EVALUATION OF A COURSE IN COUNSELLING WOMEN

by

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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 instru-
ments 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.

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CHAPTER I

INTRODUCTION

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 poss-
ibility 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 prac-
titioners 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 signi-
ficant 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 charac-
teristics 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 undersirable 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?

CHAPTER II

LITERATURE REVIEW

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, 1975, p. 29).

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 inter-
personal 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 inter-personal competence.

4. Therapy helps the client overcome his/her sense of alien-ation 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 competetiveness) (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, adaptible, 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 poss-

ibilities, 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 committment 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 approriate, 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 committment 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 sub-
ordinate 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 alter-
native 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 stereo-
typical 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 them-

selves). (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 beh-

aviour and what the societal influences are that shape her beh-

aviour. 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 Committe 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 <u>knowledge</u> of research on developmental issues in women leads to implementation of specific counseling <u>skills</u> in counseling women, and often leads to the uncovering of the student's <u>attitudes</u> 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 committment 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 exper- -ience 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 committments. 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 per-
sonal 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 exper-
imental 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 exper-
imental 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, Lafrombaise 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

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

* 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: <u>January 1981</u>

                        Therapists' Information about Women Scale

                        Therapists' Attitude toward Women Scale

                        Salient Issues Measure

Mid-testing: <u>February 28, 1981</u>

                        Salient Issues Measure

Post-testing: <u>April 1981</u>

                        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

3. Feminist Counselling: A manual of skill development
   (Russell, 1981).

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 signi-
ficant 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
itme 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 diff-
erence between the experimental and the control groups on the Therapists'
Attitude Scale at the .01 level of significance. The Therapists' Infor-
mation 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

Therapists' Attitude	$\overline{X}$	SD	r^1	Se	df	t
Group: Experimental	128.47	8.68	.75	4.25		
Control	119.29	6.77	.53	4.56	32	3.40*
Therapists' Information						
Group: Experimental	86.40	5.64	.48	3.99		
Control	85.18	4.97	.40	3.78	30	.64

1: Hoyt Estimate of Reliability

*: α = .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 diff-
erence 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

Therapists' Attitude Scale	$\overline{X}$	SD	r^1	Se	df	t
Group: Experimental	135.29	7.28	.63	4.38		
Control	123.53	8.18	.71	4.36	32	4.38*

1: Hoyt Estimate of Reliability

*: α = .01

TABLE 4

ANACOVA MAIN GROUP EFFECTS AT POST-TESTING

ON THE THERAPIST' ATTITUDE SCALE

	Unadjusted Cell Means	Adjusted Cell Means	F^1
Total Population	129.41	129.41	
Experimental Group	135.29	131.93	5.58*
Control Group	123.53	126.89	

1: df = 1, 31

*: α = .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 treat-

ment 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 hupothesis 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 5

MEANS AND STANDARD DEVIATIONS FOR IMPORTANCE AND RANK

AT PRE-, MID- & POST-TESTING FOR EACH OF FIVE SUBSCALES

OF THE SALIENT ISSUES MEASURE

		$\overline{X}$			SD	
Group:	Expt.[1]		Control[1]	Expt.		Control
Subscale 1						
Imp-pre	56.62		58.81	6.58		6.30
-mid	61.19		58.25	6.56		8.72
-post	59.62		59.50	5.98		7.51
Rank-pre	31.69		31.62	3.34		3.74
-mid	30.31		29.50	4.03		3.12
-post	31.12		30.69	3.36		3.36
Subscale 2						
Imp-pre	56.69		56.88	6.00		7.84
-mid	58.12		55.12	8.20		9.23
-post	59.19		56.19	7.07		6.97
Rank-pre	32.00		32.19	3.33		3.78
-mid	33.69		32.62	3.66		3.44
-post	31.88		31.62	2.53		1.82
Subscale 3						
Imp-pre	46.06		48.81	7.54		10.36
-mid	49.12		46.88	8.02		10.75
-post	49.44		50.12	6.74		9.97
Rank-pre	36.62		36.56	3.93		3.35
-mid	36.94		38.31	2.67		4.47
-post	37.62		37.25	3.84		2.74
Subscale 4						
Imp-pre	49.38		52.25	5.19		5.17
-mid	50.88		47.94	6.97		8.85
-post	49.50		49.12	5.93		5.86
Rank-pre	36.94		35.88	3.43		3.50
-mid	36.25		36.44	2.64		2.80
-post	37.00		36.81	2.66		3.06
Subscale 5						
Imp-pre	35.50		37.69	7.14		8.89
-mid	38.94		36.88	9.12		8.05
-post	39.06		37.69	6.28		8.86
Rank-pre	42.75		43.75	2.18		2.52
-mid	42.81		43.31	2.10		3.75
-post	42.38		43.62	2.94		3.18

1: n = 16

TABLE 6

MANOVA F-RATIOS FOR GROUP (EXPERIMENTAL AND CONTROL) AND TIME (PRE-, MID- & POST-TESTING) FOR EACH OF FIVE SUB-SCALES OF THE SALIENT ISSUES MEASURE

	F-ratio[1]	df	p < than:
Subscale 1			
Group	.15	2, 29	.86
Time	2.20	4, 27	.10
Group x Time	1.93	4, 27	.13
Subscale 2			
Group	.50	2, 29	.61
Time	1.69	4, 27	.18
Group x Time	.81	4, 27	.53
Subscale 3			
Group	.12	2, 29	.89
Time	2.37	4, 27	.08
Group x Time	.65	4, 27	.63
Subscale 4			
Group	.12	2, 29	.89
Time	.59	4, 27	.67
Group x Time	1.43	4, 27	.25
Subscale 5			
Group	.87	2, 29	.43
Time	.72	4, 27	.59
Group x Time	.96	4, 27	.44

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

TABLE 7

COEFFICIENT ALPHA RELIABILITIES

FOR THE SALIENT ISSUES MEASURE

Group:	1	2	3	4	5	Total
Experimental[1]	.52	.67	.53	.48	.53	.84
Control[1]	.61	.61	.71	.45	.64	.87

1: n = 16

<u>Hypothesis 3</u>: At post-testing, there will be no statistically sig-
nificant 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 envir-
   onmental 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

Raters[1]	r	% Absolute Agreement
1 & 2	.83	66
1 & 3	.83	66
2 & 3	.80	62

1: Number of cases rated = 680

TABLE 9

MEDIAN SCORES AND CHI-SQUARE RESULTS OF THE FIVE

QUESTIONS ON THE VIDEOTAPE QUESTIONNAIRE

		GROUPS		
Question	Expt.	Control	Combined	Chi-Square[1]
1	3.10	2.86	2.98	2.16
2	1.07	1.17	1.14	.24
3	1.63	.47	1.09	6.78[2]
4	1.82	1.50	1.77	.32
5	2.09	1.50	1.82	5.72[3]

1: df = 1

2: $\propto$ = .01

3: $\propto$ = .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:

$$r = .52 \quad (\alpha = .001)$$

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

	$\overline{X}$	SD
Question 1*		
Vignette 1[+]	3.00	.92
" 2	2.91	1.00
" 3	2.76	.61
" 4	2.91	.62
Question 2		
Vignette 1	1.35	.95
" 2	1.18	.76
" 3	1.68	.59
" 4	.44	.61
Question 3		
Vignette 1	..74	.96
" 2	1.15	.86
" 3	1.41	1.05
" 4	1.20	1.12
Question 4		
Vignette 1	1.68	1.01
" 2	1.91	.62
" 3	1.68	.81
" 4	1.32	.94
Question 5		
Vignette 1	2.00	1.04
" 2	1.24	1.10
" 3	2.24	.65
" 4	1.12	.91

*: 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

Question 1		$r*$	$p =$
Vignettes:	1 & 2[+]	.40	.02
	1 & 3	.38	.03
	1 & 4	.48	.004
	2 & 3	.47	.005
	2 & 4	.43	.01
	3 & 4	.43	.01
Question 2			
Vignettes:	1 & 2	.25	.16
	1 & 3	-.17	.34
	1 & 4	.04	.84
	2 & 3	.06	.72
	2 & 4	.28	.10
	3 & 4	-.35	.04
Question 3			
Vignettes:	1 & 2	.45	.007
	1 & 3	.38	.03
	1 & 4	.22	.21
	2 & 3	.40	.02
	2 & 4	.60	.00
	3 & 4	.29	.10

*: df = 32

+: Vignette 1 : Melanie, Vignette 2 : Andy
   "   3 : Penny,   "   4 : Phyllis

TABLE 11 (continued)

	r	p =
Question 4		
Vignettes: 1 & 2	.20	.27
1 & 3	.13	.47
1 & 4	.02	.92
2 & 3	.12	.49
2 & 4	-.10	.56
3 & 4	-.10	.58
Question 5		
Vignettes: 1 & 2	.16	.37
1 & 3	.40	.02
1 & 4	.25	.15
2 & 3	-.04	.84
2 & 4	.33	.05
3 & 4	.26	.14

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.

CHAPTER V

DISCUSSION

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 psycho-analytic 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' Infor-mation 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 occuring for students

in other courses.

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 committment.

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.[1]

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 life-
style in a negative way and her belief that children are
welcome additions to their lives."[2]

"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 diff-
erences 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

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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,

[*]Source: The Counseling Psychologist, 1979, 8, 21.

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   ___ M.A.

     ___ College & Adult   ___ M.Ed.

     ___ Family   ___ 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

APPENDIX IV

EDUCATION 508

Counselling Girls and Women-

Sharon E. Kahn
Department of Counselling Psychology
Faculty of Education
University of British Columbia

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:

Foxley, C. H. Nonsexist counseling: Helping men and women redefine their roles. Dubuque, Iowa: Kendall/Hunt, 1979.

Harmon, L. W., Birk, J. M., Fitzgerald, L. E., & Tanney, M. F.
    Counseling women. Monterey, California: Brooks/Cole, 1978.

Miller, J. B. Toward a new psychology of women. Boston: Beacon
    Press, 1976.

Rawlings, E. I. & Carter, D. K. (Eds.) Psychotherapy for women:
    Treatment toward equality. Springfield, Illinois: Charles
    C. Thomas, 1977.

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.

* Sherman, Koufacos & Kenworthy, 1978.
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.

____ 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 firtation 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)

	Information				Attitudes			
	n	$\overline{X}$[a]	SD	Range[b]	$\overline{X}$	SD	Range	r
Psychologists								
Female	19	56.26	7.56	42-75	68.21	15.83	48-106	.56
Male	48	61.17	7.86	36-76	74.85	12.97	47-105	.68
Social Workers								
Female	27	59.78	6.69	41-68	72.11	11.53	46-89	.68
Male	56	61.95	4.93	52-72	73.86	11.36	46-98	.29
Psychiatrists								
Female	9	57.56	5.77	50-66	68.33	11.95	52-87	c
Male	25	63.36	7.35	50-81	76.96	11.39	56-99	.43

[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.

[*] Sherman, Koufacos & Kenworthy, 1978.

APPENDIX VIII
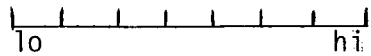
SALIENT ISSUES MEASURE*

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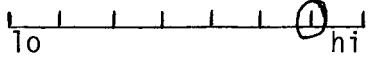
4 George's need to participate in a study skills group so that he can learn to use his time more effectively.

lo | | | | | | | hi

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:
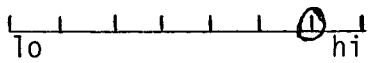
*Jean, Lafromboise & Plake, 1981.

_____ 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.
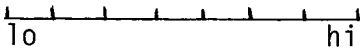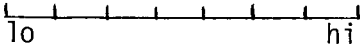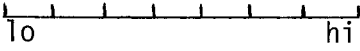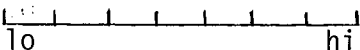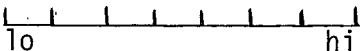
Brian is considering changing his major from engineering to recreation. He spent time as a counselor at a summer camp this past summer and discovered his interest in working with kids and thinks he would enjoy being involved in developing recreational programs for children and adolescents, especially 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: Strength of Importance:
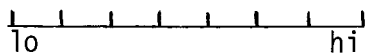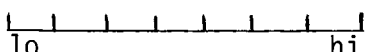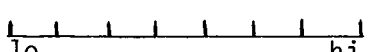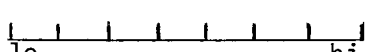
_____   Better communication skills so Brian can   ⌐─┴─┴─┴─┴─┴─┴─┐
           work out the problems between him and his   lo   hi
           family.

_____   The development of an interest within   ⌐─┴─┴─┴─┴─┴─┴─┐
           recreation that would provide Brian with   lo   hi
           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   lo   hi
           enjoy the profession.

_____   The recognition and acceptance that the   ⌐─┴─┴─┴─┴─┴─┴─┐
           success and status of an engineering prof-   lo   hi
           ession 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   lo   hi
           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:

Rank Order: Strength of Importance:
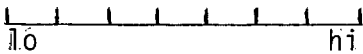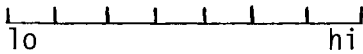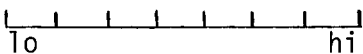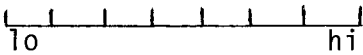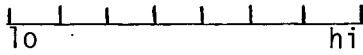
_____ Alternative ways Cathy can express her |__|__|__|__|__|__|__|
         committment to Ned while maintaining her   lo   hi
         virginity.

_____ The communication skills necessary for Cathy |__|__|__|__|__|__|__|
         to clearly share with Ned both her positive   lo   hi
         and negative feelings about this decision.

_____ What additional information about herself, |__|__|__|__|__|__|__|
         Ned, or the situation is needed in order   lo   hi
         for Cathy to make this decision.

_____ The recognition that Ned can go elsewhere |__|__|__|__|__|__|__|
         to meet his sexual needs and Cathy may have   lo   hi
         to face losing him or integrating sexual
         activity into their relationship.

_____ Cathy's feelings about her own sexuality |__|__|__|__|__|__|__|
         and what it might mean to her to "trade"   lo   hi
         her virginity for Ned's committment.

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:

Rank Order: Strength of Importance:

_____ Development of communication skills to increase George's confidence in social situations.
lo   hi

_____ 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.
lo   hi

_____ 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.
lo   hi

_____ How much of George's sense of self-esteem and social confidence is tied to status and prestige.
lo   hi

_____ 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.
lo   hi

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:

Rank Order: Strength of Importance:

_____   Lisa's acceptance of the fact that she   lo |__|__|__|__|__|__|__|__| hi
           is not likely to have a date every week-
           end night and she should learn to enjoy
           other activities as well as appreciating
           her time alone.
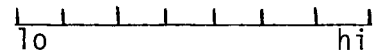
_____   The development of the skills necessary   lo |__|__|__|__|__|__|__|__| hi
           for Lisa to communicate more effectively
           with male and female peers when she finds
           herself in this embarrassing situation.
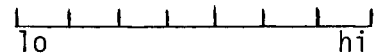
_____   How Lisa can learn to enjoy a weekend   lo |__|__|__|__|__|__|__|__| hi
           night in the company of her female friends
           whether or not their activities lead to
           encounters with males.
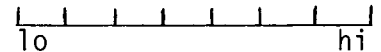
_____   How Lisa's self-concept as a female is   lo |__|__|__|__|__|__|__|__| hi
           reflected in her devaluation of her
           female peers.
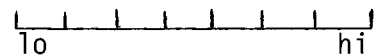
_____   Whether or not Lisa's peers do, in fact,   lo |__|__|__|__|__|__|__|__| hi
           look down on her for being with "the girls"
           and what the actual consequences of this
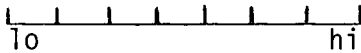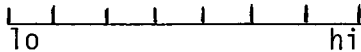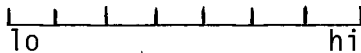   behavior are for her social life.
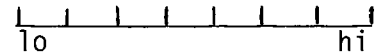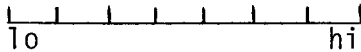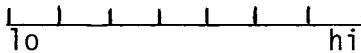
Jim has been dating Sue for two months. He enjoys her company and hopes to continue the relationship. They have made a decision not to go to bed together until their relationship is more secure. The guys in Jim's dorm are curious about Jim's sexual activity and tease him about whether or not he's going 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.
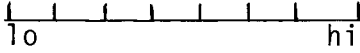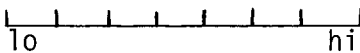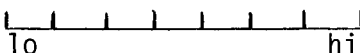
Exploration of:

Rank Order: Strength of Importance:
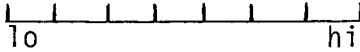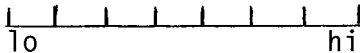
_____ How Jim's feelings about himself as a
        sexually active male are related to his   lo   hi
        self-esteem.

_____ What other peer groups of males Jim might
        relate to who would be less likely to   lo   hi
        pressure him about his sexual activity.

_____ The recognition that it is normal for his
        male friends to pressure him to be   lo   hi
        sexually active and that to get along with
        them he needs to live up to their expec-
        tations (by pressuring Sue) or at least
        let them believe that he is.

_____ The development of the communication
        skills necessary for him to express his   lo   hi
        discomfort about the situation to both Sue
        and the guys in the dorm.

_____ Alternative ways Jim can respond to his
        friends, like teasing them in return,   lo   hi
        without giving them information about his
        sexual activity with Sue.

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: Strength of Importance:

_____   The realization and acceptance that work |_|_|_|_|_|_|_|_|
           environments are not designed to meet   lo   hi
           the relational needs of workers and she
           needs to modify her unrealistic expec-
           tations.

_____   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   lo   hi
           jobs are impersonal and machine-oriented.

_____   Mary's involvement in activities outside |_|_|_|_|_|_|_|_|
           of work in which she can satisfy her   lo   hi
           relational needs.

_____   The development of communication skills |_|_|_|_|_|_|_|_|
           to break down the barriers between Mary   lo   hi
   and her fellow workers.

Steven is having a rough semester filled with family as well as academic problems. His girl friend 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..
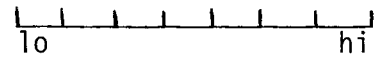
Exploration of:

Rank Order: Strength of Importance:

_____   Steven's comfort with his own emotions
           and his fear of sharing his feelings with
           other males.   lo   hi
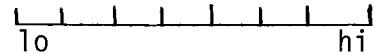
_____   How his roommates have responded to each
           other's expressions of feelings in the   lo   hi
           past and how Steven anticipates they
   would respond to him now.

_____   The recognition that he needs to handle
           some of his problems on his own, realize   lo   hi
           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.
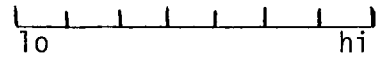
_____   How Steven could divide up his needs
           for emotional support between his room-   lo   hi
           mates and his girlfriend so that his
           expectations would be manageable for
           all concerned.
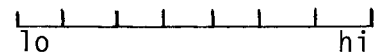
_____   Steven's need to develop the necessary
           communication skills to express his   lo   hi
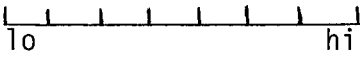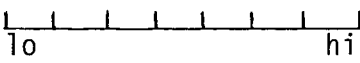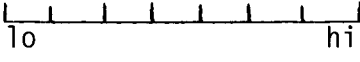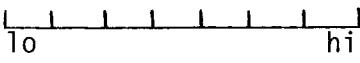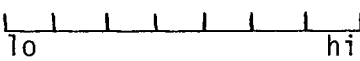   needs to his roommates and his girlfriend.
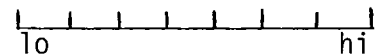
Helen describes the difficulties she is experiencing getting along with her roommate in the residence hall. The roommate, Gina, often makes plans to do activities with Helen but then breaks them if a male friend calls. Occasionally Gina asks Helen to leave their room so she can be alone with a guy, even though she knows how much this inconveniences Helen. Helen does not have a boyfriend, although she would like to.

Exploration of:

Rank Order: Strength of Importance:

_____ The need for assertiveness training   l__l__l__l__l__l__l__l
        so Helen can tell Gina what she thinks   lo   hi
        and feels about the situation.

_____ The difficulties involved in transferring   l__l__l__l__l__l__l__l
        to another room and roommate.   lo   hi

_____ The realization that one of Gina's   l__l__l__l__l__l__l__l
        boyfriends may be her future husband   lo   hi
        and Helen should recognize and accept
        the importance of these interactions.

_____ Helen's need for more relationships   l__l__l__l__l__l__l__l
        (both male and female) so she doesn't   lo   hi
        expect so much companionship from Gina.

_____ Helen's feelings of being treated as "second l__l__l__l__l__l__l__l
        best" by another woman.   lo   hi

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:

Rank Order: Strength of Importance:

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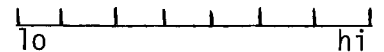
_____   The realization that being friends and   lo   hi
          being grown up involves new activities
          and that if Jack wants to continue the
          friendship with Greg he needs to learn
          to enjoy Greg's activities.
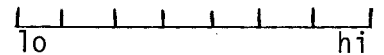
_____   The development of sufficient commun-   lo   hi
          ication skills so that Jack can tell
          Greg how he's feeling and suggest some
          alternatives to the present situation.
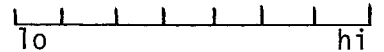
_____   What Jack expects from relationships with   lo   hi
          male friends and why those friends might
          avoid the kind of verbal intimacy that
          he desires.
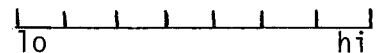
_____   The development of other important   lo   hi
          friendships besides that with Greg so that
          Jack will need to see Greg less often.
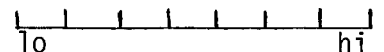
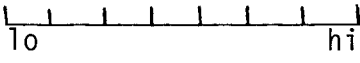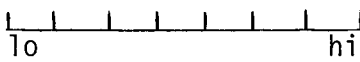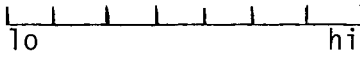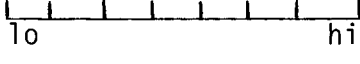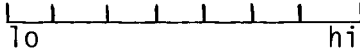Janis is in the middle of her freshman year in college. She has gained 15 pounds since she left home a few months ago and is expressing the fear that her weight is out of control. She does not appear to be heavy. Her academic work is good and she is pleased about this but her dating life has not been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

Exploration of:

Rank Order: Strength of Importance:
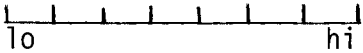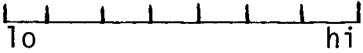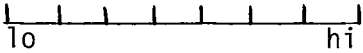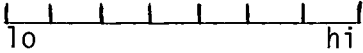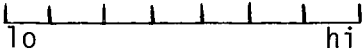
_____ Involvement in academically related
social groups in which Janis can meet new
people and form new relationships based
on common academic interests.

lo   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 succes 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:

Rank Order: Strength of Importance:

_____   The policies of other firms to find out |__|__|__|__|__|__|__|__|
          if success in those firms is, in fact,   lo   hi
          related to marital status.

_____   The consideration of maintaining the |__|__|__|__|__|__|__|__|
          relationship with Ann and including her   lo   hi
          in the social activities of the firm, but
          postponing the consideration of marriage.

_____   John's view of marriage in general and |__|__|__|__|__|__|__|__|
          specifically his view of a wife as an   lo   hi
          asset...

_____   The realization that it is normal for |__|__|__|__|__|__|__|__|
          John to question his maturity but that it   lo   hi
          is probably time to take on the adult
          responsibilities of work and marriage.

_____   John's misgivings and the development of |__|__|__|__|__|__|__|__|
          adequate skills to discuss these issues with   lo   hi
   Ann.

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: Strength of Importance:

_____   Jane's ability to communicate with the   lo |__|__|__|__|__|__|__| hi
          bank manager about her misgivings without
          feeling foolish for her reluctance to
          seize the promotional opportunity.
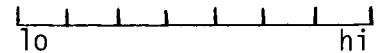
_____   The promotional possibilities of other   lo |__|__|__|__|__|__|__| hi
          banks to discover whether moving up the
          ladder always involves such pressure and
          expectations.
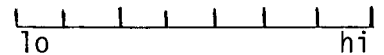
_____   The realization that status and prestige   lo |__|__|__|__|__|__|__| hi
          in the work world always carries pressure
          and she's not going to get anywhere if
          she's not willing to accept this reality.
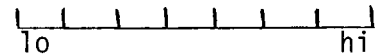
_____   The importance of status and prestige to   lo |__|__|__|__|__|__|__| hi
          Jane and what she thinks she will be
          gaining or losing by a promotion.
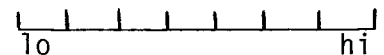
_____   The possibility of adding additional   lo |__|__|__|__|__|__|__| hi
          responsibilities to the job Jane has now
          and see how this pressure effects her
          before considering a full promotion.
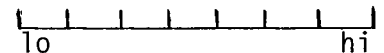
APPENDIX IX

ADULT CLIENTS TALK TO A COUNSELLOR[*]

VIDEOTAPE TRANSCRIPTS

1. <u>MELANIE</u>   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 <u>very</u> unhappy and dissatisfied with my marriage, and
. . . (sigh).. . . .(tsk) I don't feel like I <u>should</u>, but I <u>do</u>, 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 <u>very</u> good student, <u>very</u> 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 <u>very</u> very hard, and . . . (tsk).
I didn't <u>see</u> 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 <u>end</u> -- we would
have time to spend together, we . . . we'd <u>do</u> things together.. (Sigh)

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

exactly the way I did when he was a student! I don't see him, I
. . . never spend any time <u>with</u> him anymore, uh . . . (sigh) (tsk).
I work. I like my job, and . . . and I don't want to <u>not</u> work, but I
feel like there's more to life than that, that we should be able to
spend time together, to <u>share</u> 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 <u>good</u> job, and
. . . I want him to be happy in his work, but at the same time, <u>I</u> feel
really let down, I feel . . . dis . . . disappointed. (Sigh)

(Tsk). I worry . . . too because . . . I think . . . I think
maybe it's <u>me</u> 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 <u>not</u> 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 <u>feel</u> this way,
so . . . let <u>down</u>, and like he should be <u>doing</u> something else, when
I'm so proud of what he <u>is</u> doing, I . . . I'm really <u>glad</u> he loves his
work so much. But I . . . <u>don't</u> feel very happy. (Sigh)

2. <u>ANDY</u>   Classification: Retraining - Female
                                                 Neutral

                                Duration: 2:28

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 <u>now</u> 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.

3. <u>PENNY</u>   Classification: Dependent - female
                                                 Typical

                                  Duration: 2:50

    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 <u>scared</u> when we're not together, as if I
. . . I'm wondering . . . how to, how to look after myself, how to
<u>amuse</u> myself, and uh . . . It seems that he's kind of different, he's
<u>able</u> to look after <u>him</u>self, he's not sitting around waiting for <u>me</u>
. . . for <u>his</u> fun. But <u>I</u> seem to just <u>wait</u> when he's not there.
I'm . . . I'm not, uh, able to get on with my own things. I <u>try</u> to
do things, I . . . I, um . . . I go jobbing, and I . . . and I read,
and I . . . on my leisure time I <u>try</u> to do things when he's not
around, but I don't seem to be able to . . . get <u>into</u> it really.
I'm . . . I'm <u>always</u> feeling like I'm waiting, I'm waiting for him
to <u>come</u>, so when we're together, <u>then</u> I'll be happy. And when we're
<u>not</u> together, I'm . . . suspended, I'm . . . I'm not involved in any
of my <u>own</u> things.

    He's really independent, and he . . . he can go out with <u>his</u>
friends and he has fun, and um . . . he, he has a good <u>time</u> 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 <u>good</u>
'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 <u>alive</u> and I'm . . . I'm <u>part</u> of it, part of <u>him</u>,

and . . . and we're a <u>couple</u>, and we're having a good time. But

somehow when we're . . . (sigh) <u>not</u> together, I'm just like I'm

empty, I'm . . . lonely, I'm <u>thinking</u> 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

<u>person</u> 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 <u>I'm</u> <u>not</u>, I'm . . . I'm kind of sitting back <u>lonely</u>

and . . . (tsk). I don't know, it's like I'm not, uh . . . I'm

not <u>able</u> to <u>have</u> <u>fun</u> on my own. It's like I <u>need</u> him all the time

for my happiness, or for my, um . . . even for my being a-<u>alive</u> or

something . . . And <u>he</u>, um . . . he doesn't seem to <u>need</u> that as

much as I do. And . . . I guess what <u>I'd</u> 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 . . .

4. <u>PHYLLIS</u>   Classification: Kids - female
                                                  Neutral

                                     Duration: 3:16

        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 <u>did</u>, 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 <u>do</u>, and . . . and later on when the time is <u>right</u>,

we'll have <u>children</u>. (tsk) And . . . <u>now</u>, okay, we're both in our

late thirties, and . . . I've <u>really</u> been feeling in the <u>last</u> while

like . . . the time is right, like <u>now</u> I want to have . . . these

children.

        And . . . so I've been bringing it <u>up</u>, and . . . all of a sudden

it's . . . it's like it's <u>changed</u>, like my husband's saying things like,

um . . . "<u>Ohh</u>, I don't know . . . that would <u>really change our life</u>,

and, you know, then we couldn't <u>do</u> these things we want to <u>do</u>, and

. . . we couldn't travel anymore." And . . . he's . . . he's saying

he doesn't <u>want</u> kids, I guess, is what it comes <u>down</u> to.

        And . . . I . . .I don't know what to <u>do</u>, because . . . I <u>always</u>

wanted kids, I want my own <u>kids</u>, <u>we</u> wanted children <u>together</u> . . .

And . . . and now he says . . . <u>no</u>, that he just can't see that

fitting in to what he <u>wants</u>, and . . . (tsk) It's <u>really</u> . . .

it's really <u>bothering</u> me. I've tried to <u>talk</u> about it, we've <u>talked</u> about it, and we . . . we just keep coming to the same thing. I . . . I say it's <u>time</u> now, let's . . . let's <u>have</u> children, and he says, "No, I . . . I don't really think I <u>ever</u> want children . . ."

And I thought . . . <u>I</u> thought we felt the <u>same</u>, and . . . it's something I . . . I <u>really</u> 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 <u>are</u> there, like . . . what <u>else</u> could I do. You know, maybe I should get involved with . . . children in some other <u>way</u> . . . M-my <u>sister</u> has some kids, some small children, and . . . (tsk) We see them a lot, and . . . But then I think, <u>no</u>, I . . . I want my <u>own</u> children. I <u>always</u> wanted my own children. It was <u>always</u> going to be part of my life. <u>We</u> were going to have children <u>together</u>.

I've even . . . I've even thought about . . . maybe . . . I couldn't stay with the marriage . . . But I don't want to do <u>that</u> . . . Um, adopting? That . . . That's no good, I mean, that would change our lifestyle <u>too</u>, that doesn't make sense . . . And . . . if I . . . if I <u>never</u> have <u>children</u> . . . I don't know, I'm afraid, I . . . I just always <u>wanted</u> 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?