fill out three questionnaires (length of time approximately one hour) and the second meeting would involve one questionnaire and viewing and responding in writing to a videotape (again approximately one hour of your time will be required).

All data will be kept strictly confidential, your name will not appear on the data sheets. No individual results will be released to anyone. However, individual or group debriefing will be available and overall findings will be available to those interested. I wish to emphasize that participation is voluntary and you may withdraw from the project at any time.

I would however, greatly appreciate your agreement to assist in this research. If this is agreeable to you, please sign below.

Signature: __________________________ Date: ____________

Thank you for your assistance.

Gisela Theurer
This course is designed to be a cognitive, affective and skill building experience to improve counselling with girls and women. We will investigate the changing roles of women and women's position in society including the personal and social implications of the socialization process and educational, vocational and leisure time development. Traditional and contemporary theories of the psychology and mental health of women will be examined in relationship to the status of women.

Major questions for future research will be delineated. Attempts will be made to develop therapeutic skills and educational practices and strategies for relating as non-sexist persons. Students are expected to examine their own attitudes, values, and work as well as those of others in discussions, readings, and projects.

**Texts**

Students are encouraged to read widely from a number of sources. A reading list will be provided. Texts include:


**Course Assignments**

1. Each student is asked to attend a consciousness-raising group or keep a journal weekly throughout the semester. Although one of these options should be selected, students may choose to do both. The CR groups will be organized in class. The journal is a personal reflection of reactions to readings and events related to the course.

2. Each student is expected to do a one-page summary of a journal article describing either a research study, psychological theory, or psychotherapeutic technique and be prepared to lead a class discussion on the relevance of the method to all persons including, of course, women. The intent in reviewing the literature:is to discover new phenomena, redefine concepts, and develop approaches suitable to the study of persons.

3. Each student is expected to be involved in a small group (4-5 members) presentation on a counselling issue or life event of women. Suggested topics include abortion, pregnancy, alcoholism, divorce, lesbianism, depression, rape, "empty nest syndrome", etc. The group presentation will run for about one and a half hours and should include research and theoretical data as well as experience involving as many of the class members as possible. An annotated bibliography of approximately ten references is to be duplicated for each class member.
4. Each student is expected to prepare a paper (or other media) describing an action plan to implement your learnings for counselling girls or women. This program may be an intervention appropriate to a specific setting (prison, elementary school, counselling agency, etc.) or a method of counselling or educating a particular population (college, secondary, pre-orgasmic, homemaker, etc.). The paper could include a workshop design, case study, or curriculum. Students are encouraged to specify the type of client and institution and to cite counselling theories associated with the population and/or setting.

5. Each student is expected to be involved, either as a counsellor, client, or both, in a demonstration counselling session of five to fifteen minutes duration. These sessions should depict a counsellor counselling the same client in two ways: in a sexist or discriminatory manner, and then in sex-fair or egalitarian mode as described in the action plan paper.

Students are encouraged to integrate personal interest with course assignments and to collaborate. The summary, group presentation, counselling demonstration and action plan may be in the same area, e.g., rape, transition from home to career, menopause, etc.; and content for various assignments may overlap. Although each student should be involved in a demonstration counselling session, there is no need for every action plan to be so presented.
Tentative Course Outline

- Introduction, Consciousness-raising groups
- Views of women, sex-role stereotyping, research on women
- Androgyny
- Socialization of women, sex differences
- Counselling theories: non-sexist, sex-fair, feminist counselling; victimization, anger, dependency
- Summaries and class discussions
- Group presentations
- Reowning power: assertiveness training, decision making, life planning
- Counselling demonstrations.

Evaluation

Evaluations will be based on the instructor's rating of the following components:
- Summaries and class discussion 15%
- Group presentation 35%
- Action Plan paper 35%
- Counselling Demonstration 15%
APPENDIX V

Therapists' Information about Women Scale*

Individuals have varying opinions about psychological data related to women. Read each of the following statements carefully and decide whether you agree or disagree. Please indicate your answer by placing in front of each statement the letter(s) which best express your opinion.

(SA) Strongly Agree (A) Agree (N) Neither Disagree nor Agree  
(D) Disagree (SD) Strongly Disagree

1. Women often fall in love with men who resemble their mothers in some way.

2. Women have a less strict conscience than men.

3. People tend to regard women as incompetent until proven competent, while men are regarded as competent until proven incompetent.

4. Women do not identify with their mothers more than with women in general.

5. Nausea during early pregnancy usually indicates rejection of the maternal role.

6. Girls are no more dependent than boys.

7. For a woman to experience orgasm during breast-feeding is abnormal.

8. Male therapists keep female clients in therapy longer than male clients.

9. Very few women have crying spells after childbirth.

10. Women are more likely to experience coital orgasm during the middle phase of the menstrual cycle than at other times of the month.

11. Women do not want to succeed.

12. Sexual desire declines with menopause.

Women's Research Institute of Wisconsin, Inc.
13. A large percentage of women are incapacitated by premenstrual tension.

14. Menopause is the organizing event of later life for women.

15. Active 'masculine' women make poor mothers.

16. Taking the initiative in touching is a prerogative of higher status.

17. Most women electing abortion suffer serious psychological consequences.

18. Women usually lose their sexual desire during the middle months of pregnancy.

19. Women are more depressed premenstrually and during the first day or two of menstruation than at other times during the month.

20. Victims of rape usually have been found to have been subtly seductive.

21. People are more likely to attribute a woman's success to luck and a man's success to ability.

22. The majority of females, at one time or another, have wished to be male.

23. The Kegel exercise (flexing of her pubococygeal muscles such as to shut off her urine flow) is rarely helpful in increasing sexual response in women.

24. Male therapists prefer young, pretty, articulate women as clients.
APPENDIX VI

Therapists' Attitude toward Women Scale*

The statements below express attitudes and opinions. Please indicate your opinion by placing in front of each statement the letter(s) which best express your position.

(SA) Strongly Agree (A) Agree (N) Neither Agree nor Disagree
(D) Disagree (SD) Strongly Disagree

1. Dependency should not be considered more characteristic of a healthy woman than of a healthy man.

2. The cure of frigidity is an important goal for women clients.

3. Aggressive women are likely to be suffering from penis envy.

4. It is easier for a woman to relate to a female therapist than to a male therapist.

5. Women more than men should be responsible for the happiness of their families.

6. Women feel they are being selfish for behaviours and attitudes taken for granted by men.

7. Acceptance of one's sex role is not necessary for mental health.

8. The ability to attain vaginal orgasm is one criterion of a woman's mental health.

9. Aggressiveness should not be considered as more characteristic of a healthy man than a healthy woman.

10. Women must learn to look outside themselves for important sources of their difficulties.

11. A woman's first duty is to her husband and children.

*Sherman, Koufacos & Kenworthy, 1978
Women's Research Institute of Wisconsin, Inc.
12. Sharing personal experiences with clients can be very helpful to them.

13. Sexual intimacy between a male therapist and a female client is unlikely to be helpful to her.

14. Taking sexist remarks seriously indicates lack of a sense of humour.

15. A little flirtation with a woman client is helpful to her since it raises her spirits.

16. A nonauthoritarian attitude is important in dealing with women in therapy.

17. Achieving a feminine appearance is a sign of therapeutic progress in women.

18. A radical woman is more likely to be emotionally disturbed than a radical man.

19. Women are no more emotional than men.

20. Therapists need to support individual development even if it runs counter to traditional sex-role expectations.

21. Clients in therapy usually know what is best for them.

22. It is better for women with young children to be at home.

23. One of the most important goals of therapy is to get the client to adjust to her circumstances.

24. Women need to learn to be passive and dependent.

25. Women are no more masochistic than men.

26. Decisions regarding abortion should be made solely by the woman and her doctor.

27. Helene Deutsch contributes greatly to understanding of women clients.

28. Being giving is more necessary in the personality of a healthy woman than a healthy man.
29. Older women have to expect that a therapist will be less interested in them than in a younger woman.

30. Marriage or its continuation should not be considered an important goal for women in therapy.

31. While extramarital affairs are normal for men, women have less need for these outlets.

32. Getting a patient to accept interpretations is an important part of therapy.
APPENDIX VII

Information and Attitude Scale Statistics*
(for 184 Therapists)

<table>
<thead>
<tr>
<th></th>
<th>Information</th>
<th>Attitudes</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>$\bar{x}^a$</td>
</tr>
<tr>
<td><strong>Psychologists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>19</td>
<td>56.26</td>
</tr>
<tr>
<td>Male</td>
<td>48</td>
<td>61.17</td>
</tr>
<tr>
<td><strong>Social Workers</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>27</td>
<td>59.78</td>
</tr>
<tr>
<td>Male</td>
<td>56</td>
<td>61.95</td>
</tr>
<tr>
<td><strong>Psychiatrists</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>9</td>
<td>57.56</td>
</tr>
<tr>
<td>Male</td>
<td>25</td>
<td>63.36</td>
</tr>
</tbody>
</table>

$^a$ The lower the score the better informed or the more liberal/less stereotyped.

$^b$ Possible range 24-120 for the Information Scale and 32-160 for the Attitude Scale.

$^c$ Correlation for female psychiatrists is not presented because of the small n.

APPENDIX VIII

SALIENT ISSUES MEASURE*

Instructions

Please read the following 12 vignettes carefully. As you read each one, imagine that you are the counselor and the vignette is describing the presenting problem of a client. Following each vignette are five different approaches that you might take in working with this client. Some or all of them might seem important as you work with this client.

RANK ORDER

First, read the approaches (items) carefully. Consider which approach you think is most important compared to the others. Mark a "1" to the left of this item. Decide which approach is second most important and mark a "2" to the left of this item. Continue until you have rank ordered all the items from "1" to "5". The item you rank "5" is the one you think is least important. Please assign a different rank to each item. Here is how it might look if you felt that the following approach was not very important:

George's need to participate in a study skills group so that he can learn to use his time more effectively.

INTENSITY

Second, go back to each approach and consider it separately and independently from all the others. Consider how strong your feelings are about the importance of this approach. Indicate "lo" to "hi" intensity of importance by circling the appropriate point on the scale to the right of the item. Here is how it would look if you felt strongly that this approach was important:

George's need to participate in a study skills group so that he can learn to use his time more effectively.

As you can see, your rank ordering of the items may not always be reflective of the intensity of your feelings about the importance of a particular item. In the above example, we rank ordered the approach "4" in comparison with the other approaches, but still felt strongly that this is an important approach. This item, then, would look like this:

4 George's need to participate in a study skills group so that he can learn to use his time more effectively.
Brian is considering changing his major from engineering to recreation. He spent time as a counselor at a summer camp this past summer and discovered his interest in working with kids and thinks he would enjoy being involved in developing recreational programs for children and adolescents, especially those from the inner city. Brian is afraid to talk with his folks about this possibility as they have always hoped that he would be an engineer. He's not sure he can justify the change in direction to them or to himself given that recreational work will provide him with much less status, prestige, and financial reward in the future.

Exploration of:

Rank Order:

Better communication skills so Brian can work out the problems between him and his family.  

Strength of Importance:

The development of an interest within recreation that would provide Brian with a comparable amount of status and prestige to that afforded by engineering.

Brian's need for the status and prestige of engineering even though he may not really enjoy the profession.

The recognition and acceptance that the success and status of an engineering profession will determine much of the rest of Brian's lifestyle and recreation, although enjoyable, could just as well be pursued as a hobby.

How many credits Brian would lose by changing majors at this point and what the practical aspects would be.
Cathy has been dating Ned for several months. At this point in their relationship, they are considering going to bed together. Ned is more sure about this than Cathy. Cathy is a virgin and believes that premarital sex is only appropriate with the man she intends to marry. She's not sure she wants to marry Ned but she is afraid of losing him if she doesn't go to bed with him.

**Exploration of:**

<table>
<thead>
<tr>
<th>Rank Order:</th>
<th>Strength of Importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alternative ways Cathy can express her commitment to Ned while maintaining her virginity.</td>
<td><img src="lo/hi" alt="Strength of Importance" /></td>
</tr>
<tr>
<td>The communication skills necessary for Cathy to clearly share with Ned both her positive and negative feelings about this decision.</td>
<td><img src="lo/hi" alt="Strength of Importance" /></td>
</tr>
<tr>
<td>What additional information about herself, Ned, or the situation is needed in order for Cathy to make this decision.</td>
<td><img src="lo/hi" alt="Strength of Importance" /></td>
</tr>
<tr>
<td>The recognition that Ned can go elsewhere to meet his sexual needs and Cathy may have to face losing him or integrating sexual activity into their relationship.</td>
<td><img src="lo/hi" alt="Strength of Importance" /></td>
</tr>
<tr>
<td>Cathy's feelings about her own sexuality and what it might mean to her to &quot;trade&quot; her virginity for Ned's commitment.</td>
<td><img src="lo/hi" alt="Strength of Importance" /></td>
</tr>
</tbody>
</table>
George is in the middle of his freshman year in college. He came from a small town where he was the captain of the football team and enjoyed both the popularity and status that accompanies this position. Because George wants to be a doctor and it is important for him to do well academically, he has not gone out for the college team. His dating life, however, is not what it used to be. Girls do not seem as attracted to him as they once were and George is disappointed and depressed about this.

Exploration of:

<table>
<thead>
<tr>
<th>Rank Order:</th>
<th>Strength of Importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Development of communication skills to increase George's confidence in social situations.</td>
<td>hi</td>
</tr>
<tr>
<td>George's acceptance of the fact that young women are attracted to males with status and prestige and that his past popularity which was based on football will eventually be replaced by the prestige and status of being a med student.</td>
<td>hi</td>
</tr>
<tr>
<td>George's time-limited involvement in some intra-mural athletic activities in which his skill can be recognized and appreciated and he can regain some status.</td>
<td>hi</td>
</tr>
<tr>
<td>How much of George's sense of self-esteem and social confidence is tied to status and prestige.</td>
<td>hi</td>
</tr>
<tr>
<td>What kinds of attributes besides football prowess that young women find attractive and how George might associate with these young women who value other things.</td>
<td>hi</td>
</tr>
</tbody>
</table>
Lisa dates occasionally and enjoys the company of her male friends, much preferring their activities and conversations to those of her female peers. If she does not have a date on a weekend night, she either stays at home or goes downtown "with the girls" to meet guys. However, she is embarrassed to be seen with a group of females because she fears it will look like she couldn't get a date. At the same time, Lisa is bored and frustrated with staying home and wants to discover alternate ways of meeting men.

Exploration of:

<table>
<thead>
<tr>
<th>Rank Order</th>
<th>Strength of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lisa's acceptance of the fact that she is not likely to have a date every weekend night and she should learn to enjoy other activities as well as appreciating her time alone.</td>
<td>lo hi</td>
</tr>
<tr>
<td>The development of the skills necessary for Lisa to communicate more effectively with male and female peers when she finds herself in this embarrassing situation.</td>
<td>lo hi</td>
</tr>
<tr>
<td>How Lisa can learn to enjoy a weekend night in the company of her female friends whether or not their activities lead to encounters with males.</td>
<td>lo hi</td>
</tr>
<tr>
<td>How Lisa's self-concept as a female is reflected in her devaluation of her female peers.</td>
<td>lo hi</td>
</tr>
<tr>
<td>Whether or not Lisa's peers do, in fact, look down on her for being with &quot;the girls&quot; and what the actual consequences of this behavior are for her social life.</td>
<td>lo hi</td>
</tr>
</tbody>
</table>
Jim has been dating Sue for two months. He enjoys her company and hopes to continue the relationship. They have made a decision not to go to bed together until their relationship is more secure. The guys in Jim's dorm are curious about Jim's sexual activity and tease him about whether or not he's going to bed with Sue. He's experiencing a lot of pressure from them and feels pulled between living up to their expectations and living up to Sue's:

### Exploration of:

<table>
<thead>
<tr>
<th>Rank Order:</th>
<th>Strength of Importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>How Jim's feelings about himself as a sexually active male are related to his self-esteem.</td>
<td>lo hi</td>
</tr>
<tr>
<td>What other peer groups of males Jim might relate to who would be less likely to pressure him about his sexual activity.</td>
<td>lo hi</td>
</tr>
<tr>
<td>The recognition that it is normal for his male friends to pressure him to be sexually active and that to get along with them he needs to live up to their expectations (by pressuring Sue) or at least let them believe that he is.</td>
<td>lo hi</td>
</tr>
<tr>
<td>The development of the communication skills necessary for him to express his discomfort about the situation to both Sue and the guys in the dorm.</td>
<td>lo hi</td>
</tr>
<tr>
<td>Alternative ways Jim can respond to his friends, like teasing them in return, without giving them information about his sexual activity with Sue.</td>
<td>lo hi</td>
</tr>
</tbody>
</table>
Mary has a degree in computer programming and has been working in her field since completing her college education two years ago. She is single, age 24, and says she is experiencing some discomfort in her job although her performance has been appraised as excellent. She finds working primarily with machines to be less than satisfying. The other people who operate the computers seem very involved with their work and not open to developing friendships on the job. Mary is considering changing her type of work although she loves computer technology and is well-trained to continue in the field.

Exploration of:

Rank Order:  

| The realization and acceptance that work environments are not designed to meet the relational needs of workers and she needs to modify her unrealistic expectations. | lo | hi |
| Mary's need to relate to people personally in whatever setting she finds herself. | lo | hi |
| The work environments of other computer programmers to determine whether all such jobs are impersonal and machine-oriented. | lo | hi |
| Mary's involvement in activities outside of work in which she can satisfy her relational needs. | lo | hi |
| The development of communication skills to break down the barriers between Mary and her fellow workers. | lo | hi |
Steven is having a rough semester filled with family as well as academic problems. His girlfriend is extremely busy and is not giving him as much time as he would like. The guys he lives with all seem to be handling their problems by themselves and although they are willing to go drinking or shoot pool with him, Steven doesn't feel like he can let them know his personal problems. He says he has no place to turn but counseling.

**Exploration of:**

<table>
<thead>
<tr>
<th>Rank Order</th>
<th>Strength of Importance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Steven's comfort with his own emotions and his fear of sharing his feelings with other males.</td>
<td>lo hi</td>
</tr>
<tr>
<td>How his roommates have responded to each other's expressions of feelings in the past and how Steven anticipates they would respond to him now.</td>
<td>lo hi</td>
</tr>
<tr>
<td>The recognition that he needs to handle some of his problems on his own, realize that his male roommates are not likely to be comfortable with his direct expressions of feelings, and wait until his girlfriend is less busy to share his problems with her.</td>
<td>lo hi</td>
</tr>
<tr>
<td>How Steven could divide up his needs for emotional support between his roommates and his girlfriend so that his expectations would be manageable for all concerned.</td>
<td>lo hi</td>
</tr>
<tr>
<td>Steven's need to develop the necessary communication skills to express his needs to his roommates and his girlfriend.</td>
<td>lo hi</td>
</tr>
</tbody>
</table>
Helen describes the difficulties she is experiencing getting along with her roommate in the residence hall. The roommate, Gina, often makes plans to do activities with Helen but then breaks them if a male friend calls. Occasionally Gina asks Helen to leave their room so she can be alone with a guy, even though she knows how much this inconveniences Helen. Helen does not have a boyfriend, although she would like to.

**Exploration of:**

<table>
<thead>
<tr>
<th>Rank Order:</th>
<th>Strength of Importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The need for assertiveness training so Helen can tell Gina what she thinks and feels about the situation.</td>
<td>lo</td>
</tr>
<tr>
<td>The difficulties involved in transferring to another room and roommate.</td>
<td>lo</td>
</tr>
<tr>
<td>The realization that one of Gina's boyfriends may be her future husband and Helen should recognize and accept the importance of these interactions.</td>
<td>lo</td>
</tr>
<tr>
<td>Helen's need for more relationships (both male and female) so she doesn't expect so much companionship from Gina.</td>
<td>lo</td>
</tr>
<tr>
<td>Helen's feelings of being treated as &quot;second best&quot; by another woman.</td>
<td>lo</td>
</tr>
</tbody>
</table>
Jack and Greg grew up together. They spent long hours during those years talking about their experiences, their dreams, and their goals. They came to college together and Jack looked forward to a continued close friendship. Greg started spending time with a group of young men who devoted most of their leisure time to being downtown drinking and watching young women. Jack was always invited to join them but never felt very comfortable with their activities. He is feeling increasingly alienated from his friend and doesn't know how to reestablish the closeness.

**Exploration of:**

<table>
<thead>
<tr>
<th>Rank Order:</th>
<th>Strength of Importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. The observation of the relationships of other young men that Jack and Greg know and Jack's determination of whether this pattern of change is common.</td>
<td>lo hi</td>
</tr>
<tr>
<td>2. The realization that being friends and being grown up involves new activities and that if Jack wants to continue the friendship with Greg he needs to learn to enjoy Greg's activities.</td>
<td>lo hi</td>
</tr>
<tr>
<td>3. The development of sufficient communication skills so that Jack can tell Greg how he's feeling and suggest some alternatives to the present situation.</td>
<td>lo hi</td>
</tr>
<tr>
<td>4. What Jack expects from relationships with male friends and why those friends might avoid the kind of verbal intimacy that he desires.</td>
<td>lo hi</td>
</tr>
<tr>
<td>5. The development of other important friendships besides that with Greg so that Jack will need to see Greg less often.</td>
<td>lo hi</td>
</tr>
</tbody>
</table>
Janis is in the middle of her freshman year in college. She has gained 15 pounds since she left home a few months ago and is expressing the fear that her weight is out of control. She does not appear to be heavy. Her academic work is good and she is pleased about this but her dating life has not been what she has hoped it would be. She is expressing disappointment and depression.

**Exploration of:**

**Rank Order:**

| Involvement in academically related social groups in which Janis can meet new people and form new relationships based on common academic interests. | 1 | 1 | 1 | 1 | 1 | hi |
| Janis' eating patterns in order to develop a weight loss program that will work for her. | lo | hi |
| Developing communication skills to increase Janis' confidence in social situations. | lo | hi |
| The acceptance that a good social life takes some time to develop and that Janis should focus on her good academic adjustment as well as her appearance. | lo | hi |
| How much Janis' body image is tied to her sense of self-esteem and social confidence. | lo | hi |
John has been spending time with Ann for almost a year. They are both about to graduate and John is considering talking with Ann about marriage. John has been offered a job in a business firm that strongly encourages its young executives to be married. John understands the firm's encouragement and believes that having a wife is probably a necessary component of his success in corporate business. At the same time, John wonders if he is mature enough to be married and if Ann is really the woman he wants to marry.

**Exploration of:**

<table>
<thead>
<tr>
<th>Rank Order:</th>
<th>Strength of Importance:</th>
</tr>
</thead>
<tbody>
<tr>
<td>The policies of other firms to find out if success in those firms is, in fact, related to marital status.</td>
<td><img src="image1" alt="Strength" /></td>
</tr>
<tr>
<td>The consideration of maintaining the relationship with Ann and including her in the social activities of the firm, but postponing the consideration of marriage.</td>
<td><img src="image2" alt="Strength" /></td>
</tr>
<tr>
<td>John's view of marriage in general and specifically his view of a wife as an asset...</td>
<td><img src="image3" alt="Strength" /></td>
</tr>
<tr>
<td>The realization that it is normal for John to question his maturity but that it is probably time to take on the adult responsibilities of work and marriage.</td>
<td><img src="image4" alt="Strength" /></td>
</tr>
<tr>
<td>John's misgivings and the development of adequate skills to discuss these issues with Ann.</td>
<td><img src="image5" alt="Strength" /></td>
</tr>
</tbody>
</table>
Jane has been working in a bank as a loan officer since she graduated from college two years ago. The bank manager is interested in promoting employees from within the bank and has approached her about her interest in moving up in rank and status. He expects that, given an opportunity, she would naturally welcome a promotion. The financial possibilities and prestige are tempting but Jane has observed the pressures of being a bank executive. They work long hours and carry a great deal of responsibility. She's not sure that she's willing to devote that much of her time and energy to her work.

Exploration of:

Rank Order:

Jane's ability to communicate with the bank manager about her misgivings without feeling foolish for her reluctance to seize the promotional opportunity.

---

The promotional possibilities of other banks to discover whether moving up the ladder always involves such pressure and expectations.

---

The realization that status and prestige in the work world always carries pressure and she's not going to get anywhere if she's not willing to accept this reality.

---

The importance of status and prestige to Jane and what she thinks she will be gaining or losing by a promotion.

---

The possibility of adding additional responsibilities to the job Jane has now and see how this pressure effects her before considering a full promotion.
APPENDIX IX

ADULT CLIENTS TALK TO A COUNSELLOR*

VIDEOTAPE TRANSCRIPTS

1. MELANIE

   Classification: Mate - Female
   Typical
   Duration: 3:32

   I have a problem with my marriage which I'd like to talk about . . . (sigh). I'm feeling very unhappy and dissatisfied with my marriage, and . . . (sigh) . . . (tsk). I don't feel like I should, but I do, and uh . . . (sigh). My husband and I have been married about six years, and uh . . . I uh . . . I worked hard to support him while he went to university. He was a very very good student, very brilliant, really loved his studies, and uh . . . And then he wanted to go to law school, and I supported him through law school. And he worked very very hard, and . . . (tsk). I didn't see much of him, he . . . was studying most of the time in the library, off for weekends, and I worked a long . . . long hours, so uh . . . we just didn't get to spend much time together. And uh . . . I felt that was alright, then, I thought, well . . . we're doing this for a purpose, and at the end -- I could see an end -- we would have time to spend together, we . . . we'd do things together . . . (Sigh)

   But . . . he's working now. He's got a good job working with a firm, and . . . he's really happy about it, and he's doing such a good job. (Sigh). He loves it, and . . . I'm really (sigh) feeling just

*Kahn, 1980.
exactly the way I did when he was a student! I don't see him, I
... never spend any time with him anymore, uh ... (sigh) (tsk).
I work. I like my job, and ... and I don't want to not work, but I
feel like there's more to life than that, that we should be able to
spend time together, to share things, uh ... go camping, or travelling
even, um ... He just seems to have even less time now than he did
then. (Sigh) But he ... (tsk) oh, he's doing such a good job, and
... I want him to be happy in his work, but at the same time, I feel
really let down, I feel ... dis ... disappointed. (Sigh)

(Tsk). I worry ... too because ... I think ... I think
maybe it's me that ... maybe I'm not intelligent enough, or ...
(sigh) don't understand enough of what he's talking about, about law
and his work, and that he may not be spending time with me because I'm
... boring. (Sigh) ... and he spends time with many young,
attractive women lawyers who are probably better conversationalists
than I am. (Sigh) so I'm ... I'm worried that I might be losing him,
and ... (sigh). It really doesn't feel right to feel this way,
so ... let down, and like he should be doing something else, when
I'm so proud of what he is doing, I ... I'm really glad he loves his
work so much. But I ... don't feel very happy. (Sigh)
Hi. Um, the thing I wanted to talk to you about today was a discussion that's kind of been ongoing between my husband and I lately about what I'm going to do in the future. Um ... (tsk) the kids, the kids have ... are in school now, and so I've got quite a bit of free time? And I'd really like to go back to school, to university, or to, say the ... you know, some special school ... Um, to get some job ... some specific job training, And, he seems to be objecting, and ... and feels instead that I should go back to a job similar to my old job, which ... was okay, but I ... don't think I'd enjoy it now. Um ... he ... he thinks that it would be better for us to save up some money right now at this point in our lives, and, and uh ... put it into some kind of an investment. And I feel that, um ... having spent six years working as a ... as a wife and a mother, and ... and really enjoying it, but now I want something different, um ... I feel I'm entitled to ... to make the choice to go back to school if that's what I want to do, and um ... It means that financially he'd be supporting me as ... as he always has ... when I was a wife and a mother, but um ... we ... we're financially okay, so I don't feel that that's ... a reasonable objection, um ... 

I know that if I go back to school, I can take some ... some courses that I'd be interested in ... Um ... and get a job that would ... would mean a lot to me, and um ... (tsk) So, right at the moment, um ... what's happening is, he's ... he's disagreeing
with that, and I . . . I just find it's really unfair that, um . . . that he won't allow me to try that, going back to school. Or . . . or he won't, he won't . . . um . . . support me in that decision right now, and . . . and it's causing a lot of trouble between the two of us . . . Um . . . (tsk). I . . . you know, I don't feel that the kids need me at home anymore, and I feel that I've really put in the time that I . . . I wanted to, being a . . . good mother, and now I feel like I . . . I deserve some time, t-to do something I really want to do and that's going back to school. And, um, I just . . . I'd like to get my husband to be a little bit more reasonable about that. And understanding. So that, um . . . so that he would support me.
I guess what I'd like to talk about today is, um . . . how I'm feeling about my boyfriend . . . Uh (sigh) . . . I think we're pretty close, and . . . we do spend a fair amount of time together, but when we're not together, I don't seem to be able to, um . . . (tsk) (sigh) I'm just not happy when we're not together. I feel . . . really (sigh) lonely. I'm almost scared when we're not together, as if I . . . I'm wondering . . . how to, how to look after myself, how to amuse myself, and uh . . . It seems that he's kind of different, he's able to look after himself, he's not sitting around waiting for me . . . for his fun. But I seem to just wait when he's not there. I'm . . . I'm not, uh, able to get on with my own things. I try to do things, I . . . I, um . . . I go jobbing, and I . . . and I read, and I . . . on my leisure time I try to do things when he's not around, but I don't seem to be able to . . . get into it really. I'm . . . I'm always feeling like I'm waiting, I'm waiting for him to come, so when we're together, then I'll be happy. And when we're not together, I'm . . . suspended, I'm . . . I'm not involved in any of my own things.

He's really independent, and he . . . he can go out with his friends and he has fun, and um . . . he, he has a good time when he's away from me, and then when we come back together, we have a good time together, and we play tennis, and I'm . . . feeling really good 'cause we're together, and uh . . . (sigh). All these times we spend
together just (sigh) . . . even just sitting around talking, I'm . . . I feel like I'm alive and I'm . . . I'm part of it, part of him, and . . . and we're a couple, and we're having a good time. But somehow when we're . . . (sigh) not together, I'm just like I'm empty, I'm . . . lonely, I'm thinking about him all the time . . . I'm wondering what he's doing, and . . . it scares me that I can't get any feeling of independence. I can't, um . . . seem to be a person when he's not around. And sometimes we go out . . . with, or I go out with friends and they're in couples, and um . . . They're all having fun, and I'm not, I'm . . . I'm kind of sitting back lonely and . . . (tsk). I don't know, it's like I'm not, uh . . . I'm not able to have fun on my own. It's like I need him all the time for my happiness, or for my, um . . . even for my being a-alive or something . . . And he, um . . . he doesn't seem to need that as much as I do. And . . . I guess what I'd really like to do is feel . . . some kind of independence, some kind of ability to have a good time . . . on my own, or not to need him as badly as I do . . . to feel more . . . like a separate person, but I don't . . .
I ... have this ... problem I'd like to talk about ... It, um ... has to do with my husband and ... (tsk) and myself ... (takes deep breath). We've been married ten years now, and, um ... (tsk) we ... both got into career when we first were married and, um ... we had these ... goals and plans, we ... both wanted to be established in our careers, and ... We did, we earned good money, we did a lot of things we wanted to do, um ... We travelled and ... got a house ... and that sort of thing. But we ... and we put off having kids, we ... sort of said, well, we have these other things we want to do, and ... and later on when the time is right, we'll have children. (tsk) And ... now, okay, we're both in our late thirties, and ... I've really been feeling in the last while like ... the time is right, like now I want to have ... these children.

And ... so I've been bringing it up, and ... all of a sudden it's ... it's like it's changed, like my husband's saying things like, um ... "Ohh, I don't know ... that would really change our life, and, you know, then we couldn't do these things we want to do, and ... we couldn't travel anymore." And ... he's ... he's saying he doesn't want kids, I guess, is what it comes down to.

And ... I ... I don't know what to do, because ... I always wanted kids, I want my own kids, we wanted children together ... And ... and now he says ... no, that he just can't see that fitting in to what he wants, and ... (tsk) It's really ...
it's really bothering me. I've tried to talk about it, we've talked about it, and we... we just keep coming to the same thing. I... I say it's time now, let's... let's have children, and he says, "No, I... I don't really think I ever want children..."

And I thought... I thought we felt the same, and... it's something I... I really want... And so then I... you know, when we kept coming to these dead ends in our... talking about it (sigh)... I started thinking about, well (sigh)... you know, what alternatives are there, like... what else could I do. You know, maybe I should get involved with... children in some other way... M-my sister has some kids, some small children, and... (tsk) We see them a lot, and... But then I think, no, I... I want my own children. I always wanted my own children. It was always going to be part of my life. We were going to have children together.

I've even... I've even thought about... maybe... I couldn't stay with the marriage... But I don't want to do that... Um, adopting? That... That's no good, I mean, that would change our lifestyle too, that doesn't make sense... And... if I... if I never have children... I don't know, I'm afraid, I... I just always wanted them, and I... I don't know what to do... We're... we're at an impasse.
APPENDIX X

VIDEOTAPE QUESTIONNAIRE

Student No.: ____________

You will see 4 vignettes of one-to-one counselling situations. They will vary in length from 2 to 4 minutes. Please familiarize yourself with the questions before watching the first vignette. Take about 2 minutes and respond in a sentence or more for each question. You are asked the same 5 questions for each vignette, so try to observe carefully and respond as accurately as possible.

Name of client: ____________

1) As a counsellor, what would you say to this client? (give your immediate response)

2) What beliefs seem to be in conflict for this client?
3) As a counsellor, what is your understanding of the environmental issues as presented by this client?

4) As a counsellor, what beliefs, values and attitudes do you have about this client's issues?

5) As a counsellor, what goals and strategies would you have for your work with this client?