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**Asymmetry in internal dialogue, core assumptions, valence of
self-statements and counselor trainee effectiveness**

Stanley, Paula Helen, Ph.D.

The University of North Carolina at Greensboro, 1991

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ASYMMETRY IN INTERNAL DIALOGUE, CORE ASSUMPTIONS,
VALENCE OF SELF STATEMENTS AND COUNSELOR
TRAINEE EFFECTIVENESS

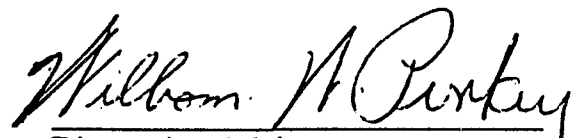
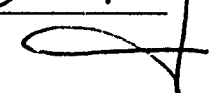
by

Paula Helen Stanley

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Doctor of Philosophy

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Approved by


Dissertation Adviser 

APPROVAL PAGE

This dissertation has been approved by the following committee of the Faculty of the Graduate School at the University of North Carolina at Greensboro.

Dissertation
Advisor William Watson Purkey

Committee Members Sarah M. Hopper
Jack Q. Burdon
John Chester Burch
L. Diphne Borders

April 10, 1991
Date of Acceptance by Committee

April 10, 1991
Date of Final Oral Examination

STANLEY, PAULA HELEN, Ph.D. *Asymmetry In Internal Dialogue, Core Assumptions, Valence of Self Statements and Counselor Trainee Effectiveness.* (1991) Directed by Dr. William Watson Purkey. 140 pp.

Relationships among selected cognitive characteristics (asymmetry in internal dialogue, core assumptions, and valence of self statements) of UNCG counselor trainees and counselor effectiveness were investigated. Research indicates limited support that these selected cognitive characteristics are related to a counselor trainee's ability to demonstrate counselor effectiveness (Fuqua et al., 1986; Morran, 1986).

Forty counselor trainees from the UNC-Greensboro counselor education program were participants for the study. Participants completed four measures of cognitive characteristics: (1) Automatic Thoughts Questionnaire (Kendall, Howard & Hays, 1989), which measures proportion of positive thinking; (2) Dysfunctional Attitudes Scale (Beck, 1976), which measures core assumptions; (3) Task Distractive subscale, which measures self-focused self statements of a negative valence (Fuqua et al., 1986; and (4) Task Facilitative subscale (Fuqua et al., 1986), which measures task-focused self statements.

Each of the 40 trainees audiotaped session number three with a client. Immediately after the taped session, each client rated the counselor trainee using the Barrett-Lennard Relationship Inventory (BLRI) (Barrett-Lennard, 1986), a measure of a counselor's ability to demonstrate the "core" conditions (level of regard, unconditionality, empathy, and congruence) which are considered to be important in establishing and maintaining an effective counseling relationship. Three trained external observers (UNCG counseling students) also rated each subject's taped counseling session.

Intercorrelations were calculated among the three selected cognitive characteristics and the two measures of counselor effectiveness. Three significant relationships were reported: (1) Counselor trainees who reported more distorted core assumptions also reported more self statements of a negative valence (task distractive) during a counseling session, (2) Trainees who reported more self statements of a positive valence (task facilitative--focus on the client

and counseling relationship instead of one's own performance) were rated as more effective by clients, (3) Counselor trainees who reported a greater proportion of positive to negative thinking reported fewer distorted core assumptions.

No significant correlations were found among asymmetry in internal dialogue, core assumptions, valence of self statements and counselor effectiveness of external observer ratings.

Although the present study did not find that external observer ratings of counselor effectiveness were significantly related to cognitive characteristics of counselor trainees, it did find that counselor trainees who reported self statements of a positive valence (task facilitative) were perceived as more effective by clients.

The study partially supports the view that counselor trainees may benefit from identifying their cognitive distortions. By using techniques, such as cognitive restructuring, counselor trainees can decrease cognitive distortions in thinking and develop more cognitive clarity.

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CHAPTER I

INTRODUCTION

Although research indicates that counselor effectiveness is a function of both professional skill level and trainee characteristics (Frank, 1978; Martin, 1984; Purkey & Schmidt, 1987; Stone, 1980; Strupp, 1973), most of the emphasis in counselor education has focused on professional skill training. Relatively little attention has been given to counselor trainee characteristics (Martin, 1990; Stone, 1980).

Of the counselor trainee characteristics that have been investigated, least attention has been given to cognitive characteristics. A few researchers (Border, 1989; Carlozzi, Campbell, & Ward, 1982; Dodge, 1982; Fuqua, Newman, Anderson, & Johnson, 1986; Kline, 1983; Morran, 1986; Stone, 1980) have reported that certain cognitive characteristics of counselor trainees have a significant influence on their counseling effectiveness. These characteristics may enhance or interfere with a trainee's ability to develop a therapeutic relationship with a client or demonstrate skills needed for counselor effectiveness (Borders, 1989; Fuqua et al., 1984; Kline, 1983; Morran, 1986; Stone, 1980).

Cognitive characteristics may influence the counselor trainee's perception of a client, the counseling session, and his or her own abilities (Dodge, 1982; Stone, 1980). For example, counselor trainees and counselors use their perceptual processes to understand and respond to client verbal and nonverbal behavior.

Cognitive characteristics in this study are distinguished from other research examining cognitions of counselor trainees (Stone, 1980; Martin, 1984). Most research about cognitions has focused on counselor intentions and strategies, such as hypothesis formulation (Borders, 1989; Borders & Fong, 1988; Hill et al., 1988; Hill, & O'Grady, 1985; Kurpius et al., 1985; Kurpius & Morran, 1988; Martin, 1984; Martin, 1989; Martin & Slemon, 1987;

Morran, 1986; Morran et al., 1989).

In contrast, the cognitive characteristics chosen for this study are: (1) asymmetry in internal dialogue (balance between positive and negative thoughts as measured by the Automatic Thoughts Questionnaire-Revised: Kendall, Howard & Hays, 1989), (2) core assumptions (system of beliefs which influences one's perceptions of events as measured by the Dysfunctional Attitudes Scale: Beck, 1976), and (3) valence of self statements (frequency and content of task facilitative statements which are task focused or task distractive statements which are self-focused as measured by the Task Facilitative and Task Distractive Scales: Fuqua, Newman, Anderson, & Johnson, 1986). These cognitive characteristics were chosen because they measure cognitive distortions, and thus, "cognitive clarity" believed by this researcher to be important in counselor effectiveness.

The major hypothesis of the present study is that asymmetry in internal dialogue, core assumptions, and valence of self statements are related to counselor effectiveness. It is hypothesized that counselor trainees who have a positive asymmetry in internal dialogue, fewer distorted core assumptions, and more self statements of a positive valence will be less preoccupied with their own self-evaluations and more focused on client verbal and nonverbal behavior during a counseling session.

A few studies have found significant relationships among valence of self statements, core assumptions, and other behaviors, such as performance on tasks such as taking a test, giving a speech, interacting with others in an assertive manner. Also they have found relationships between these cognitive characteristics and higher levels of depression and anxiety (Beck, 1976; Beck & Weishaar, 1989; Brewin, 1988; Bruch, Kaflowitz, & Kuethe; Dodge, 1982; Edelman & Hardwick, 1986; Hunseley, 1987; Hunsley, 1987; Ingram & Kendall, 1987; Kendall, Howard, Hays, 1989; Meichenbaum, 1977; Ottens, Tucker, & Robbins, 1989 Stone, 1980).

There is limited research in the area of asymmetry in internal dialogue, core assumptions,

valence of self statements and counselor effectiveness. Research that examines the relationship of these cognitive characteristics on counseling effectiveness is almost nonexistent. One study examining valence of self statements indicated an indirect relationship between self statements of counselor trainees and counseling performance. Fuqua et al. (1986) reported that a greater number of task distractive self statements were associated with negative self-ratings of counseling performance of counselor trainees. Counseling performance as rated by external observers was not significantly correlated with valence of self statements.

Morran (1986) found that counselors and counselor trainees who reported fewer task distractive thoughts made higher quality clinical hypotheses concerning their clients. Higher quality clinical hypotheses were significantly related to higher levels of counseling performance. These results suggested that task distractive thoughts have an indirect relationship with counseling performance; no direct relationship between counselor effectiveness and valence of self statements was found.

Although previous studies of counselor effectiveness have found few significant relationships among valence of self statements and counseling effectiveness, the methodology used in these earlier studies may explain this finding (Fuqua et al., 1986 & Morran, 1986). Counseling sessions were limited to 25 minutes or less. A limited number of clients were interviewed by several counselors and clients were coached by researchers on how to present a problem to the counselor prior to counseling sessions. In addition, counselor effectiveness was determined by external raters who rated each counselor on brief measures of specific listening skills (Fuqua et al., 1986; Morran, 1986).

Client ratings have rarely been used to determine counselor effectiveness in previous studies of cognitive characteristics and counseling effectiveness. Research indicates, however, that client perception of the counseling session is essential in determining the quality of the counseling interaction between client and counselor (Brown & Cannaday,

1969; van der Veen, 1970; Bishop, 1971; Barak & LaCrosse, 1979; Greenberg & Pinsof, 1986).

It is possible that improved methodology built into the present study may reveal relationships not found in previous research. By using "real" counseling sessions the present study will be more ecologically valid than previous research.

Significance of Problem

Since the late 1970's there has been an increasing focus on skills training (Fuqua & Gade, 1982). Carkhuff's human relations training (Carkhuff, 1969), Bandura's social learning theory (Bandura, 1977), and Ivey's micro-counseling approach (Ivey, 1980) have been influential in determining both the structure and content of many counseling programs (Fuqua & Gade, 1982).

Some authorities maintain that skills and knowledge, while necessary, are not sufficient to make a good counselor (Combs, 1969; Martin, 1990; Patterson, 1985; Purkey & Novak, 1984; Purkey & Schmidt, 1987; Rogers, 1961). According to Combs & his associates (1969, 1978, 1989), it is the "presence" of the counselor and his or her ways of interacting while using skills that may make a significant difference in the performance of counselors. Cognitive characteristics may influence a counselor's ability to develop a therapeutic relationship with a client and use skills effectively (Dodge, 1982; Morran, 1986; Stone, 1980).

Stone (1980) notes that further research is needed to determine the relationship between cognitive characteristics of counselor trainees and counseling effectiveness. He proposed that it is the cognitions of counselor trainees rather than the skill level demonstrated in laboratory conditions that may determine the counselor trainee's level of competence in real life settings.

Because research data concerning cognitive characteristics of counselors and counselor trainees is inconclusive and often contradictory, it is important to continue research in this

area. More research is needed to test the assumption that what counselors think and say to themselves is related to their effectiveness as counselors.

Statement of Problem

Although there are many cognitive characteristics that may relate to counselor effectiveness, the present study focuses on (1) asymmetry in internal dialogue, (2) core assumptions, and (3) valence of self statements. These characteristics were chosen because of the need for more research that examines the relationship between one's clarity in thinking (fewer cognitive distortions) and counselor effectiveness.

The following are research questions for the present study.

1. What is the relationship between the ATQ-R (asymmetry in internal dialogue) and BLRI (counselor effectiveness) of external observers?
2. What is the relationship between the ATQ-R and BLRI of client raters?
3. What is the relationship between DAS (core assumptions) and BLRI of external observers?
4. What is the relationship between DAS and BLRI of client raters?
5. What is the relationship between TD (task distractive) subscale of TD/TF (valence of internal dialogue) and BLRI of external observers?
6. What is the relationship between TD subscale of TD/TF and BLRI of client raters?
7. What is the relationship between TF (task facilitative) subscale of TD/TF and BLRI of external observers?
8. What is the relationship between TF subscale of TD/TF and BLRI of client raters?
9. What is the relationship between ATQ-R and DAS?
10. What is the relationship between ATQ-R and TF subscale of TD/TF?
11. What is the relationship between ATQ-R and TD subscale of TD/TF?
12. What is the relationship between DAS and TF subscale of TD/TF?
13. What is the relationship between DAS and TD subscale of TD/TF?

14. What is the relationship between the TD and TF Subscales of the TD/TF?

Importance of Study

If relationships are found between cognitive characteristics of counseling trainees and counseling effectiveness, counselor education programs may choose to integrate methods that address trainee cognitions into existing skills training courses.

Counselor trainees who have the opportunity to discover their asymmetry in internal dialogue, core assumptions and valence of self statements may use this knowledge to examine their dispositions for helping others. They may learn to alter behavior and thoughts which interfere with their counseling effectiveness.

Dodge (1982), Kline (1983) and Stone (1980) reported that beginning counselor trainees often experience cognitive distortions in thinking that interfere with counselor effectiveness. For example, trainees may misinterpret client behavior as a rejection of them as people or set too high expectations for themselves. Therefore, it is important to determine the presence of cognitive distortions in counselor trainees and the relationship of these distortions to counselor effectiveness.

Counselor trainees who are characterized by more cognitive clarity may respond to client's perceptions and feelings more accurately. Dodge (1982), Kline (1983), Kurpius & Morran, 1988; Stone (1980) and suggest that cognitive restructuring with beginning counselor trainees can be helpful in altering cognitive distortions and increasing cognitive clarity.

Definition of Terms

For the purpose of this study, the following terms will be used:

Asymmetry in internal dialogue is a concept used by Schwartz and Garamoni (1986) in the States of Mind model which describes the balance between positive and negative thinking. It is measured by the ATQ-R.

Cognitive characteristics refer to conceptual style, perceptual processing, asymmetry in

internal dialogue, core assumptions, valence of self statements, and cognitions. They are distinguished from personality variables such as self-actualization, locus of control or sociability.

Cognitive clarity is accuracy in perceiving. It is characterized by a low frequency of distortions in thinking, such as dichotomous reasoning, overgeneralization, or magnification. One's emotional reactions seem appropriate to the present situation. Cognitive clarity was determined by administering three self-report instruments to counselor trainees. Lower scores on the TD subscale of the TD/TF and higher scores on the TF subscale of the TD/TF indicate cognitive clarity. The ATQ-R is a measure of asymmetry in internal dialogue. Cognitive clarity is defined as a balance in positive to negative thinking in which the proportion of positive thinking falls within a range of .56 positive to .44 negative thoughts and .68 positive to .32 negative thoughts (positive dialogue). The DAS measures faulty assumptions associated with cognitive distortions. These assumptions are based on the "cognitive triad of negative view of self and negative interpretation of ongoing experiences" (Merluzzi & Boltwood, 1989, p. 256.) Scores below the mean for the diagnostic groups indicate cognitive clarity. The lower the score, the higher the cognitive clarity.

Cognitive distortions refer to errors in thinking as identified by Beck (1976; 1988). Cognitive distortions consist of thinking in which one misinterprets events leading to depression or anxiety. In this study, cognitive distortions are measured by the DAS.

Cognitive restructuring is the process of identifying and altering negative thinking which is based on cognitive distortions as defined by Beck (1976). The assumption is that challenging negative thoughts and replacing them with coping responses will result in more positive thinking and less emotional distress.

Cognitions are defined as thoughts, self statements, or internal dialogue that may be positive, negative, or neutral. They may be related to the counselor, client, counseling process, or any other event or situation outside of the counseling relationship.

Core assumptions are basic beliefs that an individual uses to understand and interpret life events. They may be faulty or adaptive.

Counseling effectiveness is defined as the degree to which a counselor communicates four components of a counseling relationship: level of positive regard, empathic understanding, congruence, and unconditionality of regard. These qualities are widely recognized as necessary for positive outcomes in counseling to occur. Two forms of the BLRI will be used to assess these components of counselor effectiveness (an external observer form and a client rating form).

Counselor trainees are master's level counseling students at the UNCG who were enrolled in a practicum or internship in the Department of Counseling and Specialized Educational Development during Spring semester, 1991.

Faulty assumptions are beliefs that are both derived from cognitive distortions and activate cognitive distortions in thinking. They are related to emotional distress and can interfere with one's performance on a task. An example of a faulty assumption would be, "If I do not do well all the time, people will not respect me" (Weisman, 1979; Burns, 1982; Beck, 1988).

Internal dialogue of conflict is a state of mind in which there is a .50/.50 balance of positive to negative thinking. It is associated with indecision and feelings of ambivalence.

Inner speechlessness is a state of in which the number of one's positive and negative thoughts approaches 0. There is little or no internal dialogue. This state of mind occurs when one participates in behaviors that do not require self-instructions. Sexual activity or well-learned skills such as driving a straight-gear car are not usually accompanied by internal dialogue (Schwartz & Garamoni, 1986).

Internal dialogue consists of self-statements concerning oneself, others, or events. It may consist of thoughts, assumptions or imagery.

Internship students are master's level counseling students who were enrolled within the

last 12 hours of coursework in the counseling program. They were assigned to either a college, community, or school site to work 20 hours a week as counselor interns.

Negative dialogue is a state of mind in which one has more negative thoughts in proportion to positive thoughts (range between .55 negative to .45 positive thoughts and .68 positive to .32 negative thoughts) (Schwartz & Garamoni, 1986). It is the inverse of positive dialogue and is associated with mild depression and anxiety.

Negative monologue is a state of mind in which one has mostly negative thoughts (Schwarz & Garamoni, 1986). Sixty-nine percent or more of one's thoughts are negative. This state of mind is associated with severe emotional disorders.

Negative self-statements are covert or overt verbalizations that indicate one is inadequate, incompetent, and pessimistic about one's chances for happiness. They are based on distortions in thinking.

Negative thinking consists of thoughts which focus on one's inadequacy, incompetence and pessimism about one's self, the world, and the future. It is associated with depression and anxiety.

Positive dialogue is the adaptive state of mind proposed by Schwartz and Garamoni (1986). It consists of an optimal balance of positive to negative thoughts. This optimal balance (positive dialogue) is within a range of .56 positive to .44 negative thoughts and .68 positive to .32 negative thoughts (Schwartz & Garamoni, 1986).

Positive monologue is a state of mind referred to as "Pollyanaism" (Schwartz & Garamoni, 1986). One has a preponderance (69% or higher) of positive thoughts. Individuals are overly optimistic and overlook realistic dangers.

Positive self-statements are covert or overt verbalizations that indicate that one is adequate, competent, and optimistic about one's chances for happiness. Positive self-statements which are not balanced by negative thoughts indicating dangers or cautions can be maladaptive (Schwartz & Garomoni, 1986).

Positive thinking consists of thoughts which indicate that one is adequate, competent, and likeable. One has optimistic expectations for events. One feels capable of coping with life events which may be frustrating or undesirable.

Practicum students were master's level counseling students enrolled within the first twelve hours of coursework in counseling. They are enrolled in a Theories of Counseling course (CED 620) in which they complete a 75 hour practicum. Each practicum student conducts five counseling sessions with an undergraduate enrolled in a Helping Skills course (CED 310) offered in the UNCG counselor education department.

States of Mind Model. There are five states of mind, according to Schwartz and Garamoni (1986): positive monologue, positive dialogue, internal dialogue of conflict, negative dialogue and negative monologue. An additional state of mind is inner speechlessness, which is the absence of internal dialogue. Each state of mind is associated with a ratio of positive to negative thinking.

Valence of self statements describes whether a thought (self statement) is positive or negative. In the present study, task distractive self statements are negative and task facilitative self statements are positive. Valence of self statements will be measured by the TF and TD subscales of the TD/TF. Negative self-statements (task distractive) are associated with anxiety, depression, cognitive interference, poorer performance level, and more off-task thoughts. Positive self-statements (task facilitative) are related to more on-task thoughts and behaviors.

Summary

Further research is needed to determine the relationship between cognitive characteristics and counselor effectiveness. Asymmetry in internal dialogue, core assumptions, and valence of self statements may be related to counselor trainee effectiveness as measured by the BLRI.

Cognitive clarity (as opposed to cognitive distortion in thinking) may be related to a

counselor trainee's ability to more accurately perceive client concerns and demonstrate the "core conditions" which are associated with an effective counseling relationship (Barrett-Lennard, 1986; Rogers, 1961). Counselor trainees who score higher on cognitive clarity also may perceive themselves as more competent and adequate. They may be more capable of coping with their mistakes and learning from them. They be more focused on the client rather than their own performance during a counseling session. The present study investigated the relationship of cognitive distortions to counselor effectiveness as measured by external observers and clients.

Chapter two will provide a review of related literature. Topics to be reviewed include asymmetry in internal dialogue, cognitive distortions, core assumptions, valence of self-statements, and counseling effectiveness of counselor trainees. A review of research in these areas indicates that findings are mixed and sometimes contradictory, indicating a need for further research.

CHAPTER II

LITERATURE REVIEW

This review of literature provides an overview of research conducted in the area of counselor cognitive characteristics and counselor effectiveness. Because of the lack of research in this area, research from other disciplines is used to support the need for further research in counselor education.

Disciplines which may contribute to an understanding of the relationship among cognitive characteristics and counseling effectiveness include cognitive psychology (Kendall et al., 1989), social psychology (Benjafield & Adams-Webber, 1976), and clinical psychology (Beck, 1976; Beck et al., 1989; Ellis, 1985; Frank, 1978; Strupp, 1973).

Studies conducted by cognitive psychologists have demonstrated the importance of cognitive characteristics as an influence on performance anxiety, depression and assertiveness (Kendall et al., 1989). Social psychologists have studied the asymmetry of positive and negative perceptions of individuals (significance of positive versus negative events on individual perception) (Benjafield & Adams-Webber, 1976). Clinical psychologists have developed models for understanding how thoughts and assumptions influence behavior (Beck et al., 1989; Ellis, 1985).

Cognitive Characteristics

Cognitive characteristics of counselor trainees refer to many kinds of cognitions, including self statements, intentions, internal dialogue and self talk (Hill & O'Grady, 1985; Kline, 1983; Kurpius & Morran, 1985; Morran, 1986). In the majority of research, the focus has been on the content of these cognitions and how these cognitions mediate counseling strategy and hypothesis formulation (Borders, 1989; Borders, Fong, & Cron, 1988; Hill, & O'Grady, 1985; Kline, 1983; Kurpius & Morran, 1985).

The present research study is concerned with other types of cognitive characteristics. These cognitive characteristics (asymmetry in internal dialogue, core assumptions, and valence of self statements) may influence one's perception of the counseling session, the client and oneself. They are seen more as mediators of counselor trainee expectations and self evaluation than of counseling strategies and techniques.

Asymmetry In Internal Dialogue

Asymmetry in the internal dialogue is the proportion of positive to negative thoughts characteristic of an individual. Schwartz and Garamoni (1986) found that ratios of positive to negative thinking were associated with degree of assertiveness, social anxiety, depression, and self esteem. They describe a States of Mind Model which proposes five possible proportions of positive to negative thinking and one state of inner speechlessness.

Empirical and Theoretical Support for Asymmetry in Internal Dialogue. The Five States of Mind Model is based on empirical study and theory. The model proposes that there is an optimal balance between positive and negative thinking which leads to adaptive psychological functioning. It is not just the content of thought that matters but the balance of these thoughts (Schwartz 1986; Schwartz & Garamoni, 1986).

The idea that an optimal balance exists between positive and negative thinking is based on an ancient Greek concept called the Golden Section. The Golden Section was defined by Pythagoreans who considered it to have moral and mystical significance. During the middle ages it was called the "divine proportion." The Golden Section can be defined in geometric terms: a "whole line (AB) can be divided into two segments, a larger one (AC) and a smaller one (CB) (Schwartz & Garamoni, 1986). The Golden Section may be defined as the point on line AB which divides it into two segments so that the smaller line segment (CB) is to the larger segment (AC) as the larger segment (AC) is to the whole line (AB)" (Schwartz & Garamoni, 1986, p. 11): A _____ C _____ B

.618

.382

Golden Section proportion:

$$\frac{\text{Smaller segment (CB)}}{\text{Larger segment (AC)}} = \frac{\text{Larger segment (AC)}}{\text{Whole line (AB)}}$$

Because the ratios of line segments $CB/AC = AC/AB$ are equivalent, the major line segment (AC) is .618 and the minor line segment (CB) is .382 of the whole line (AB).

Scientists have noticed this golden proportion in both animal and plant growth patterns. Growth patterns in some plants and sea creatures seemed to be "regulated by the Golden Section proportion" (Schwartz & Garamoni, 1986, p. 12).

Investigations in the area of Personal Construct theory have indicated that individuals differentiate bipolar constructs in a way that provides a proportion that is similar to the Golden Section (Adams-Webber, 1982). Social psychologists have found that when people make dichotomous evaluations of acquaintances using the Role Construct Repertory Test, the ratio of positive to total positive plus negative judgments approximates the Golden Section (.618) (Adams-Webber, 1982). Benjafield and Adams-Webber in response to the findings of this study have hypothesized that "whenever subjects differentiate things into two, they will tend to do so in a way that approximates the golden section" (Benjafield & Adams-Webber, 1976, p.12).

Information theory proposes that a proportion of .62 positive to .38 negative information means that the negative information will "stand out maximally and...make the greatest contribution to long-term average information" (Benjafield & Adams-Webber, 1976, p. 100). Benjafield and Adams-Webber in explaining studies that support the golden mean concept, commented that "subjects tend to organize their interpersonal judgments along bipolar dimensions so as to make negative events maximally striking. The person tends to construe others in such a way that negative events, taken as a whole, stand out 'as figure' against a positive 'background'" (Adams-Webber, 1982, p. 14).

In conclusion, theory and empirical studies suggest that the proportion of negative and

positive events has adaptive value. When a person perceives the world in moderately positive terms (.618), less frequent negative events (.38) are more noticeable and alert to the individual to possible danger.

States of Mind Model. Schwartz and Garamoni proposed a States of Mind Model based on the Golden Section hypothesis which has been supported by numerous research studies. The States of Mind (SOM) include positive monologue, positive dialogue, internal dialogue of conflict, negative dialogue, negative monologue and inner speechlessness.

The proportion of positive to negative thoughts characteristic of each SOM was determined by first defining the set point of the most adaptive state of mind (positive dialogue) as .62 positive to .38 negative thoughts (golden section). Other states of mind were determined by using mathematical theory, information-processing and cybernetic theories (Schwartz & Garamoni, 1986). Ranges around each set point have been devised to account for fluctuations due to internal or environmental events.

Positive dialogue (.62 positive to .38 negative thoughts) is the most adaptive of the states of mind. It is associated with a generally positive and confident outlook which is tempered with awareness of potential dangers of a situation. A person is optimistic about doing well on a test, for example, with the understanding that a certain amount of study will be necessary.

Cacioppo, Glass, & Merluzzi (1979) found that neither "the number of positive nor the number of neutral self-statements were related to self evaluation, the more negative the self-statements, the lower the self-evaluations" (p. 532). Kendall et al. (1989) reported that it was not the presence of positive self-statements that was related to adapting to stressful events, but a low level of negative self-statements.

The positive monologue (Pollyannaism) SOM is represented by proportion of .69 (or greater) positive thoughts to .31 negative thoughts. It represents an overly optimistic

viewpoint which overlooks realistic cautions and concerns (Schwartz, 1986; Schwartz & Garamoni, 1986).

The internal dialogue of conflict (ambivalence) is an approximately .50/.50 proportion of positive to negative thinking. When constant, this state of mind is characterized by conflict, indecisiveness and ambivalence. Individuals may exhibit mild anxiety, depression, self-doubt and uncertainty. At times, an individual may be in a transitory state of internal dialogue of conflict. For example, a person may experience internal dialogue of conflict during the process of making a difficult decision. When this state of mind is constant and habitual, individuals seem to be in a continual state of indecision and ambivalence.

Negative dialogue is defined by Schwartz & Garamoni (1986) as a ratio of .68 negative to .32 positive thoughts. It is the inverse of positive dialogue. One overestimates the negative aspects of a situation and overlooks positive factors. This state of mind is associated with moderately dysfunctional behavior. Individuals may experience moderate anxiety or depression, guilt, low self-esteem, and avoidance behavior (Schwartz & Garamoni, 1986).

Negative monologue is the presence of a .69 (or greater) to .31 proportion of negative to positive thoughts and is associated with severe behavioral disorders (Schwartz & Garamoni, 1986). It is characterized by severe anxiety and depression, feelings of worthlessness and panic states.

The sixth SOM, inner speechlessness (mindlessness), is characterized by an overall frequency of positive and negative thoughts that approaches zero. There is a relative absence of inner speech. This state of mind is associated with well-learned behaviors that make it possible for individuals to act without need of covert verbal rehearsal or prompting. This inner speechlessness may be appropriate for activities in which one becomes very adept--one behaves automatically.

Empirical support for the States of Mind Model. Schwartz & Garamoni (1986) analyzed data from 27 studies which collectively provided 63 independent sample cases.

They determined States of Mind (SOM) proportions and categorized each sample into one of the five states of mind. They used mean frequencies of positive and negative cognitions reported by each sample. All samples were placed into one of two groups: functional or dysfunctional. Dysfunctional samples were placed into subcategories indicating mild or moderate dysfunction.

Dysfunctional categories and functional categories included: low vs high assertiveness, high vs low social anxiety, high vs low test anxiety, mild depression vs nondepressed, moderate depression vs nondepressed and low vs high self esteem.

Results of the analysis of functional and dysfunctional groups state of mind (SOM) support the States of Mind Model. Functional groups had a mean SOM proportion that corresponded to positive dialogue. Dysfunctional groups scored significantly below the positive dialogue range. Mildly dysfunctional groups had a mean SOM proportion corresponding to the internal dialogue of conflict. Moderately dysfunctional groups mean SOM was characterized by negative dialogue.

Kendall et al. (1989) studied the proportion of positive and negative self-talk in two studies using both undergraduates and inpatients as subjects. Level of depression was determined by the administration of the Beck Depression Inventory, the Minnesota Multiphasic Personality Inventory Depression Scale, and the Hypomania scale of the General Behavior Inventory. Three comparison groups were formed using scores on these instruments: normal, depressive and hypomanic.

Kendall et al. (1989) used frequency of positive and negative items selected on the Automatic Thoughts Questionnaire-Revised to determine a proportion of positive to negative thinking (SOM state) of each comparison group. One depressive group fell within the negative dialogue SOM and the other at the lower end of the internal dialogue of conflict. Both normal groups had a mean SOM proportion corresponding to positive dialogue.

Amsel and Fichten (1990) examined the ease with which college students interact with

disabled peers. Students were divided into a low ease group and a high ease group. Those who were most comfortable interacting with disabled peers (high ease) had a SOM ratio that fell into the positive dialogue range. Those who were more uncomfortable (low ease) with interacting with disabled peers had a SOM mean indicating internal dialogue of conflict. This indicated ambivalence and uncertainty around disabled peers.

Although a relatively new area of study, the States of Mind model may provide another measure of cognitive functioning. If states of mind are associated with assertiveness, social anxiety, depression and self esteem, it may be related to how well counselor trainees interact with their clients. Counselor trainees who score below the optimal level of positive dialogue may have lower expectations for themselves and their clients. Trainees who score above the optimal level of positive dialogue may be overly optimistic and not be as empathic with clients. They may not take client concerns seriously. They may also overestimate their ability to help a client.

Core Assumptions

Core assumptions are basic beliefs individuals use to understand and interpret life events. They may be faulty (maladaptive) or adaptive. The significance of core assumptions has been the cornerstone of many cognitive theorists and can be found in the philosophical teachings of ancient philosophers, such as Epictetus. Epictetus wrote, "people are not disturbed by things, but by the views which they take of them" (Epictetus, 1890). The meaning and function of basic assumptions varies in different theoretical approaches.

Rational-Emotive Therapy. Albert Ellis, the founder of rational-emotive therapy formulated a list of irrational ideas or assumptions which he believed caused all psychological disturbances. He developed an A-B-C-D paradigm to represent how events, beliefs and consequences are related (Ellis, 1962, 1979, 1982, 1985).

Irrational ideas are contained within one's belief system (B), which influences one's interpretation of an activating event (A). Ellis proposed that the consequences of interpreting

an event using irrational ideas leads to a consequence (C) of being upset, with the attendant emotions of anger, sadness, or fear.

The solution used to decrease the likelihood of becoming upset is to actively dispute (D) the irrational ideas. This is done by examining the logic and probability of irrational ideas. By disputing irrational ideas, one is altering one's belief system (Ellis, 1985).

Decker (1988) noted limitations of Ellis' approach. Ellis has been criticized for developing a list of only 11 irrational ideas which are proposed to explain any and all psychopathology. Many theorists believe the list is not sufficient to explain all emotional disorders. Others note that his approach focuses on disputing irrational ideas but does not help individuals generate alternative statements (Beck, 1976; Fremouw & Gross, 1983; Meichenbaum, 1977).

In the 1980's, Ellis expanded his A-B-C-D approach to include a wide variety of cognitions, borrowing from Aaron Beck's work on cognitive distortions in thinking (Decker, 1988). He discussed the importance of such thinking errors as overgeneralization, in addition to a pat list of irrational ideas.

Beck and Ellis differ greatly in their approaches to understanding the meaning and significance of faulty assumptions. Beck developed an information processing theory that demonstrates the effect of cognitive distortions as products and activators of thinking (Beck, 1976).

Beck's Information Processing Model. Beck (1976) proposed that thoughts are based on specific assumptions and premises that guide one's interpretation of environmental events. These assumptions and premises are based on past learning. According to Beck and Weishaar (1989), thoughts are arranged in a hierarchy according to the degree to which they are accessible and stable within a person. Assumptions are at the top of the hierarchy and voluntary thoughts at the bottom. Automatic thoughts are in the middle of the hierarchy between assumptions and voluntary thoughts.

Assumptions may be very stable and out of a person's awareness. They represent how one conceptualizes the world and one's self. "They shape perceptions into cognitions, formulate goals and values, provide interpretation, and assign meanings to events" (Beck & Weishaar, 1989, pp. 28-29). Some assumptions are core beliefs, which are the most stable cognitive structures. They are discovered through inference from what a person says and how he or she behaves. Beck calls core beliefs "schemata." They are the most difficult assumptions to change.

Some of the assumptions and premises that individuals hold are faulty and lead to erroneous conclusions (Beck, 1976; Beck & Weishaar, 1989). Faulty core assumptions limit one's perception of factors which influence a choice or decision. One's view of reality is limited. An example of a faulty assumption is: "I should be upset if I make a mistake." In Beck's view, faulty core assumptions are based largely on past learning and have a persistent influence on the individual (Beck, 1976; 1988).

Faulty core assumptions revolve around three major issues: acceptance, competence and control (Beck, Emery, & Greenberg, 1985). Assumptions are activated when one encounters a stressor that is related to a major concern, such as evaluation from a significant other. When faulty core assumptions are activated, they block new learning by altering one's information processing.

Faulty core assumptions cause one to process information so that one attends to certain features of the environment and ignores others. A person who is anxious attends only to the danger in situations. A person who tends to be depressive focuses on what he or she may lose or his or her inadequacy.

Core assumptions which are learned and acted upon repeatedly lead to habitual behavior. By observing an individual's behavior, one can infer what assumptions underly his or her actions. Individuals tend to repeat the same behavior patterns throughout their lives (Beck, Emery, Greenberg, 1985; Mahoney & Freeman, 1985).

Beck proposed that during periods of distress, individuals shift to a "more primitive information-processing system" which is associated with "systematic errors in reasoning." These errors in reasoning are called cognitive distortions. (Beck & Weishaar, 1989, p. 23). Cognitive distortions used when faulty core assumptions are activated include **magnifying** the significance of a problem, **overgeneralizing** from one event to another, reasoning in a **dichotomous** fashion, perceiving oneself as having **more or less control** over life events than one has and making decisions based on a **rigid system of shoulds**. Cognitive distortions lead to reduced risk taking and defensiveness in behavior.

"Automatic" thoughts occur spontaneously and "intercede between a stimulus and event and one's emotional and behavioral reactions to it" (Beck & Weishaar, 1989, p. 28). They are powerful and often are less accessible to an individual. They not only "reveal distortions in information processing but represent personal beliefs and underlying assumptions" (Beck & Weishaar, 1989, p. 28). These thoughts enhance or intensify the emotional experience of an individual. Examples include: "I can't go on," or "This is great."

Voluntary thoughts are the most accessible and least stable. They are "activated at will and are temporary" (Beck & Weishaar, 1989, p. 28). They include self-statements generated in situations when one feels insecure, fearful, inadequate or angry. They may be used to reduce stress level, reassure oneself, or to reinforce one's feelings of failure (Meichenbaum, 1977). They may be generated to reward the self for good effort. Voluntary thoughts are often referred to as "self talk."

Cognitive distortions in thinking can be measured by examining asymmetry in internal dialogue, core assumptions and valence of self statements. Lack of an optimal asymmetry in internal dialogue, faulty core assumptions and negative valence in self statements may reflect errors in thinking (cognitive distortions). Cognitive distortions may interfere with one's performance on a task and contribute to feelings of inadequacy and anxiety (Beck & Weisharr, 1989; Meichenbaum, 1974; 1977).

Valence of Self Statements

A major focus of many cognitive theorists has been the presence and function of self statements for behavior. Self statements have been called thoughts, inner speech, and self talk and may be included within the broader concept of internal dialogue (Beck, 1976; Meichenbaum, 1977).

Self statements may be task focused, self focused or relate to events beyond one's present environment. They may contain rehearsed strategies, reassurances of the appropriateness of one's behavior or evaluative comments which have a positive or negative valence. Self statements have been classified into dichotomous categories in the literature: negative vs positive, inhibitive vs facilitative, irrational vs rational, dysfunctional vs functional and task-irrelevant vs task-relevant (Arnkoff & Glass, 1982).

In general, self statements are under the control of an individual and can be used to alter one's emotional state or behavior. Substantial research has shown that self statements may influence one's experience of anxiety, assertiveness and depression (Freeman, Simon, Beutler & Arkowitz, 1989; Kendall & Hollan, 1981).

Significance of Self Statements. Studies in the area of test anxiety (Edelmann & Hardwick, 1986; Hunsley, 1987; Mikulincer, 1989; Minor & Gold, 1986; Ottens, Tucker, & Robbins, 1989) have shown that one's thoughts and self-statements can have either a debilitating or facilitative effect on test performance. High speech anxiety has been associated with self statements characterized by cognitive distortions (Meichenbaum, 1977). Poor performance was associated with self statements that emphasized danger in the situation and fear of evaluation of others.

Beck, Emery, and Greensberg (1985) suggested that cognitive distortions, as reflected in self-statements, influence one's emotional reactions and behavior. Cognitive distortions are reflected in self-statements and may be associated with feelings of self-worth and sense

of self-efficacy, increase anxiety level, and distract one from a task at hand (Meichenbaum, 1977).

Researchers investigating test anxiety in college students have placed much emphasis on self statements generated by students. Students with high test anxiety had more negative and task-irrelevant self-statements than students who had moderate or low test anxiety (Hunsley, 1987). A consistent finding in research with university students is that higher levels of test anxiety are associated with more frequent negative and interfering cognitions (Hunsley, 1987).

Hunsley (1987) identified three commonalities among theories that take a cognitive approach to test anxiety. First, they propose that high levels of test anxiety "adversely influence students' self appraisals and appraisals of evaluative situations" (p. 388). Second, students who have high test anxiety emit more negative self statements during testing and other evaluative situations. Third, "students' performance attributions are believed to be influenced by high levels of test anxiety" (p.388).

In another study by Hunsley (1987), students who scored high on test anxiety reported more anxiety, expected to make lower grades, and felt less prepared. Test anxiety was strongly related to the frequency of negative self statements.

Minor and Gold (1986) studied the behavior of test anxious students across time. Data were collected during a psychology exam and one week after the exam. Student self statements during the psychology test was the primary dependent variable. They gave students the Checklist of Positive and Negative Thoughts (CPNT) to assess self statements. The CPNT contains 18 positive and 19 negative thoughts which might affect concentration and performance during exams. Students' completed the Checklist of Body Sensations (CBS) and Subjective Units of Discomfort Scale (SUDS) Scale to assess subjectively experienced arousal. The CBS consists of "eight body sensations likely to be experienced as more intense during an exam" (p. 241). The self-report SUDS scale scores had a range of 0

(totally calm) to 100 (extremely anxious). Students' grade point averages were obtained as well.

On the first exam, Minor & Gold (1986) found students with low GPAs had more negative self statements than those with high GPAs. For the first exam, students with low anxiety had fewer body sensations than those with moderate or high anxiety level. During both exams, students with high levels of test anxiety reported more negative self statements and reported more physical arousal than students with moderate or low test anxiety. The most significant finding was that negative self statements increased in a linear manner with test anxiety on both tests.

Minor and Gold (1986) noted that although high test anxious students report more arousal than less anxious students this finding may be contaminated. It is possible that highly test anxious students may "overinterpret normal arousal" (p. 242). This would be consistent with Beck's theory that information processing is altered when an individual feels threatened by danger or a loss. One interprets the environment in a limited way that is consistent with one's basic assumptions (Beck & Weishaar, 1989).

Minor and Gold suggested that further research examine more sensitively the effect of negative self statements. What is disruptive about these statements: their frequency, content, impact, or personal meaning of thoughts? They suggested that a few negative self statements with special meaning to a student are more powerful influences on behavior than are many, less disturbing self statements.

Negative self statements may become habitual and lead to self-defeating patterns of behavior. Individuals may be unaware of their self statements and not recognize the connection between them and their feelings and perceptions (Meichenbaum, 1985).

Negative self statements also are associated with depression in normal and clinical populations (Beck, 1976). Depressed individuals often criticize themselves subvocally. Events are misinterpreted, and one reinforces this biased view with negative self statements.

An example is, "I'm so unattractive, no one could like me."

In Beck's theory of depression, negative self statements are not logical nor valid. Beck proposes that automatic thoughts, one type of self statement, are at the root of depression. Automatic thoughts are contained within one's "stream of thought" and often are out of one's awareness (Beck, 1976; Kendall & Hollan, 1981). Automatic thoughts are not the result of reason or reflection. They have an involuntary quality which encourages a depressed person to believe them to be an accurate reflection of reality.

The Automatic Thoughts Questionnaire (ATQ) was developed by Hollon and Kendall (1980) to assess depressive cognitions. The questionnaire contains negative self statements (automatic thoughts) often reported by depressed individuals.

Harrell and Ryan (1984) found that depressed individuals had higher scores on the ATQ. After treatment for depression, ATQ scores were lower and not significantly different from a control group.

Kendall et al. (1989) administered the ATQ, Beck Depression Inventory (BDI), Minnesota Multiphasic Personality Inventory (MMPI) Depression scale and Mania scale to a sample of 177 university undergraduate students. Students who scored higher on the BDI and MMPI Depression Scale scored higher on the ATQ.

In summary, there is substantial evidence for the importance of self statements. Self statements with a negative valence have been associated with less assertiveness, lower self esteem, loneliness, depression and anxiety. Self statements of counselor trainees also may be significant.

Studies in anxiety have shown that off-task self statements were associated with poorer performance, greater anxiety, and poorer coping skills (Hunsley 1987). Counselor trainees who generate more self statements with a negative valence may be less effective as counselors. Their negative, off-task self statements may interfere with their perception of the client or counseling situation. Negative self statements also may interfere with a counselor

trainee's ability to use the skills they have learned in training.

Cognitive Characteristics of Counselor Trainees

Cognitive characteristics of counselor trainees have received little attention in the literature. Research on the significance of asymmetry of internal dialogue for counselor effectiveness is nonexistent. Only a handful of studies have researched the relationship of core assumptions and valence of self statements to counselor effectiveness (Fuqua et al., 1986; Morran, 1986; Uhlemann, Lee, & Hiebert, 1988).

Riggs, Kline and Voogt (1979) examined irrational beliefs of counselor trainees. They asked trainees to complete the Irrational Beliefs Test based on Ellis' theory of irrational beliefs. They found that trainees had elevated on the following beliefs: (1) one needs to be dependent on others and someone on which to rely, (2) one's unhappiness is caused by something outside of one, (3) it is easier to avoid one's difficulties rather than face them, and (4) there is a perfect and right answer to life problems and it is terrible if it is not discovered. Riggs et al. did not study the relationship of irrational ideas to counselor effectiveness.

Studies of counselor internal dialogue have resulted in mixed conclusions. Uhlemann, Lee, & Hiebert (1988) designed a 50-item questionnaire, The Counsellor Self-Talk Inventory, to assess the positive and negative self statements of 73 counselor trainees.

A counselor effectiveness scale was developed for the study measuring 10 characteristics that most often appear in counselor effectiveness scales. A 20 minute audio tape of a first interview was also rated by two trained master's level observers using the Global Rating of Responding.

Results of the study showed that the 73 counselor trainees emitted predominantly positive self-statements. Neither the amount nor proportion of positive or negative self-statements was correlated with counselor effectiveness at any of the three college counseling programs.

Morran (1986) studied the influence of self-statements and hypothesis formulation to the

performance level of counselors of varying levels of experience. Counselor trainees as well as practicing counselors were asked to interview a client for 25 minutes. After the interview, clients completed a client satisfaction measure. Counselors completed a brief thought listing exercise, and then the Task Facilitative and Task Distractive Self-Talk scales. Counselors then were given a brief written description of a clinical hypothesis. They had 10 minutes to write a hypothesis using a clinical hypothesis form provided.

After all data had been collected, trained raters assessed both the clinical hypotheses and performance levels of each counselor by watching a videotape of each session. The performance scale used for rating measured empathy, concreteness, genuineness, respect, challenging, and directionality. Hypotheses were evaluated using the following dimensions: definition of major problem; identification of important internal and external factors; identification of important cognitive, behavioral, and emotional factors; conceptualization of interrelationships between key factors; and overall quality of thought and substantiation.

Self-statements in this study were measured by the Task Facilitative and Task Distractive Scales developed by Fuqua et al. (1986). The instrument contains 23 counselor self-statements which are rated on a 7-point Likert scale according to the frequency with which counselors had similar thoughts during the 25 minute counseling session.

Morran (1986) found that task facilitative and task distractive scores were not associated with performance level. Fewer task-distractive thoughts were, however, related to higher quality clinical hypotheses. The results suggest it is the quality of self statements that is important not the quantity.

Fuqua et al. (1986) studied task-distractive and facilitative dimensions of the internal dialogue of 30 counselor trainees. Internal dialogue was correlated with observer and self-rated counseling performance, a general measure of personality (California Personality Inventory), and state/trait anxiety. The task facilitative scale was significantly related to three personality scales: well-being, communality, and flexibility. Counselor trainees who

reported more task-distractive self-statements rated their counseling performance lower. External ratings of counselor performance were not significantly related to either task-facilitative or task-distractive self-statements.

Stone (1980) suggested that faulty assumptions and self statements of counselor trainees often result in emotional reactions (anxiety, anger, guilt, and boredom) that interfere with counselor effectiveness. Counselor trainees may misread client behavior or intention and react out of a need to maintain control in counseling sessions. Counselor trainees may respond to client emotions and content of counseling session by trying to rescue the client. Counselors may feel guilty when they experience boredom during a counseling session.

The present study improves upon earlier methodology by using multiple measures of cognitive characteristics. Valence of self statements and core assumptions seem to be related to counselor effectiveness. Asymmetry in internal dialogue also may be related to counselor effectiveness.

" Content Specific "Cognitive Characteristics of Counselor Trainees and Counselors

Other research concerning counselor trainee cognitive characteristics has focused on the content and categories of cognitions. This type of cognition measures a different type of self statement. The goal of research in this area is to understand the specific cognitions of counselor trainees in a counseling session or in recall situations (listening to videotape and recalling thoughts).

Morran, Kupius, and Brack (1989) compiled a list of self-statements from 38 counselor trainees and counselors and through the use of trained judges. Fourteen categories of self statements were identified. These self-statements reveal the broad nature of internal dialogue.

These categories included:

- 1- Behavioral observations-- thoughts about the overt behavior of clients.
- 2- Client-focused questions--thoughts that ask a question about a client or client situation.

- 3- Summarizations--thoughts that review what the client has said .
- 4- Associations--thoughts that relate client experiences or characteristics to those of others.
- 5- Inferences or hypotheses--thoughts that formed a hypothesis or hunch about client .
- 6- Relationship assessment--thoughts that focused on counselor-client relationship.
- 7- Self-instruction--thoughts that directed self to behave in a particular way or use a particular technique.
- 8- Anxiety or self-doubt--thoughts that expressed feelings of doubt, uncertainty, confusion, or lack of confidence.
- 9- Corrective self-feedback--thoughts that identified a specific counselor behavior that many need to corrected for within the session (not talking so much).
- 10- Positive self-feedback--thoughts that provided positive self-reinforcement.
- 11- Reaction to client-thoughts that expressed an emotional reaction toward client.
- 12- Self-questions--thoughts that posed a question concerning self (How can I be helpful without giving advice?)
- 13- External--thoughts that focused on something beyond the counselor, client, or counseling session.
- 14- Self-monitoring--thoughts that focused on counselor self-awareness that are not directly related to performance ("I feel more relaxed now").

Most self-talk statements clustered in four categories: client-focused questions, summarizations, inferences or hypotheses, and self-instructions. An additional feature of this research was the use of multi-dimensional scaling to identify how the self-talk categories were related to each other. Self-talk categories were placed on a grid with four dimensions. The dimensions included: information seeking, integrative understanding, intervention planning, and attending/assessing. This study provided a framework for categorizing counselor self-talk obtained from a thought listing procedure.

Borders, Fong-Beyette, and Cron (1988) used case study methodology to classify the self-statements of a single counselor trainee during an authentic counseling session. They classified self-talk into six dimensions: time, place, focus, locus, orientation, and mode. They reported few purely intentional thoughts and no evidence of the use of self-instructions in planning strategy.

In conclusion, self statements of counselor trainees may vary in content, evaluative quality and by category. The present study focuses on self statements which may reflect cognitive distortions in thinking (asymmetry in internal dialogue, core assumptions and valence of self statements).

Research focusing on cognitive characteristics reveals significant relationships between what individuals think and how they behave. Asymmetry in internal dialogue, core assumptions, and valence of self statements have been related to levels of assertiveness, depression, anxiety, and loneliness (Meichenbaum, 1977; Hunsley, 1987; Beck & Weishaar, 1989).

Recent research suggests that valence of self statements is related to counselor trainee counseling effectiveness (Fuqua et al., 1986; Morran, 1986). Further research is needed to investigate the relationship among asymmetry in internal dialogue, core assumptions and counseling effectiveness.

Counselor Effectiveness

Research investigating the effectiveness of counseling appears to be inconclusive and vague (Decker, 1988; Frank, 1978). Many counselor educators disagree that both skills and counselor qualities are necessary for counseling effectiveness. The significance of each of these components is still debated among educators and counselors alike (Barret & Wright, 1984; Egan, 1990; Fiedler, 1950; Frank, 1978; Lambert, 1983; Purkey & Schmidt, 1987; Strupp, 1973). There seems to be little agreement on what counselor effectiveness is.

There is some agreement that an adequate level of specific counseling skills and the

development of a minimum of relationship skills are important for counseling to be successful (Strupp, 1973; Frank, 1978; Purkey & Schmidt, 1987; Egan, 1990). However, counselors from different theoretical backgrounds place varying amounts of importance on each of these factors. Some believe the therapeutic relationship is "necessary and sufficient" (i.e., Rogers, 1962). Other theorists place little value on the relationship and emphasize counseling strategy (i.e., Ellis, 1962; 1985).

The present study proposes that both counseling skills and the counseling relationship are important for counselor effectiveness. The counselor-client relationship is the base from which counselors implement skills. Asymmetry in internal dialogue, core assumptions, and valence of self statements may be related to a counselor's ability to develop a positive relationship with a client. Specifically, these cognitive characteristics may interfere with a counselor's ability to demonstrate empathy, level of regard, unconditionality of regard and congruence (Barrett-Lennard, 1986).

Influence of Counselor Variables on Counselor Effectiveness

In general, research studies have found few significant relationships between counselor characteristics and counselor effectiveness. Strupp (1973) suggested that certain therapist attitudes are associated with counselor effectiveness. Good therapists don't feel a need to be superhuman. They need some understanding of self and their relationships with others so that their own problems don't interfere with the counseling process. A good therapist is "reasonably warm and empathic, not unduly hostile or destructive and has the talent, dedication and compassion to work cooperatively with others" (p. 2). A good therapist needs to know when and when not to express interest, respect, understanding and empathy. He noted that therapists can react in a mechanical fashion. Good therapists are genuine.

Studies concerning counselor's level of training and experience have provided mixed and inconclusive results. Carkhuff (1969) provided numerous studies in which graduate trained professionals perform more poorly than paraprofessionals. His studies indicate that

in general graduate students function lower on helping skills at the end of their training than at the beginning. This is particularly true of clinical psychologists. His concern is that graduate students may have learned skills but they have not learned how to use them in real life situations.

On the other hand, a research study investigating the differences in acquiring response and strategy indicated there are differences in counselor effectiveness based on level of experience (Tracey, Hays, Malone & Herman, 1988). Professional counselors (at least two years of postdoctoral experience) used a wider range of responses, adapting them to specific clients. Beginning and advanced counseling students were less flexible in use of counseling responses. Professional counselors were more comfortable with difficult responses, such as confrontation.

In conclusion, research concerning the influence of counselor variables on counselor effectiveness is inconclusive. The present study may contribute to this line of research by revealing the importance of cognitive characteristics for counselor functioning.

Counseling Skills

This section will review research concerning the use and significance of counseling skills for counselor effectiveness. Specific skills are outlined as well as models and theoretical frameworks which guide the use of these skills.

Shaw & Dobson (1988) suggested that skills needed by all counselors are perceptual skills (identify relevant information given by client), conceptual skills (understanding client observations and developing hypotheses), and executive skills (similar to Rogerian qualities of empathy, genuineness and warmth).

Carkhuff (1969), Egan (1990), Ivey & Simek-Downing (1980), Rogers (1951, 1961), and others have identified specific skills counselors need to be effective. Paraphrasing, reflection of feelings, confrontation, and empathic responding are examples of these skills.

Ivey and Simek-Downing (1980), while recognizing the importance of counselor

qualities in counseling, emphasize microskills training. Counseling skills are broken down into micro-units, hence the name micro-counseling. Microskills used by effective counselors include open question, minimal encouragers, paraphrasing, reflection of feeling, summary, expression of feeling, interpretation, expression of information, self disclosure, directives and feedback (Ivey et al., 1980).

Although Ivey et al. (1980) provided a list of qualities (respect, warmth, genuineness, positive regard, confrontation, immediacy and concreteness) important for the counseling relationship, he described them in terms of skills.

Baker and Daniels (1989) conducted a meta-analysis of 81 studies concerning micro-counseling. They concluded that micro-counseling seems to be an effective approach. It appears to be most effective for teaching "simple, clearly defined skills to a variety of trainees" rather than complex skills (p.219). It was most effective when used with undergraduates. There were training losses over time which may indicate a need to provide experiences to strengthen student learning.

A more recent approach to counselor training is instructional counseling (Martin & Hiebert, 1985). The counselor is seen as the instructor and the client as the learner. Counselors use a cognitive-behavioral approach which is based on the skills needed to help clients set goals and define objectives. Goals and outcomes are observable and measurable. The focus is on teaching clients skills, decision-making and helping them develop alternatives to current behaviors. Although counseling skills are important Martin (1990) noted that counseling abilities are more than a set of skills. Counselors need knowledge and the disposition to use specific skills. He stated that counselors need "to cultivate and refine genuine dispositions for helping oneself and others" (p. 403).

Counselor effectiveness in instructional counseling is the result of having a specific knowledge base and the ability to perform counseling activities. More importantly, counselor effectiveness is determined by client change (Martin & Hiebert, 1985). Good counselors,

according to Martin and Hiebert, can specify what they do in counseling, why they do it and can predict effects on client behavior.

Rational-emotive therapy (Ellis, 1962) focuses on teaching counselor trainees counseling skills. The quality of the therapeutic relationship is not considered essential or important for client change. A trainee learns how to identify and dispute irrational ideas and beliefs in his or her own life and of clients. Ellis stated (personal communication, 1990) that "the only counselors who consider the relationship important in counseling are those who have poor relationships."

Egan proposed a model of counseling which emphasized both counseling skills and the counselor-client relationship. Egan (1990) proposed a three stage problem-solving model of helping along with a list of specific skills. The first stage, "the present scenario" is a period of exploration and clarification. Clients are helped to understand more clearly their present concern. Paraphrasing, reflecting of feeling and probing are appropriate at this stage. Confrontation, for example, would not be.

Stage two is "the preferred scenario." Counselors help clients develop goals and objectives to bring about what the client wants. During stage three, "getting there," counselors help clients to plan actions to reach objectives.

Egan (1990) suggested that effective counselors learn specific skills as well as develop qualities referred to as the "core conditions" by (Patterson, 1985) and Rogers (1962). Specific skills include attending skills, reflection of feelings, paraphrasing, and probing. He emphasized the importance of integrating skills with qualities of a good relationship (empathy, genuineness). He stated that knowledge and use of communication skills does not necessarily make one a good helper.

There are many approaches to teaching counseling skills. Most approaches teach the same types of skills, although they may have different conceptual frameworks from which they operate. The importance of skills for counselor training is widely accepted (Frank, 1978;

Egan, 1990; Strupp, 1973). The concern of some counselors and counselor educators is that skills will be over-emphasized and that there is too little emphasis on the development of a therapeutic relationship (Barrett-Lennard, 1986; Patterson 1985; Rogers, 1962; Strupp, 1973).

The Counselor-Client Relationship

In addition to specific counseling skills, many researchers have studied the importance of the counselor-client (therapeutic) relationship (Rogers, 1951, 1961; Barrett-Lennard, 1986). Shaw and Dobson (1988) suggested that success in counseling is related more to the counselor than to skills used.

Rogers (1961) and Patterson (1985) maintained that the counseling relationship is sufficient to produce client change. It is the quality of the relationship between client and counselor that is therapeutic.

Decker (1988) identified over 200 kinds of counseling and psychotherapy. There is no evidence that any one type of counseling is more effective than another (Decker, 1988). Decker suggested this finding supports the significance of the counselor-client relationship.

Jones, Cummings & Horowitz (1988) cited a meta-analysis conducted in 1980 which collected data on over 500 studies. Analysis of these studies indicated that therapy type did not result in different therapy outcomes. Strupp (1973) suggested that commonalities of differing theoretical approaches to counseling be studied instead of the ways in which they differ. Strupp suggested the quality of the counselor-client relationship is one important commonality of all theoretical approaches.

There is much agreement concerning the qualities needed by therapists to develop a therapeutic relationship (Barrett-Lennard, 1986; Patterson, 1985; Rogers, 1961). They include: level of empathic understanding, positive regard, congruence, and unconditionality. Other qualities described by Patterson (1985) and Rogers (1961) are genuineness, immediacy, and self-disclosure.

The Ideal Therapeutic Relationship. Fiedler (1950a) has commented that "there has been little, if any disagreement among psychotherapists as to the paramount importance of a good therapeutic relationship..." (p. 239). Fiedler conducted a series of research studies to better understand the nature of an ideal therapeutic relationship.

Fiedler (1950a) used a Q-technique to determine what characteristics therapists from different schools of thought considered to be essential to an ideal therapeutic relationship. There were no major differences between therapists of differing theoretical approaches. Statements chosen as most characteristic of an ideal therapeutic relationship included:

Empathic relationship

Therapist and patient relate well

Therapist sticks closely to patient's problems

Patient feels free to say what he likes

Atmosphere of mutual trust and confidence

Rapport is excellent

Patient assumes an active role

Therapist leaves patient free to make his own choices

Therapist accepts all feelings which the patient expresses as completely normal
and understandable

A tolerant atmosphere exists

Understanding therapist

Patient feels most of the time he is really understood

Therapist is really able to understand patient

Therapist really tries to understand patient's feelings (p. 241)

Fiedler's study also found that experts (most effective therapists) from differing schools of therapy were more similar to each other than nonexperts (less effective therapists) of their own schools. Lay people who were naive and inexperienced concerning therapy had the

same view of the ideal relationship as therapists. The finding that lay people could identify a therapeutic relationship suggested that the therapeutic relationship has much in common with other good relationships and is not unique.

Another study by Fiedler (1950b) compared the therapeutic relationships of psychoanalytic, nondirective and Adlerian therapists. Therapists from each school of therapy were observed by other therapists. Results showed that the counseling relationship of experts (more effective therapists) from different schools fit the "ideal relationship" more closely than nonexperts (less effective therapists) regardless of theoretical approach. An expert from a school of therapy was more like an expert from another school than he or she was with a nonexpert from the same school. In addition, the ability of therapists to understand the patient was the most important criteria in determining expertness.

Feidler (1951) did a factor analysis of psychoanalytic, nondirective, and Adlerian therapeutic relationships. His conclusion was that what differentiates effective therapists from others is "the greater ability of the expert to understand the feelings of a patient, his greater security in the therapeutic situation, and his capacity to show interest and warmth without becoming overly involved with the patient. ... It is true that much of the content of the interaction is soon forgotten by the listener, but in return he retains a definite feeling for the atmosphere and the tenor of the interaction." (p. 38).

The role of counselor "nourishment" of client was proposed by Carkhuff and Berenson (1967). They suggested that counselors provide "nourishment" to clients by demonstrating core conditions which have facilitative effects. These core conditions included empathic understanding, positive regard, genuineness, and concreteness (Carkhuff & Berenson, 1967; Carkhuff, 1969).

Counselors' use of these core conditions can be rated on a five-point scale (Carkhuff, 1969; Carkhuff & Berenson, 1967). Counselor responses indicate the degree to which they demonstrate a core dimension. Levels one and two on the scale detract from the

counselor-client relationship and indicate a lack of understanding and/or communication of that understanding to a client. Level three is the minimal facilitative level that neither has a detractive nor additive effect on the client's experience within counseling. Level four responses add to what the client says so that the client experiences a deeper level of feeling than what he or she could express. Responses at level five add significantly to the client's experience of counseling. They get at deeper meanings and feelings of the client (Carkhuff & Berenson, 1967).

Carkhuff and Berenson (1967) related these core conditions to the development of a positive counselor-client relationship that facilitated change. They suggested that the therapeutic relationship is the determining factor in whether or not a client benefits from therapy, not the counseling technique. They suggested "the clients of those counselors offering the highest levels of facilitative dimensions improve, while those of counselors offering the lowest levels deteriorate on a variety of indexes" (Carkhuff & Berenson, 1967, p. 23).

Patterson (1985) and Rogers (1951, 1961, 1962) who represent Client-Centered or Person-Centered therapy proposed that the therapeutic relationship was sufficient for client change. This approach allows the client to determine the focus and direction of the counseling session. The therapeutic relationship, according to Rogers, provides the client a good, positive relationship in which he or she is accepted unconditionally. Clients learn how to develop more effective relationships outside of therapy by learning how to relate within the counseling relationship.

Rogers (1951, 1961, 1962) proposed that the counselor-client relationship provides the context in which clients learn to accept themselves and more of their experiences. Clients who feel understood and experience unconditional positive regard from their counselor or therapist find the resources within themselves to solve their own problems.

The counselor-client relationship also provides a safe environment that allows clients to

reclaim disowned experiences and emotions (Patterson, 1985; Rogers, 1951). As one claims disowned experiences and emotions, one becomes more accepting of self and others. Acceptance of disowned experiences also results in more congruence in behavior: what one says and does reflects what one feels and wants.

Patterson (1985) supported Rogers' view of the therapeutic relationship and stressed the concept of "love" of therapist for client. Within the client-centered relationship, a client experiences total acceptance and genuineness from the therapist. This relationship helps the client express emotions and perceptions that he or she has disowned. The acceptance experienced in therapy helps the client own his or her feelings and experiences. The client becomes more self-accepting and is more capable of developing relationships with others. The goal of therapy is self-actualization.

Both Patterson (1985) and Rogers (1951) downplay the importance of skills training in therapy. They emphasize the development of core conditions of empathy, genuineness, warmth and respect. The relationship between client and therapist is the healing factor.

In contrast to the views of Rogers and Patterson, Jones, Cummings and Horowitz (1988) proposed that relationship factors are not enough. They conducted a study to test the nonspecific hypothesis of therapeutic effectiveness. Nonspecific factors (qualities of a good relationship as proposed by Patterson (1985) and Rogers (1951) and specific factors (interventions such as interpretation, reflection of feelings and cognitive restructuring) were compared to determine their influence on counselor effectiveness. Forty clients received 12 sessions of psychodynamic therapy.

Results of the study showed that nonspecific factors were not sufficient for patient progress. They concluded that many factors, including skill of therapist, "patient character style, defensive structure or level of disturbance or motivation, even social or educational background may contribute in direct or interactive ways to outcome" (Jones et al., 1988, p. 55).

Barrett-Lennard (1988) also recognized that nonspecific factors may not be sufficient for client change. He suggested that therapist qualities of empathy, congruence, and unconditionality of regard are essential, but not sufficient. Change may not occur even though these qualities are present. He proposed that it is the client's perception of these therapist qualities that directly influences his or her behavior.

Counseling models such as Eriksonian hypnosis (Grinder & Bandler, 1976) also stress the relationship between client and counselor. Grinder & Bandler focus on matching clients' representational styles so that a rapport is established between counselor and client. Clients who respond to the world more visually are matched by statements of the counselor which are visual in nature. The matching of representational styles helps a client to develop trust in his or her therapist.

The Therapeutic Relationship as a Power Base. The therapeutic relationship is also seen as a power base necessary to provide conditions for client change. The therapeutic relationship according to Frank (1978) is characterized by dependency of client on therapist, based on the belief that the therapist is competent. The therapeutic relationship gives the therapist power so that the following goals might be achieved:

- 1- Help client acquire new information about self through cognitive and experiential activities.
- 2- "Arouse [client] emotionally, since emotions supply the motive power for change" (p. 14).
- 3- Encourage client to alter behavior and take new risks.

Frank suggested the primary source of a therapist's power is his or her personal qualities. The most influential personal quality may be the therapist's ability to convince a client that he or she can understand the client's concerns and provide help.

Strupp (1973) also perceived the therapeutic relationship as providing a power base which assisted the therapist in encouraging client change. Strupp regarded two conditions as

necessary for therapeutic change. Condition one is the development of a helping relationship that resembles the parent-child relationship and has the qualities of "respect, interest, understanding, tact, maturity and a firm belief in his ability to help" (p.1). Condition two is the development of a power base from which the therapist influences the client. This power base depends on the development of condition one. The therapist influences the client through suggestion, encouragement, honest, openness of communication, interpretations and modeling. Condition three is that the client needs to be able and willing to profit from counseling and therapy. Clients vary in the degree to which they can benefit from therapy. They vary in motivation or insight.

In conclusion, all therapies and counseling models have addressed the importance of the relationship between client and counselor as an essential factor in counselor effectiveness. Theoretical models vary, however, in the significance they place on the relationship and its utility in therapy for positive outcomes.

In summary, differing counseling approaches share commonalities that are not yet fully understood. They vary in technique and emphasis on the therapeutic relationship. Strupp (1983) has summarized research on the effectiveness of counseling and psychotherapy:

- 1- Some clients may be helped by a counselor, where others use their own resources or abilities. Others are helped by significant others.
- 2- People who have adapted better to adult living and who have more personal resources gain more from therapy than others.
- 3- No type of counseling or therapy seem superior to others.
- 4- Many psychological disorders do not seem to be significantly helped by counseling or psychotherapy.
- 5- The quality of the counseling relationship is important for successful outcome in therapy.
- 6- The therapist's personal qualities seem to be more important to counseling

effectiveness than any kind of techniques.

Cognitive Characteristics and Counselor Effectiveness

Research in the area of cognitive characteristics and counselor effectiveness has mainly focused on counselor intentions, mediating statements that indicate strategy, or categories into which mediating self statements may be placed (Borders et al., 1988; Hill & O'Grady, 1985; Morran et al., 1989). Research examining the relationship of asymmetry in internal dialogue, core assumptions, and valence of self statements to counselor effectiveness is almost nonexistent. There are, however, models of counselor training that have stated the possibility of such a relationship.

Stone (1980) proposed a cognitive-behavioral model for counselor training. He suggested that counselor trainees' cognitive distortions (based on faulty assumptions) may influence the counseling relationship and process of counseling. Counselor trainees who have many faulty assumptions and negative self-statements often have emotional reactions that interfere with the counseling process (Stone, 1980). Trainees who have unrealistic expectations (based on faulty assumptions) for themselves may attempt to exert control over a client's behavior. A counselor trainee may feel guilt when he or she makes mistakes. He or she may assume that this means one is a poor counselor. A sense of failure may ensue.

Anger experienced by a counselor trainee may be the result of assuming the role of advocate for client and blaming the environment for client difficulties (Stone, 1980). By sharing client's distorted view of a situation, the counselor may not help the client understand his or her contribution to the difficulty. It appears that faulty assumptions and negative thinking make an important contribution to these emotional reactions (Stone, 1980).

Stone (1980) suggested faulty assumptions of counselor trainees may focus on their sense of competence and perception of performance. Faulty assumptions may interfere with a trainee's ability to establish a relationship with a client. Trainees who are concerned with their own adequacy and fears of evaluation may not display the core conditions of counselor

regard, empathic understanding, congruence, unconditionality, and willingness to be known to the degree that is needed in the counseling relationship (Stone 1980). Such assumptions also may result in lowered self-confidence and resistance to feedback from those who supervise their counseling sessions (Dodge, 1982).

Maladaptive emotional reactions based on cognitive distortions may result in less intentional behavior in counseling sessions. Purkey and Schmidt (1987, 1990) suggested that self statements are related to intentionality of counselor behavior. More effective counselors have a direction and purpose that guides their behavior in counseling sessions. Counselors who learn to identify anxieties and feelings of inadequacy, that are derived from negative self perceptions and cognitions, may be more intentional and therefore more effective in counseling sessions.

Research in the area of perceptual psychology has shown that counselor or counselor trainees' assumptions about self and others are related to counseling effectiveness (Combs, 1969; 1989). Combs (1969; 1989) and O'Roark (1981) found that counselor effectiveness was associated with counselor perceptual organization. Good counselors had an internal rather than external frame of reference. They were people-oriented instead of things-oriented. Good counselors saw people as able, dependable, friendly, and worthy. They perceived themselves as identified with others versus unidentified. They perceived themselves as "being enough," and as revealing rather than not revealing. Good counselors saw the purpose of counseling as freeing rather than controlling, altruistic rather than narcissitic, and in larger opposed to smaller meanings.

Although researchers have studied beliefs, perceptions, and assumptions of counselor trainees, the concept of "cognitive characteristics" has remained limited in meaning. The present research expands the concept of counselor "cognitive characteristics" to include asymmetry in internal dialogue, core assumptions, and valence of self statements. Although these cognitive characteristics have been largely overlooked within the literature, they may be

significantly related to counselor effectiveness.

Implications for Counselor Training

Counseling programs have an ethical responsibility to insure that their students are well trained and prepared to function as effective counselors. Faulty assumptions, negative thinking and self statements of counselor trainees may interfere with their ability to perform effectively. Counselor training programs may need to provide experiences in which their students develop an awareness of their asymmetry in internal dialogue, core assumptions, and valence of self statements. Counseling students can be taught to alter basic assumptions and negative thinking and use self statements to improve their performance.

Summary

With the increase in techniques, micro-counseling skills, and various counseling strategies, it is easy to overlook the importance of the counselor trainee in the process of learning. It may be profitable to examine what counselor trainees think and say to themselves and how this is related to the effectiveness of counselor trainees in a counseling session. If counselor trainees' counseling effectiveness is related to asymmetry in internal dialogue, core assumptions, and valence of self statements, students can be trained to identify and alter assumptions and self statements which interfere with their performance.

Chapter three will describe the methodology of the present study. Improvements upon previous methodology include using actual counseling sessions and more powerful statistical analysis.

CHAPTER III

METHODOLOGY

This study explored the relationship among three cognitive variables (asymmetry in internal dialogue as measured by the ATQ-R; core assumptions as measured by the DAS; valence of self statements as measured by the TD & TF subscales) and counseling effectiveness of counselor trainees (BLRI--observer and client ratings).

An improved methodology is needed that more sensitively measures cognitive characteristics and counseling effectiveness. In this study, multiple measures of cognitive characteristics were employed, each of which focused on a specific type of cognition.

Counselor effectiveness was measured by trained external observers and clients. "Real" counseling sessions were used to increase ecological validity. Most prior studies in the area of cognitions and counselor effectiveness have used an analogue session limited to 25 minutes. By contrast, the present study used counseling sessions which are 35-60 minutes in length. The increased length of counseling sessions of the present study provided more time for counselor trainees to develop rapport with the client; the quality of rapport characteristic of "real" counseling sessions.

Subjects

Subjects for the study were 40 first and second year master's students enrolled in the counselor education program at the UNCG. The counseling program is fully accredited by Council on Accreditation of Counseling and Related Educational Programs (CACREP).

Volunteers were solicited from three courses: Theories of Counseling (CED 620) and Counseling Internship (680A and 680B). Students enrolled in CED 620 were practicum students in their first year of counseling coursework. Internship students in CED 680A/B are

completing their second and final year of coursework for the master's program. Both practicum and internship students were selected for the study because they were involved in clinical experience in which cognitive distortions may be activated.

Sixteen volunteers (five males and eleven females) were interns placed in community, school and college settings. Twenty-four practicum students (19 females and five males) participated in the study. The age range for all subjects was early 20's to mid-fifties.

Clients in this study were college students, junior and high school students, and adults. Clients for practicum students in the study were enrolled in CED 310 (Helping Skills), an undergraduate course taught in the UNCG Department of Counseling and Specialized Educational Development. Clients for internship students were individuals who sought counseling from the institution, school, or community setting in which the intern was placed.

All clients presented similar concerns that focused on relationship difficulties or career concerns. Clients were not "coached" concerning how to present their problem. Counselor trainees were asked to tape clients who did not present serious pathology, such as psychosis, and those who were not in a state of crisis at the time of taping.

Instruments

The development of instruments that measure asymmetry in internal dialogue, core assumptions and valence of self statements is in its infancy. The importance of these cognitive characteristics is just beginning to be recognized. Some instruments, such as the Dysfunctional Attitudes Scale (Weissman, 1979), have been widely used to identify faulty assumptions in mixed diagnostic groups and university populations. Instruments that measure valence in self statements and asymmetry in internal dialogue are less common. Consequently, there also are few studies to assess their reliability and validity.

The instruments chosen for this report acceptable evidence to support claims of reliability and validity (Weissman, 1979; Fuqua et al., 1986; Morran, 1986; Kendall et al., 1989). The ATQ-R is the only general measure of asymmetry in internal dialogue for which there is

reported reliability and validity data to support its use. The DAS was chosen for this study because it is a general measure of core assumptions which activate cognitive distortions in thinking. The TD/TF was selected because it is the most valid and reliable self-report measure of counselor trainee self statements.

Automatic Thoughts Questionnaire-R (ATQ-R).

The ATQ-R (Kendall et al., 1989) (Appendix B) is the revised version of the Automatic Thoughts Questionnaire (ATQ). The ATQ has been used as a general measure of cognitive distortions and as an instrument to differentiate between depressed and nondepressed individuals (Willis, 1986). The ATQ-R, which includes ten positive items, also may be useful in the differentiation of depression and anxiety within individuals (Kendall et al., 1989).

The ATQ measures ruminations or automatic thoughts of which a person may be unaware. Automatic thoughts appear to be involuntary and spontaneous. Individuals rate each item according to how frequently the thought occurred to them during the previous week, using a scale ranging from 1 (not at all) to 5 (all the time) (Merluzzi & Boltwood, 1989).

The items of the ATQ were derived from an original list of 100 negative thoughts identified by undergraduate students as characteristic of their thinking when depressed. The 100-item scale was administered to 348 undergraduates along with the Beck Depression Inventory. The 30 items of the current ATQ were selected from the 100-item scale by identifying the items which differentiated between depressed and nondepressed groups (Merluzzi & Boltwood, 1989). The ATQ was then subjected to a cross-validation study. Total scores for the depressed and nondepressed groups were obtained. The mean for the depressed group was 79.64 and the nondepressed, 48.57. In further statistical analysis of scores of depressed and nondepressed groups, a split-half reliability coefficient of .97 was obtained (Merluzzi & Boltwood, 1989).

Evidence of validity and reliability has been demonstrated with several populations. In a study of undergraduates, the reliability of the ATQ was .96 (Cronbach's alpha) for males and .95 for women (Merluzzi & Boltwood, 1989). Several studies with clinical populations indicated that the measure has strong internal reliability. Scores on the ATQ are strongly correlated with other measures of depression, including the Beck Depression Inventory ($r = .64$ for males, $r = .62$ for females) (Merluzzi & Boltwood, 1989).

The ATQ-R was developed from the ATQ to provide an additional measure of asymmetry in internal dialogue. The States of Mind Model, on which the ATQ-R is based (Schwartz & Garamoni, 1986) suggests that a balance between positive and negative thinking is an indication of one's psychological well-being (Kendall et al., 1989).

The ATQ-R consists of 40 items, 10 of which are positive statements and 30 negative statements (Kendall, Howard, & Hays, 1989). The ATQ-R uses a 5-point Likert-type scale which asks for the frequency of each thought during the preceding week. The scale ranges from 1=not at all to 5= all the time. Items included in the ATQ-R include "No one understands me"; "My life is a mess"; and "I'm luckier than most people."

A total score can be used to determine frequency of cognitive distortions. The ATQ-R also can be used to determine the proportion of positive to negative thoughts by using the formula:

$$\frac{P}{P+N} \quad \text{or} \quad \frac{N}{P+N}$$

The ratio is obtained by dividing the frequency of positive and negative thoughts, separately, by the total positive and negative frequency scores. An adjustment is made to compensate for the differing numbers of positive and negative items. A least common denominator approach is used to obtain an accurate proportion of positive to negative thinking (personal communication with Dr. Phillip Kendall, Temple University, November 1990). In the case

of the ATQ-R, the least common denominator is 30 (there are 30 negative items and 10 positive items). Research has shown that multiplying the positive item score by 3 and then inserting it into the above formula provides an accurate ratio of positive to negative thoughts (Kendall, personal communication, November 1990).

The ATQ-R was cross-validated in a study by Kendall et al., (1989). Regression analysis indicated that the ten items added to the original ATQ accounted for more variance than the ATQ alone. The ATQ-R also was more predictive than the ATQ of depression and nondepression. Because of the addition of the ten positive statements, the ATQ-R can distinguish between individuals experiencing depression and anxiety (Kendall et al., 1989).

The ATQ-R was used in the present study to determine the asymmetry in internal dialogue (proportion of positive to negative thinking) in counselor trainees. Kendall et al. (1989) used the ATQ-R to determine the proportion of positive to negative thinking in normal, depressed, and hypomanic groups.

Dysfunctional Attitudes Scale-Form A

The Dysfunctional Attitudes Scale (DAS) -Form A (Appendix C) was developed by A. Weissman (1979). The DAS-A was used in the present study to determine the degree to which counselor trainees agree with faulty assumptions. The DAS is based on Beck's view that faulty assumptions about self and others often result in emotional disturbance and mood swings (Beck, 1976; Weissman, 1979). Weissman developed the DAS to measure the "silent assumptions that give rise to an individual's mood swings" (Weissman, 1979, p. 4).

An initial list of items was developed to represent the types of distorted assumptions characteristic of depressed individuals. This list was then administered to psychiatric residents at the University of Pennsylvania who commented on the representativeness of the items (Weissman, 1979). Modifications were made based on their comments and a scale of 100 items was created. This resulted in the first version of the DAS.

The DAS uses a Likert scale with seven possible answers: totally agree, agree very

much, agree slightly, neutral, disagree slightly, disagree very much and totally disagree. In developing the scale, it was determined whether a disagreeing or agreeing response was functional or dysfunctional. Scores on the adaptive continuum of the scale were assigned a value of 1 and those on the maladaptive, 7. A total score is obtained by adding the scores of each item. The higher one's score, the more one's thinking is distorted (Weissman, 1979).

Items on the original DAS include: "I cannot be happy unless most people I know admire me;" "People will think less of me if I make a mistake;" and "I should be happy all the time." The 100 items or assumptions of the DAS represented "seven major value systems" (Weissman, 1979, p. 5): approval (Is self esteem based on what others think of one?), love (Does one measure his or her value by whether or not he or she is loved?), achievement (Is one's productivity the measure of his or her worth?), perfectionism (Does one demand perfection from self?), entitlement (Does one feel like things should always go his or her way?), omnipotence (Does one feel he or she is responsible for everyone else?), autonomy (Does one believe his or her happiness comes from the outside?).

The DAS was considered by many reviewers as too lengthy. It was later refined by administering the scale to 275 undergraduates at Pennsylvania State University. The data from this population were factor analyzed and two parallel forms of 40 items were developed (Weissman, 1979; 1980).

A pilot test was conducted to see if the two forms, Form A and Form B, were parallel. Seventy undergraduates at a community college were given both forms of the DAS. Each student was initially administered the DAS-Form A (DAS-A). One week later, they completed the DAS-Form B (DAS-B) was administered. Total scores on the DAS-A and DAS-B had a correlation of .79. The mean score of the DAS-A was 113.01 and for DAS-B, 113.73. The coefficient alpha reliabilities Form A and B were .86 and .87 respectively (Weissman, 1979).

A validation study of the DAS was conducted by Weissman (1979) by administering the

DAS to 356 undergraduates enrolled at the University of California at Los Angeles and graduate students at Beaver College and the University of Pennsylvania. Internal consistency of the DAS-A was .89 at pre-testing and .92 at post-testing. The DAS-B had a internal consistency of .89 for pre-test and .90 at post-test. The test-retest coefficient was .84 over an eight week period (Weissman, 1979).

The DAS (A and B) was designed to measure faulty assumptions characteristic of depressed individuals. Construct validity was determined by asking the college sample to complete other instruments which measure depression. Students were classified into two groups: depressed and nondepressed, by using a cut-off score on the Beck Depression Inventory. DAS scores of the depressed group were higher than scores for the nondepressed group (Weissman, 1979, 1980).

A factor structure of the DAS was conducted by Cane, Olinger, Gotlib and Kuiper (1986). Six hundred and sixty-four university students at the University of Western Ontario completed the DAS-A. Data analysis revealed moderate item-total correlations. Thirty-three percent of DAS-A items had an item-total correlation greater than .30 and 73% of the items had item-total correlations greater than .20. The DAS-A has an alpha coefficient of .87 indicating high internal consistency. Factor analysis of the DAS-A revealed two factors that accounted for 61% of the variance in DAS-A scores. The two factors were performance evaluation and approval by others.

Factor one, Performance Evaluation, accounted for 46% of the variance. Factor 2, Approval by Others, accounted for 14% of the variance. Items reflecting Performance Evaluation include: "If I fail at my work, then I am a failure as a person"; "If other people know what you are really like, they will think less of you"; "If I ask a question, it makes me look inferior." Items included in Factor 2, Approval by Others, include: "If others dislike you, you cannot be happy" ; I do not need the approval of other people in order to be happy" (Cane, Olinger, Goitlib, & Kuiper, 1986).

Although the DAS-A has been frequently used to measure depression in individuals, it seems to be a general measure of cognitive distortions when used with both clinical and college populations (Merluzzi & Boltwood, 1989). Higher scores on the DAS-A indicate that one endorses more faulty assumptions than people who have lower scores. Means have been established for several groups, including clinical groups (bipolar, major depressive, schizo-affective, schizophrenic) and undergraduate and graduate students. All clinical groups had higher DAS scores than (nonsymptomatic) undergraduate and graduate students, except for the bipolar group.

Task Facilitative and Task Distractive Scales

The Task Facilitative (TF) and Task Distractive Scales (TD) (Appendix D) measure the valence of self-statements or internal dialogue of counselor trainees. The TF scale consists of 9 items and the TD scale, 14 items. Each item is rated by the counselor trainee using a seven-point Likert scale: 1= very dissimilar to 7= very similar. Total scores can be obtained by summing responses to items. A total score is obtained for both the TD and TF scales.

The TD scale consists of thoughts that represent a preoccupation with a trainee's adequacy, anxiety, or comparison with others. Items of the TD scale include: "This really makes me anxious"; "I feel inadequate"; and "This is a scary experience" (Fuqua et al., 1986).

The TF scale is comprised of thoughts that represent adaptive behavior during counseling sessions. Items represent self statements which help the counselor trainee focus on the task of the counselor. Examples include: "Think before you respond"; "Listen carefully"; and "How is the client perceiving me?" (Fuqua et al., 1986).

The TD and TF scales were developed to study the internal dialogue of counselor trainees. Initially a group of items was solicited from ten graduate students who had recently completed laboratory training in counseling and six trainers (3 faculty with PhDs and three doctoral students) each of whom had experience in laboratory training (Fuqua et al., 1986).

Both graduate students and trainers wrote two or three self-statements that would be characteristic of the internal dialogue of counselor trainees during training sessions in the laboratory setting. These items were obtained to improve the content validity of the TD and TF scales (Fuqua et al., 1986).

Four supervisors (the doctoral level) reduced the original list of items to 37. This was accomplished by discarding duplicate or items that were closely related and discarding items that did not seem to be examples of self statements of trainees (Fuqua et al., 1986).

The TD and TF scales were developed from the list of 37 items by asking four doctoral supervisors (not the same as those who submitted items) to group items into homogeneous scales. The supervisors used a standard content analysis to group items. The content analysis procedure resulted in six groupings of statements which related to : social comparison, anxiety, task management, stimulus discrimination, personal adequacy and anticipation of outcome (Fuqua et al., 1986).

Item analysis of the TD and TF scales resulted in an estimate of internal consistency reliability of .86 (Cronbach's coefficient) for the Task Facilitative scale and .93 for Task Distractive scale (Fuqua et al., 1986). From the results of the item analysis, items were further reduced to 23. Stability of the TD and TF scores was determined by a pre- and post-test over a 12 week period. The Pearson correlation between these scores was .55 (Fuqua et al., 1986).

The two scales are relatively independent with about 16% common variance (Fuqua et al., 1986). Both scales showed adequate stability over a 23-week period (Morran, 1986). Acceptable internal consistency estimates have been reported for the scales: Task Facilitative scales have a Cronbach alpha Coefficient of .86 and Task Distractive scales have a Cronbach alpha coefficient of .93 (Fuqua et al., 1986; Morran, 1986).

The TD and TF scales were selected for this study because these scales have more validity and reliability data than other counselor trainee self-statement instruments. They also

are based on cognitive interference theory which proposes that thoughts and self statements can interfere with concentration during a task (Sarason, Sarason, Keefe, Hayes, & Shearin, 1986).

Barrett-Lennard Relationship Inventory

Counselor effectiveness was measured by the Barrett-Lennard Relationship Inventory (BLRI) (Appendix E). Both an external rater form and client form of the instrument was used. Items on both forms are identical. The external rater form uses "third person" pronouns. The client form is written in "first person" nomenclature.

The BLRI measures level of regard, empathic understanding, congruence and unconditionality of regard. It is a measure of facilitative conditions and overall effectiveness of counseling performance. Items are rated on a 6-point scale from -3 (I strongly feel that it is not true) to +3 (I strongly feel that it is true).

Ponterotto and Furlong (1985) reported internal consistency coefficients of t .86 for empathy; .92 for regard; .73 for unconditionality; .88 for congruence; and .87 for total score. Test-retest reliability over a two week to 12 week period were .83 for empathy; .83 for regard; .80 for unconditionality; .85 for congruence; and .90 for the total score .

Predictive validity was measured by comparing client-perceived empathy with several measures of counseling performance. The empathy scale was related to several measures of psychotherapy outcome. A major strength of the BLRI is that it has been validated in actual counseling sessions, unlike some other instruments measuring counselor effectiveness (Ponterotto & Furlong, 1985).

Several researchers (Greenberg and Pinosof, 1986; Zarski, Bubenzer, & Walter, 1980) suggested that both external raters' and clients' assessments of a counseling session are needed to provide a valid measure of counselor effectiveness. The present study used two forms of the BLRI. One form was completed by trained external raters. The other was completed by clients following a counseling session with counselor trainees.

Procedures

Counselor trainees were solicited from the UNCG Counseling Program. The researcher visited two CED 620 (Theories of Counseling) classes with practicum requirements and explained the research project. A document listing the responsibilities of subjects was distributed. Students volunteered during that meeting or notified the researcher within a week by completing a consent to participate form approved through the Human Subjects Review process. The researcher made two additional visits to CED 620 classes to answer questions and check on the progress of research volunteers.

The researcher also explained to CED 310 (Helping Skills Class) students, who were clients for CED 620 students, the nature of their participation. They were assured of confidentiality concerning the session taped with their counselors and the Barrett-Lennard Relationship Inventory they completed.

The researcher contacted internship students by mail and then by telephone to answer any questions or concerns. The letter they received in the mail explained the responsibilities of a subject and included a consent to participate form approved by the Human Subjects Review process. An individual meeting was scheduled with each intern to explain the research and intern responsibilities (Appendix A). Interns who did not return completed research materials within a three week period were contacted a second time by telephone or in person on the UNCG campus.

The site supervisors of counselor trainees who volunteer for the study were contacted to obtain permission for the project to take place at their sites. They were contacted by mail and telephone and were asked to sign and return a form indicating their permission (Appendix A).

Counselor trainees completed the ATQ-R and DAS one week prior to their taping of the client. They audiotaped a counseling session with a "real" client (who had signed an informed consent form) with whom they had had at least two previous counseling sessions. A third counseling session is considered the minimum number of sessions that is necessary

for a counselor and client to develop a therapeutic relationship (Barrett-Lennard, 1986).

Although 10-25 minutes is the standard interval used in studies of internal dialogue, research suggests that this interval is too short. A 25 minute counseling session may not provide enough time for counselors to demonstrate their skill level or quality of relationship (Morran, 1986). The present study did not limit the length of the counseling session. The only requirement was that the session was a "real" counseling session. Sessions ranged from 30 minutes to 60 minutes. The majority of sessions were 45 to 60 minutes in length.

Client variables were taken into account. Clients chosen were at least fourteen years of age. Barrett-Lennard (1986) suggested the BLRI be completed by clients no younger than 14 years of age. Younger students find it difficult to understand the form. Subjects were asked to tape clients who did not have serious psychological difficulties. Clients not suitable for taping were psychotic, in a emotional state of crisis, sociopathic or paranoid. These client characteristics may have interfered with the client's perception of the counselor-client relationship and bias study results. (Counselor trainees saw clients who were assigned to them by their agency, school or college and had awareness of which clients were suitable for this study).

After the counseling session was taped, each counselor trainee gave the client (who had signed a consent form) the BLRI client form. The trainee left the room while the client completed the form. While the counselor waited for the client to complete the form, he or she completed the TD/TF scales and placed them in a designated envelope with the audiotape of the session. After the client has completed the form, the client sealed it in a special envelope. The trainee returned the envelopes containing the BLRI of the client, the TD/TF Scales, and audiotape of the counseling session to the researcher.

Audiotapes were rated by three trained external observers who were UNCG graduate students. One observer's ratings, whose ratings did not correlate with the other two observers at a determined level (.5000), were not used in data analysis. External observers

completed the BLRI external rating form. They listened to the middle fifteen minutes of each audiotaped session to assess counseling effectiveness. The middle fifteen minutes were selected because this segment was considered the time frame in which the counselor trainee would be more focused on the process of counseling rather than on the more structured beginning and closing segments of the counseling session.

External Observer Training

Training for external observers was conducted over a ten week period beginning in October 1990 and concluding in January 1991. Three counselor trainees (one doctoral level and two master's level students) volunteered to be external observers for both pilot and dissertation studies. One external observer became ill during training and did not rate tapes during the pilot study. The three external observers and the researcher met five times. After one external observer withdrew from the pilot study, the two remaining external observers and the researcher had five additional training sessions. Training sessions were one hour to two hours in length. The two external observers who rated tapes for the pilot study attended a total a 20 hours of training.

Training consisted of developing an understanding of the components of the BLRI and becoming familiar with BLRI items. At each training meeting the raters listened to audio-tapes and rated the counselor's responses. Rater scores were compared and discrepancies discussed. Agreement between the two external observers who rated four tapes for the pilot study was .95.

Data Analysis

Pearson Product Moment correlation coefficients were calculated for all variables and tested for significance, using a $p < .05$ level of significance. Correlations among the four self-report instruments were determined (DAS, ATQ-R, and the TD and TF). The TD and TF scales were treated as two subscales of one instrument. Examination of the relationships between instruments used in the study was considered an important contribution of the

present study.

Correlations were determined among the four instruments (ATQ-R, DAS, TD, TF subscales) and counselor effectiveness was measured by external observers and clients. Counselor effectiveness ratings of clients and external observers were also correlated.

Research methodology in studies of cognitive characteristics of counselor trainees has several limitations that were addressed in the present study. Three cognitive characteristics were measured instead of focusing on one or two. Different dimensions of cognitive characteristics were studied as well. Three types of thought were represented by the DAS, the ATQ-R, and the TD /TF scales.

Using different types of cognitive characteristics may reveal relationships among these cognitive variables that are not expected or that may be contradictory. Very little is known about how these cognitive variables function or how they are related to effectiveness of counselor trainees.

Methodology used to determine counselor effectiveness also was improved upon in the present study by using actual counseling sessions and "real" clients. The goal was to provide as much ecological validity as possible.

Hypotheses

Research hypotheses for the present study were based on the research questions presented in chapter one:

- I. There will be a significant correlation between core assumptions (DAS score) and external observer ratings of counselor effectiveness (BLRI).
- II. There will be a significant correlation between core assumptions (DAS) and client ratings of counselor effectiveness (BLRI).
- III. There will be a significant correlation between asymmetry in internal dialogue (ATQ-R) and external observer ratings of counselor effectiveness (BLRI).
- IV. There will be a significant correlation between asymmetry in internal dialogue

(ATQ-R) and client ratings of counselor effectiveness (BLRI).

- V. There will be a significant correlation between valence of self statements (TD) and external observer ratings of counselor effectiveness (BLRI).
- VI. There will be a significant correlation between valence of self statements (TD) and client ratings of counselor effectiveness (BLRI).
- VII. There will be a significant correlation between valence of self statements (TF) and external observer ratings of counselor effectiveness (BLRI).
- VIII. There will be a significant correlation between valence of self statements (TF) and client ratings of counselor effectiveness (BLRI).
- IX. There will be a significant correlation between the DAS and ATQ-R.
- X. There will be a significant correlation between the DAS and TD subscale of TD/TF Scales.
- XI. There will be a significant correlation between the DAS and TF subscale of TD/TF Scales.
- XII. There will be a significant correlation between the ATQ-R and the TD subscale of TD/TF scales.
- XIII. There will be a significant correlation between the ATQ-R and the TF subscale of the TD/TF scales.
- XIV. There will be a significant correlation between the TF subscale and TD subscale of the TD/TF subscales.

The hypotheses are nondirectional. Because research in the area of counselor trainee cognitive characteristics indicates that relationships between variables may be contradictory and unexpected (Fuqua et al., 1986; Morran, 1986). The use of nondirectional hypotheses in the present study was based on the assumption that relationships among variables may be negative or positive. There are insufficient research data to be more conclusive and confident

in making directional hypotheses.

Scores on instruments used in this study may vary in the degree to which they correlate with BLRI scores of clients and external observers. In previous studies results are often contradictory, indicating further need for study. It was believed that if there were contradictory results in the present study, they might reveal relationships among variables that have important implications for counselor effectiveness and counselor training.

Chapter Four includes the results of the present study. Intercorrelations among asymmetry in internal dialogue, core assumptions, valence of self statements, and counselor effectiveness were calculated and tested for significance.

CHAPTER IV

RESULTS

This chapter presents the results of the statistical analysis used to test the 14 hypotheses stated in chapter III. Characteristics of the sample of UNCG counselor trainees are described as a group and separately as internship and practicum students. An interpretation and discussion of the data analysis and of the limitations of the study follow the presentation of results.

Results will be presented for each hypothesis. A Pearson Product Moment correlation was calculated to test each hypothesis, using a significance level of $p < .05$. A frequency distribution was calculated for each variable. In addition, the relationship between each pair of variables was further examined by use of scatterplots. A box-and-whisker plot is provided to describe the distribution of scores for each variable in the study.

Data were collected from three raters who were UNCG counseling students. An average total score on the BLRI was calculated from two external observers' scores. Because of a low inter-rater reliability coefficient among external observers for the sample of 40 counselor trainees, the rating of the two observers with the best inter-rater reliability (.5000) were used in the data analysis. Inter-rater reliability was .5000, .4514, and .4200 among the three raters.

A research study which used the BLRI external observer form also found an inter-rater reliability of .5000 (van der Veen, 1970). Van der Veen eliminated one judge whose scores correlated less with five other judges and used the median inter-rater reliability coefficient of .5000. The present study followed a similar procedure to van der Veen's, by using the external observer ratings of the two external observers whose ratings were most consistent with each other ($r = .5000$).

External observer inter-rater reliability ratings were analyzed separately for practicum students (n=24) and internship students (n=16), as well. This analysis may help explain the moderate reliability coefficients calculated for the entire sample of 40 trainees. Inter-rater reliability coefficients of external observers for internship students were .6716, .6133, and .5407. Inter-rater reliability coefficients of external observers for practicum students were .2608, .1985, and .1812.

Although external observers had several weeks of training and discussed how to rate fellow classmates objectively, it appears more training may have been necessary. All three external observers were practicum students themselves, and may not have been as consistent in rating their own classmates as they were in rating internship students. The low inter-rater reliability for practicum students may have contributed to the lack of significant relationships among scores on instruments measuring cognitive characteristics and counselor effectiveness. External observer ratings for practicum students were substantially less consistent than for internship students.

Characteristics of The Sample

Descriptive data of the research sample of forty UNCG counseling students were generated by using the SPSS-X computer program system. Means, standard deviations, scatterplots, and frequencies were calculated. Tables describing the means and standard deviations of trainee scores were developed. An item analysis revealed further information concerning counselor trainee responses to instruments measuring cognitive characteristics. Box -and-whisker plots were used to demonstrate the distribution of scores of the DAS, ATQ-R, TD/TF Scales, and client and external observer ratings of effectiveness.

Asymmetry in Internal Dialogue

Counselor trainees in the present study had a mean of .67 (67% positive thoughts) as measured by the ATQ-R. This mean score corresponds to the positive dialogue state of mind identified by Schwartz and Garamoni (1986). Positive dialogue (56 to 68 % positive

thoughts) is associated with optimal functioning in individuals. The majority of counselor trainees scored within the positive monologue range (69 % positive thoughts or higher). Two students scored within the internal dialogue of conflict range (45 to 55% positive thoughts). One student's score on the ATQ-R was in the negative dialogue range (32 to 44% positive thoughts). (See Table 1).

Table 1

State of Mind of Counselor Trainees as Measured by the ATQ-R

State of Mind	N	%
Positive Monologue	20	50%
Positive Dialogue	17	42%
Internal Dialogue of Conflict	2	5%
Negative Dialogue	1	3%

The means and standard deviations of the Automatic Thoughts Questionnaire-Revised (ATQ-R) scores are presented in Table 2. Score means were reported for the combined sample of internship and practicum students. Means were also calculated separately for practicum and internship students.

Included in the table is normative data for the ATQ-R (Schwartz & Garamoni, 1986). The mean scores of both practicum and internship students on the ATQ-R were higher than the mean of a "functional" group (rather than "dysfunctional group) composed of both college students and adults from the general community (Schwartz & Garamoni, 1986). This indicates that counselor trainees in the present study reported a larger percentage of positive

thinking than the individuals in the group studied by Schwartz and Garamoni (1986).

Table 2

Means and Standard Deviations of Scores on DAS and ATQ-R

	DAS		ATQ-R	
	M	SD	M	SD
Intern and Practicum Students Combined ^a	102.55	22	.67	.09
Internship Students ^b	94.00	17.43	.69	.07
Practicum Students ^c	107.00	23.00	.66	.09
Silverman et al. (1984) college and graduate students ^d	119.00	27.17	n/a	n/a
Schwartz and Garamoni (1986) ^e	n/a ^f	n/a ^f	.63	.06

a_n=40; b_n= 16; c_n= 24; d_n= 355; e_n= 32; f= data not available

A box-and-whisker-plot indicated a negatively skewed distribution of scores on the ATQ-R by counseling students, with a range of scores from .43 to .80. (See Figure 1).

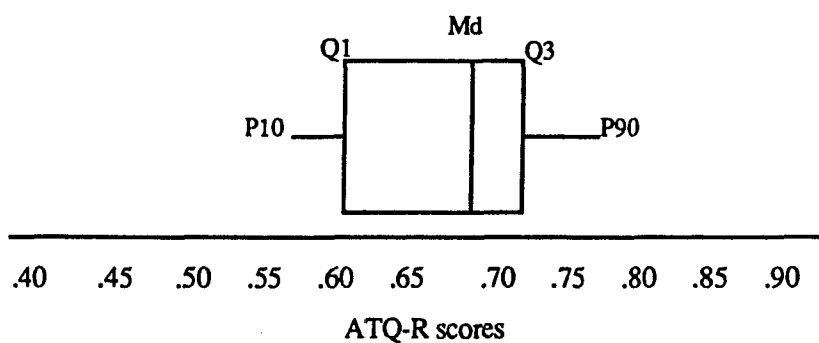


Figure 1. Box-and-whisker plot of ATQR

Core Assumptions

UNCG counseling internship and practicum students had lower mean scores on the Dysfunctional Attitudes Scale than the sample of college and graduate students reported by Weissman (1980) and Silverman et al. (1984). (See Table 2).

The range of scores on the DAS for UNCG counseling students was 64-149. The distribution of scores was positively skewed. (See Figure 2). Scores above 146 indicated a level of cognitive distortions that was more than one standard deviation above the mean, using normative data reported by Silverman et al. (1984).

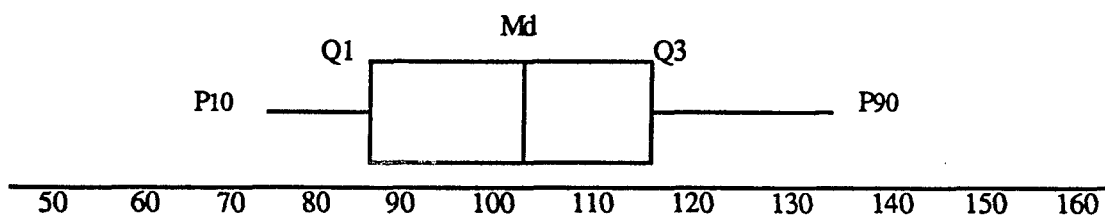


Figure 2. Box-and-whisker- plot of DAS

Table 3 provides a list of the core assumptions with which UNCG counselor trainees agreed and disagreed. Items 3, 18, 20, 21, 23, 27, 28, 38, and 39 are considered distorted core assumptions when agreed with, according to Beck's theory of cognitive distortions (Beck, 1989). Items 30, 35 and 40 are considered cognitive distortions when they are disagreed with according to Beck's theory of cognitive distortions (1989). Items on the DAS were also analyzed for practicum and internship students separately.

The majority of counselor trainees agreed with DAS items that were concerned with receiving approval from others and needing others to lean on. The item agreed with by most counselor trainees was "It is awful to be disapproved by people important to you."

Table 3

Core Assumptions With Which Counselor Trainees Agreed or Disagreed (DAS items)

Core Assumption	DAS			
	N	Percent of Agreement	Percent of Disagreement	Total % (a & b)
3. People will probably think less of me if I make a mistake.	4 ^a 9 ^b	25% 17%		33%
18. People should have a reasonable likelihood success before undertaking anything.	4 3	25% 13%		18%
20. If I don't set the highest standards for myself, I am likely to end up a second-rate person.	3 8	6% 33%		28%
21. If I am to be a worthwhile person, I must be truly outstanding in at least one major respect.	2 8	13% 33%		25%
23. I should be upset if I make a mistake.	2 8	13% 33%		25%
27. It is awful to be disapproved of by people important to you.	11 20	75% 83%		78%
28. If you don't have other people to lean on, you are bound to be sad.	8 11	50% 46%		48%
30. It is possible for a person to be scolded and not get upset.	6 9		38% 38%	38%
35. I do not need the approval of other people in order to be happy.	5 6		31% 25%	28%
38. What other people think about me is very important.	9 16	56% 67%		63%
39. Being isolated from others is bound to lead to unhappiness.	11 19	69% 79%		75%
40. I can find happiness without being loved by another person.	11 20		69% 83%	78%

a=internship students (n= 16) ; b=practicum students (n=24)

UNC counselor trainees agreed frequently with core assumptions that focused on obtaining approval from others and concern with one's performance and success.

Valence of Self Statements

Figure 3 demonstrates the distribution of scores for the TD subscale of the TD/TF Scales. TD subscale scores were positively skewed.

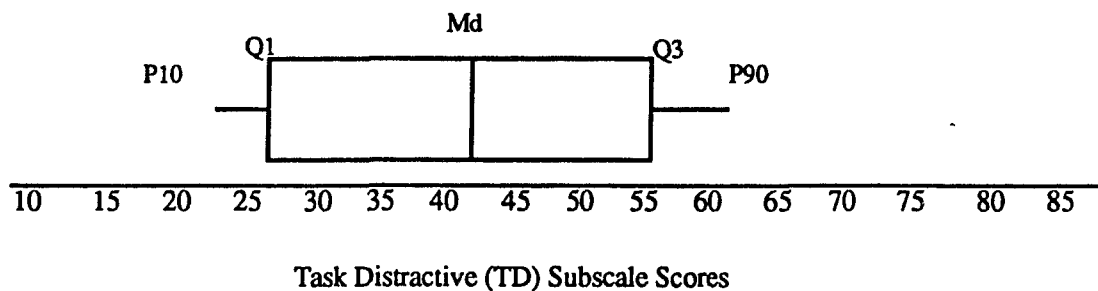


Figure 3. Box-and-whisker plot of TD scores

TF (task facilitative) subscale scores were negatively skewed. Figure 4 is a box-and-whisker plot of TF scores.

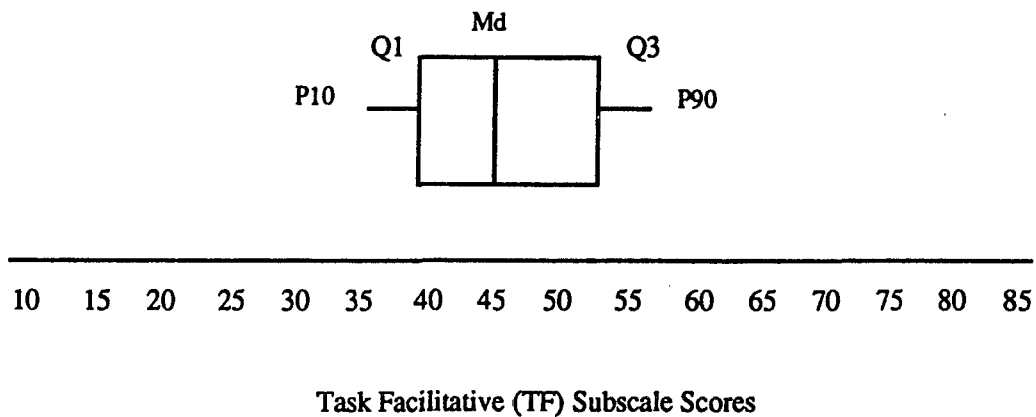


Figure 4. Box-and-whisker plot of TF scores

A maximum score possible on the Task Distractive Subscale is 98. The maximum score on the Task Facilitative Subscale is 63. Higher scores on the TD subscale are associated with greater frequency of task distractive thoughts during a counseling session (negative valence). Higher scores on the TF subscale are associated with greater frequency of task facilitative thoughts during a counseling session (positive valence). Means for the TD and TF Subscales of the TD/TF Scales are presented in Table 4. Practicum and internship students' scores were combined to obtain a total sample mean. Means also were calculated separately for internship and practicum students. Internship and practicum students reported fewer self-statements of a negative valence (task distractive) than a counselor trainee sample studied by Fuqua et al. (1986).

Table 4

Means and Standard Deviations of Scores on Task Distractive and Task Facilitative Subscales

	TD		TF	
	Mean	SD	Mean	SD
Internship and Practicum Students Combined ^a	42.05	15.50	45.52	8.70
Internship Students ^b	38.86	19.99	45.60	11.03
Practicum Students ^c	43.96	12.14	45.48	7.22
Fuqua et al. (1986) Counselor Trainee Sample ^d	53.58	16.38	47.03	7.89

^an= 40; ^bn = 16; ^cn=24; ^dn= 36

In addition to calculating means and standard deviations for the TD/TF Subscales, an item analysis was conducted to determine which specific statements were reported as being more

similar to counselor trainees' self statements during a counseling session. Table 5 lists self statements of a negative valence which were most characteristic of UNCG counselor trainees.

Counselor trainees reported fewer self statements of a negative valence. Self statements of a negative valence which were reported by the majority of counselor trainees were "I hope the client's problem is something I can relate to," and "I hope the client relates well to me." Counselor trainees also reported a concern with their ability to respond effectively.

Table 5

Self Statements of a Negative Valence (Task Distractive) That Were Similar to Counselor Trainees' Self Statements During a Counseling Session

Self-Statement	Internship ^a Trainees % ^d	Practicum ^b Trainees %	Total ^c %
1. This really makes me anxious.	25%	25%	25%
3. I hope the supervisor thinks I'm as good as other students.	31%	25%	28%
4. I'm afraid I won't be able to respond effectively.	44%	50%	48%
5. I hope the right intervention strategy is apparent.	50%	54%	53%
7. I hope the client's problem is something I can relate to.	6%	42%	28%
10. I feel inadequate.	25%	21%	23%
11. I hope the client relates well to me.	63%	40%	65%
13. I hope the client's problem isn't too severe.	13%	38%	28%
14. I don't feel well-prepared for this.	19%	38%	30%

a_n=16; b_n=24; c_n=40; d= percent of trainees who reported self statements as similar to their self-statements

Table 6 provides a list of Task Facilitative self-statements that counselor trainees reported as being similar to their self statements during their taped counseling session. These statements are task-focused and direct a counselor trainee's attention to the client and counseling session.

Counselor trainees reported many self statements with a positive valence (task facilitative). A large percentage of both practicum and internship students reported self statements similar to the self statements listed in Table 6. Table 6 identifies self statements which were chosen most often by counselor trainees.

Table 6

Self Statements of A Positive Valence (Task Facilitative) That Were Similar To Self Statements Reported by Counselor Trainees During Their Taped Counseling Session

Self Statement	Internship ^a	Practicum ^b	Total ^c
	Trainees	Trainees	
	% ^d	%	%
1. Think before you respond.	94%	83%	88%
2. Hold back. Don't dominate the conversation.	56%	58%	58%
3. Is there any more information I can learn from this client?	88%	79%	83%
4. Watch nonverbal cues.	69%	58%	60%
5. How is the client perceiving me?	44%	54%	50%
6. Listen carefully.	88%	96%	93%
7. Look for incongruencies in the client's presentation.	69%	83%	78%
8. Am I relating well with the client?	56%	83%	73%
9. Does the client feel at ease with me?	63%	79%	73%

a_n=16; b_n=24; c_n=40; d=percent of trainees who reported self statements as similar to their self statements

Counselor Effectiveness Ratings of External Observers and Clients

Means and standard deviations of external observer and client ratings of counselor effectiveness were calculated and are reported in Table 7. Thirty-seven clients completed the BLRI client rating form. One client did not complete the BLRI form. Two clients completed

the BLRI form incorrectly. Attempts to obtain completion of these forms was unsuccessful. Client ratings of counselor effectiveness for counselor trainees were substantially higher than external observer ratings.

Figure 5 contains a box-and-whisker plot for external observer and client ratings of counselor effectiveness. Distributions of both sets of scores were negatively skewed. There were no negative BLRI total scores reported by clients. There were BLRI total negative scores reported by external observers.

Van der Veen (1970) calculated the correlation between client and external observer ratings of the BLRI. The two ratings were not significantly related, with a correlation close to 0 (.09).

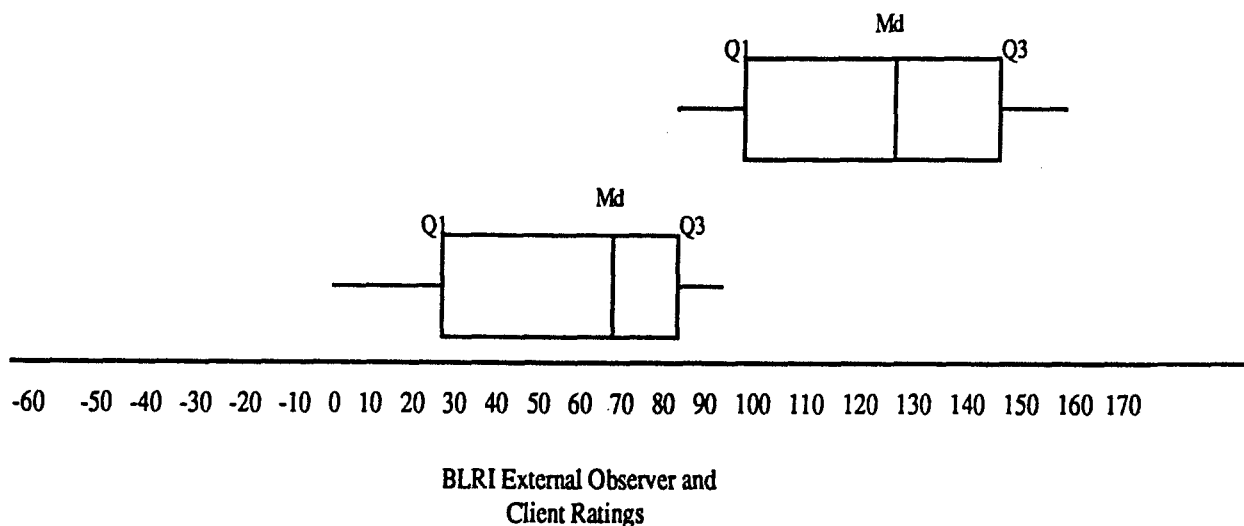


Figure 5. Box-and-whisker plot of BLRI External Observer and Client Ratings Ratings

Mean scores and standard deviations of counselor effectiveness for practicum and internship students are presented in Table 7.

Table 7

Mean Counselor Effectiveness Scores of Practicum and Internship Students

	BLRI (Client Rating)		BLRI (Observer Rating)	
	M	SD	M	SD
Internship and Practicum Students Combined	112.32 (n=37)	44.30	55.28 (n=40)	39.05
Internship Students	105.56 (n=14)	51.71	47.75 (n=40)	51.00
Practicum Students	116.83 (n=23)	39.11	60.29 (n=40)	28.75

Hypotheses

Research hypotheses are presented below. The null hypothesis tested was $p=.00$ (there is no significant correlation between each pair of variables). The significance level used in the study was $p< .05$.

Hypothesis One: There will be a significant correlation between core assumptions (DAS Score) and Observer Ratings of Counselor Effectiveness (BLRI)

The null hypothesis was retained. A Pearson Product Moment correlation was calculated between DAS scores of counselor trainees and observer ratings of counselor effectiveness measured by the BLRI. A nonsignificant correlation of .1101 ($p = .499$) was obtained.

Hypothesis Two: There Will Be a Significant Correlation Between Core Assumptions (DAS) and Client Ratings of Counselor Effectiveness (BLRI)

The null hypothesis was retained. A nonsignificant correlation of .0571 ($p = .726$) was obtained between client ratings of counselor effectiveness and core assumptions (DAS).

Hypothesis Three: There Will Be a Significant Correlation Between Asymmetry in Internal Dialogue (ATQ-R) and Observer Ratings of Counselor Effectiveness (BLRI)

The null hypothesis of no significant correlation was retained. A nonsignificant correlation of .0248 ($p = .879$) was calculated between asymmetry in internal dialogue (ATQ-R) and observer ratings of counselor effectiveness (BLRI).

Hypothesis Four: There Will Be a Significant Correlation Between Asymmetry in Internal Dialogue (ATQ-R) and Client Ratings of Counselor Effectiveness (BLRI)

The null hypothesis was retained. A nonsignificant correlation of .1386 ($p = .394$) was determined between asymmetry in internal dialogue (ATQ-R) and client ratings of counseling effectiveness (DAS).

Hypothesis Five: There Will Be a Significant Correlation Between Valence of Self Statements (Task Distractive Subscale) and Observer Ratings of Counselor Effectiveness (BLRI)

The null hypothesis was retained. A nonsignificant correlation of $-.0320$ ($p = .845$) was found between scores on the Task Distractive Subscale of the TD/TF Scales and observer ratings of counselor effectiveness.

Hypothesis Six: There Will Be a Significant Correlation Between Valence of Self Statements (Task Distractive Subscale) and Client Ratings of Counselor Effectiveness (BLRI)

The null hypothesis was retained. A nonsignificant correlation of .1018 ($p = .532$) was found between scores on the Task Distractive Subscale and client ratings of counselor effectiveness.

Hypothesis Seven: There Will Be a Significant Correlation between Valence of Self Statements (Task Facilitative Subscale) and Observer Ratings of Counselor Effectiveness (BLRI)

The null hypothesis was retained. A correlation of $-.1834$ ($p=.257$) was found between scores on valence of self statements (Task Facilitative) and observer ratings of counselor effectiveness.

Hypothesis Eight: There Will Be a Significant Correlation Between Valence of Self Statements (Task Facilitative Subscale) and Client Ratings of Counselor Effectiveness (BLRI)

The null hypothesis was rejected. A moderate, positive, significant correlation was found between scores on the Task Facilitative Subscale and client ratings of counselor effectiveness. The correlation was $.3920$ ($p < .012$).

Hypothesis Nine: There Will Be a Significant Correlation Between the DAS and ATQ-R.

The null hypothesis was rejected. A moderate and negative correlation of $-.5972$ ($p < .0001$) was found between scores on Dysfunctional Attitudes Scale and scores on the Automatic Thoughts Questionnaire-Revised.

Hypothesis Ten: There Will Be a Significant Correlation Between the DAS and Task Distractive Subscale of the TD/TF Scales.

The null hypothesis was rejected. A moderate, positive and significant correlation of $.3447$ ($p < .029$) was found between scores on the Dysfunctional Attitudes Scale (DAS) and Task Distractive Subscale of TD/TF Scales.

Hypothesis Eleven: There Will Be A Significant Correlation Between the DAS and the Task Facilitative Subscale of the TD/TF Scales.

The null hypothesis was retained. The correlation calculated between the DAS and the TF subscale of the TD/TF scales, $.0912$, was low, positive and nonsignificant ($p = .576$).

Hypothesis Twelve: There Will Be a Significant Correlation Between the ATQ-R and Task

Facilitative Subscale of the TD/TF Scales.

The null hypothesis was retained. A nonsignificant correlation of $-.1128$ ($p = .488$) was obtained between scores on the Automatic Thoughts Questionnaire-Revised (ATQ-R) and scores on the Task Facilitative Subscale of the TD/TF Scales.

Hypothesis Thirteen: There Will Be A significant Correlation Between the ATQ-R and the Task Distractive Subscale of the TD/TF Scales.

The null hypothesis was retained. A nonsignificant correlation, $-.2838$ ($p > .05 < .10$, $p = .076$), was found between scores on the ATQ-R and the Task Distractive Subscale.

Hypothesis Fourteen: There Will Be a Significant Correlation Between the TF Subscale and TD Subscale of the TD/TF Subscales.

The null hypothesis was retained. A nonsignificant correlation of $.1668$ ($p = .303$) was obtained between the Task Facilitative and Task Distractive Subscales.

Table 8 lists each research hypothesis and indicates whether or not the null hypothesis that the population correlation was equal to zero was retained or rejected.

Table 8
Hypotheses of Present Study

Research Hypothesis	Null Hypothesis	
	Retained	Rejected
I. There will be a significant correlation between DAS and BLRI (Observer).	+	
II. There will be a significant correlation between DAS and BLRI (Client).	+	
III. There will be a significant correlation between ATQ-R and BLRI (Observer).	+	
IV. There will be a significant correlation between ATQ-R and BLRI (Client).	+	
V. There will be a significant correlation between TD and BLRI (Observer).	+	
VI. There will be a significant correlation between TD and BLRI (Client).	+	
VII. There will be a significant correlation between TF and BLRI (Observer).	+	
VIII. There will be a significant correlation between TF and BLRI (Client).		+
IX. There will be a significant correlation between the DAS and ATQ-R.		+
X. There will be a significant correlation between the DAS and TD.		+
XI. There will be a significant correlation between the DAS and TF.	+	
XII. There will be a significant correlation between the ATQ-R and TF.	+	
XIII. There will be a significant correlation between the ATQ-R and TD.	+	
XIV. There will be a significant correlation between the TF and TD Scales.	+	

Discussion

The present study examined the relationships among three cognitive variables (asymmetry in internal dialogue, core assumptions, and valence of self statements) and two measures of counselor effectiveness (BLRI external observer ratings and BLRI client ratings).

There were significant correlations between the Dysfunctional Attitudes Scale scores and the Task Distractive Subscale scores; the Dysfunctional Attitudes Scale scores and the Automatic Thoughts Questionnaire-Revised scores; and client rating of the BLRI and Task Facilitative scores.

Other variables were not significantly correlated. Low inter-rater reliability may have resulted in lower correlations among the external observer ratings of the BLRI and the DAS, ATQ-R and TD/TF Scales .

Table 9

Intercorrelations among Scores on Instruments

Instruments	ATQ-R	DAS	TD	TF
ATQ-R	1.000	-.5972** (p<.0001)	-.2838 (p=.076)	-.1128 (p=.488)
DAS	-.5972** (p<.0001)	1.000	.3447** (p=.029)	.0912 (p=.576)
TD	-.2838 (p=.076)	.3447** (p<.0001)	1.000	.1668 (p=.303)
TF	-.1128 (p=.488)	.0912 (p=.576)	.1668 (p=.303)	1.000

**Significant at $p < .05$ level

Correlation between Core Assumptions and Ratings of Counselor Effectiveness

Significant correlations among core assumptions (DAS) and both measures of counselor effectiveness (observer and client ratings) was expected. However, no significant correlations were found. In the present study counselor trainees' core assumptions were not related to their effectiveness as counselors as measured by external observers or clients.

Correlation Between Asymmetry in Internal Dialogue and Ratings of Counselor Effectiveness

Asymmetry in internal dialogue (ATQ-R) and observer ratings of counselor effectiveness do not seem to be related. There was no significant correlation.

Correlation Between Valence of Self Statements (TD Subscale) and Ratings of Counselor Effectiveness (BLRI)

The present study found no significant correlation between negative valence of self statements (task distractive) and ratings of counselor effectiveness. This finding is in agreement with Fuqua et al. (1986) who reported no significant correlations between the TD Subscale and observer ratings of counselor performance of counselor trainees. Client ratings of counselor effectiveness and scores on the TD subscale were not related.

Task distractive thoughts that focus on a trainee's own behavior and thinking do not seem to interfere with their ability to demonstrate the core conditions associated with counselor effectiveness (BLRI). It could be that trainees who report many task distractive thoughts have learned to neutralize them in some way so that they don't interfere with counselor effectiveness. They may have learned how to discount such thoughts in a counseling session and use them as a signal to focus more intently on the client.

This explanation is supported by Meichenbaum's concept of stress-inoculation training (1977), in which one step in the stress inoculation process is to use task distractive thoughts as a signal to begin coping behaviors.

Correlation Between Valence of Self Statements (TF Subscale) and Ratings of Counselor Effectiveness

The Task Facilitative Subscale (positive valence of self statements) was not significantly related to external observer ratings of counselor effectiveness, but was significantly related to client ratings. Scores on the task facilitative subscale and client ratings of counselor effectiveness were significant at the .05 level.

Counselor trainees who reported more task facilitative self statements during a counseling session were rated higher by clients on the the BLRI. It is possible that clients had more data from which to rate counselor effectiveness. External observers listened to audiotapes and were not aware of the nonverbal behaviors of counselor trainees. Counselor trainees may have demonstrated "core conditions" through their nonverbal behavior (such as eye contact, body posture, or facial expressions).

Trainees who reported more self statements of a positive valence (task facilitative) may have been more attentive to client behavior. They may have behaved in a more caring way, nonverbally, or had more facial expressions of concern and interest than those who reported fewer task facilitative statements. It is also possible that clients perceived these counselors as trying harder to understand them. Task facilitative self statements may have helped the counselor trainee focus more intently on the client and not on his or her own self-evaluations. It is possible that although the counselor did not demonstrate core conditions well, clients were impressed with their intent to demonstrate the core conditions measured by the BLRI and thus rated them higher.

Correlation between the DAS and ATQ-R

There was a moderately strong, negative correlation ($-.5972$) between the measure of core assumptions (DAS) and asymmetry in internal dialogue (ATQ-R). A scatterplot revealed that low scores on the DAS (fewer cognitive distortions) were related to high (degree of positive thinking) on the ATQ-R. A curvilinear relationship was expected, with lower and higher levels of positive thinking related to higher (negative or distorted thinking) scores on the DAS (Schwartz & Garamoni, 1986).

The significant correlation between asymmetry in internal dialogue and core assumptions suggests that more positive thinking is related to fewer distortions in thinking. Counselor trainees who reported fewer negative thoughts on the ATQ-R agreed with fewer distorted core assumptions on the DAS.

Correlations among the DAS and Task Distractive and Task Facilitative Subscales

There was a moderate, significant relationship between the DAS (distorted core assumptions) and scores on the Task Distractive Subscale (negative valence of self statements). The correlation of .3447 ($p < .029$) suggests that counselor trainees who were more focused on their performance and concern with evaluation from others had higher scores on the DAS (higher levels of distorted thinking).

Trainees who were more concerned with how others might evaluate them or how the client perceived them agreed with distorted core assumptions more often. This indicated a relationship between what counselor trainees believe and assume about themselves and others and the kind of self statements they make during a counseling session. Counselor trainees who agree more with distorted core assumptions may find it more difficult to attend to the client and may be distracted by worries about their abilities and evaluations from others.

Scores between the levels of distorted thinking (DAS) and scores on the Task Facilitative Subscale did not correlate. Counselor trainees who scored lower on distorted core assumptions did not report more task facilitative self statements (positive valence).

Correlations Among the ATQ-R and Task Facilitative and Task Distractive Subscales

There was no significant correlation between degree of positive thinking (scores on ATQ-R) and a positive valence of self statements (Task Facilitative Subscale scores).

Correlation between the Task Facilitative and Task Distractive Subscales

The present study found a nonsignificant correlation of .1668 ($p = .239$) between the Task Facilitative and Task Distractive Subscales. Fuqua et al. (1986) reported a significant ($p < .05$) correlation between these two subscales (.40). The present study suggests that the

two subscales appear to be relatively independent, with a .027 common variance.

Characteristics of the Sample

DAS Scores. Counselor trainees' scores on each instrument were compared with other graduate students and "normal" or "control" populations. White and Franzoni (1990) reported on the mental health of graduate trainees. Their sample of counselor trainees scored higher on some measures of psychopathology than a normal population on six of ten scales used in the study. Results from the present study do not support White and Franzoni's conclusions.

Internship and practicum students scored near the mean of a "normal" control group of college and graduate students on the DAS (n=355) (Silverman et al., 1984). Schwartz and Garamoni (1986) provided further normative data based on a "normal" control community sample (See Table 2). The scores of UNCG counselor trainees suggests that their mental health is as good as but not superior to the general population.

ATO-R Scores. Schwartz and Garomoni (1986), Kendal, 1986, and Amsel and Fichten (1990) reported means characteristic of dysfunctional and functional samples. Functional samples had an average of a score of .61 to .67 (61 to 67 percent positive thinking) as compared to lower scores for dysfunctional groups. UNCG counselor trainees scored within the range of thinking Schwartz and Garamoni (1986) labelled positive dialogue. Although some students scored below .61, the average was .67 for internship and practicum students, combined (See Table 2).

Task Distractive and Task Facilitative Subscales. There is little normative data for the Task Facilitative and Task Distractive Subscales. Fuqua et al. (1986) reported means for both subscales (See Table 4). The mean of scores on the Task Distractive Scale for UNCG counselor trainees was lower than the mean reported by Fuqua et al. (1986). UNCG counselor trainees reported fewer self statements of a negative valence (Task Distractive) (See Table 4). UNCG counselor trainees also reported fewer self statements of a positive

valence (task facilitative) than students in the study by Fuqua et al. (1986).

Chapter Five will present implications of the present study and recommendations for counselor educators. Areas for future research will be analyzed along with suggestions for improvement upon the present study.

CHAPTER V

CONCLUSIONS

Chapter Five provides a summary of the present research study and considers implications for the counseling profession. Recommendations for counselor training will be included.

Overview

Studies have shown that one's asymmetry in internal dialogue, core assumptions, and valence of self statements are related to performance and affect (Meichenbaum, 1978; Beck et al. , 1979; Beck, Emery, & Greensberg, 1985; Beck et al., 1989; Schwartz & Garamoni, 1986; Ottens, Tucker, & Robbins, 1989). Most of this research has focused on test anxiety, speech anxiety and depression. Limited research has been conducted to determine the relationship between asymmetry in internal dialogue, core assumptions, valence of self-statements and counselor effectiveness.

In addition, studies that have examined the valence of self statements of counselor trainees used limited methodologies. These earlier studies limited counseling sessions to 25 minutes or less and often used "coached" clients. By contrast, the present study was designed to provide as much ecological validity as possible. Real counseling sessions were used in which there were no time limits or "coached" clients.

The present study was conducted to explore specific cognitive characteristics (asymmetry in internal dialogue, core assumptions and valence of self statements) of counselor trainees and how these characteristics may be related to counselor effectiveness as measured by the BLRI. The BLRI measures "core" conditions considered important in facilitating change within a counseling relationship. Hypotheses were tested to determine if there are relationships among these cognitive characteristics and how a counselor trainee

demonstrated the "core" conditions (BLRI).

Statistical analysis did not reveal significant relationships among asymmetry in internal dialogue, core assumptions, or task distractive and task facilitative subscales and external observer ratings of counselor effectiveness. If trainees had distorted core assumptions or a negative valence of self statements, it did not seem to affect their ability to demonstrate counselor effectiveness as measured by the BLRI rated by external observers.

There was a significant, positive relationship between scores on the Task Distractive Subscale (TD) and the Dysfunctional Attitudes Scale (DAS). This suggests that students who reported more self-focused rather than task-focused thoughts (negative valence) during a counseling session had higher scores on distorted core assumptions (DAS). This high level of task distractive thoughts and distorted core assumptions, however, was not related to counseling effectiveness as measured by external observers.

In contrast, counselor trainees who reported more task facilitative self statements during a counseling session were rated as more effective by clients. In addition, counselor trainees who scored higher on the measure of core assumptions (DAS) reported fewer positive thoughts on the ATQ-R (asymmetry in internal dialogue). This suggests that students who hold more distorted core assumptions have a lower percentage of positive thinking. This was an unexpected finding. Other research suggests that a curvilinear relationship exists between cognitive distortions and percent of positive thinking (Schwartz & Garamoni, 1986).

As a group, counselor trainees at UNCG scored within the mean of the average population on measures of cognitive distortions. They had fewer self statements of a negative valence than counselor trainees in a study by Fuqua et al. (1986).

Implications for Counselor Educators

Counselor educators may benefit from the present study in several ways. The present study provides additional information concerning cognitive distortions characteristic of

counselor trainees. The majority of counselor trainees in the present study were characterized by a positive monologue state of mind (Schwartz & Garamoni, 1986). Their thinking was predominantly positive.

Counselor trainees did agree with certain core assumptions that are considered distorted (Beck, 1989). These assumptions focused on the need to be liked and approved of by others. Counselor trainees who reported more self statements of a positive valence (task facilitative) were rated as more effective as counselors by clients (demonstrated more of the "core" conditions proposed by Rogers, 1961, Barrett-Lennard, 1986).

The present study also suggests that there are relationships between asymmetry in internal dialogue and core assumptions, between valence of self statements and core assumptions, and between valence of self statements and client ratings of counselor trainees. Each area will be discussed with implications suggested for counselor educators. The lack of correlation among external ratings of counselor effectiveness and the DAS, ATQ-R and TD/TF Scales will also be addressed.

Asymmetry in Internal Dialogue

High scores on the ATQ-R were significantly related to low scores on distorted core assumptions (DAS). This finding may indicate that students who score lower on cognitive distortions may feel more positively about themselves and life, in general. These students may be more confident about their abilities and more open to supervisor evaluation.

On the other hand, counselor trainees who are characterized by the positive monologue state of mind may overestimate their abilities. They may overlook necessary precautions within a counseling session. They may misinterpret client behavior to maintain a positive view of themselves and their abilities.

Distorted Core Assumptions of Counselor Trainees

Although counselor trainees in the present study scored near the mean of a normative sample (Silverman et al., 1984) on measures of cognitive distortions of core assumptions,

there was a wide range of scores. In addition, the "average" population may not reflect the best in mental health. As Stone (1980) and Dodge (1982) noted, counselor trainees' cognitive distortions may interfere with how they perceive the client, themselves, or the counseling relationship.

The number of distorted core assumptions may not be as significant to counselor trainee functioning as the specific core assumptions with which the trainee agrees. Counselor trainees agreed most often with core assumptions that centered around approval from others and performance evaluation (See Table 3). These two factors were identified by Cane, Olinger & Kuiper (1986) in a factor analysis of the DAS.

One might question the influence of these specific core assumptions on counselor trainee behavior. Trainees who have a high need for approval from others may seek approval from their clients. They may not confront the client when appropriate. They may be protective of client feelings and avoid topics which might upset the client. They may fear rejection from their clients. The client might end up taking care of the counselor.

Counselor trainees who agree with distorted core assumptions concerning performance evaluation may fear making mistakes. This fear may constrain their behavior in a counseling session. They may take fewer risks. They may behave the way they think they should instead of focusing on the relationship with a specific client in a specific counseling session. They also may be less open to suggestions or open discussion during supervision.

Counselor trainees who feel it is unacceptable to make mistakes and set extremely high standards for themselves may feel a sense of failure when they do make mistakes or when things do not go as well as they hoped. They may set unrealistic standards that insure failure.

Valence of Self Statements

Valence of self statements was significantly related to distorted core assumptions (DAS) and client ratings of counselor effectiveness (BLRI). Trainees who reported more task

distractive self statements during the taped counseling session also reported more distorted core assumptions. Counselor trainees who reported more task facilitative self statements (positive valence) were rated as more effective as counselors by clients than those who reported fewer task facilitative self statements.

Although one cannot claim that distorted core assumptions give rise to task distractive self statements, counselor educators may want to provide counselor trainees with an opportunity to explore their basic assumptions about themselves, others and the world. Trainees who report high levels of task distractive thoughts may have unrealistic expectations for themselves and others .

Counselor trainees who are concerned with obtaining approval from others and avoiding failure may be less focused on the counseling session and more focused on how they may appear to others. Instead of attending carefully to the client, trainees may be self-preoccupied. They may behave in a mechanical way with the client, using appropriate skills but having little real sense of what is happening within the counseling relationship.

Although external observer ratings of counselor effectiveness were not significantly related to a negative valence of self statements or distorted core assumptions, client ratings were significantly related to a positive valence of self statements (Task Facilitative Subscale).

Counselor trainees who reported more task facilitative (positive valence) self statements were perceived as more effective as counselors by clients. It may be that counselors who reported more task facilitative self statements were more attentive and demonstrated greater levels of concentration than those who reported fewer of these self statements. External observers may not have been able to discern the quality of concentration and concern shown by counselor trainees who reported more task facilitative self statements. Clients may have been more aware of counselor trainees' efforts to understand them.

Counselor educators can use this information to teach counselor trainees self statements that would assist trainees in focusing on the client and counseling session. It may be that

counselor trainees need to learn ways to structure their thought processes when they are beginning their work with "real" clients. Providing them with a framework for understanding the client may be coupled with specific self statements which help them keep focused on the client and counseling session and not with their own competence.

Relationships Among Instruments

The present study provided additional information about instruments that can be used for research in the area of counselor training. The Task Distractive Subscale was significantly related to the Dysfunctional Attitudes Scale. Use of the DAS in counselor research might help reveal core assumptions that might influence a counselor trainee's relationship with a client or during supervision. This study also provides further normative data for use of the Task Distractive and Task Facilitative Subscales.

Lack of Correlation Among ATQ-R, DAS, TD/TF Scales and Counselor Effectiveness

External observer ratings of counselor effectiveness did not correlate with any instrument measuring cognitive characteristics. The low inter-rater reliability of external raters may have been a factor. Higher correlations among external observer ratings of counselor effectiveness and the ATQ-R, DAS, and TD/TF scales may have resulted if the inter-rater reliability coefficient had been higher.

Recommendations

In view of the relationship between the DAS and TD subscale and the TF and client ratings of the BLRI, counselor educators may want to provide experiences for counselor trainees that help them explore their core assumptions and self statements. These experiences may include readings, experiential groups, keeping thought log during practicum and internship experiences, and personal counseling .

Readings

Counselor trainees may benefit from reading about the experiences of others who have had both successes and failures in counseling. Also books and articles that describe the

relationship between one's thoughts, behaviors, and feelings would be useful.

Experiential Groups

Counselor trainees participating in a practicum or internship might benefit from weekly or bi-weekly groups in which they explore their thoughts and feelings about their counseling experiences. The focus of the group would be upon counselor trainees' own growth and personal development rather than skills and techniques. Practicum and internship students would find this type of group helpful.

Counselor trainees would determine the direction and content of the group, although it would be led by a faculty member or doctoral student. Special topics such as stress management, cognitive restructuring, and values clarification might be useful as trainees learn more about their own strengths and weaknesses.

Thought Log

Counselor trainees who seem to be overly anxious concerning their performance or competence may be asked to keep thought logs. They would be asked to write down thoughts they had before, during and after a counseling session. The focus would be on identifying distortions in thinking that might interfere with their perception of the client, themselves, or the counseling session.

Personal Counseling

Counselor trainees who seem to have a great deal of cognitive distortions may benefit from personal counseling. They may experience elevated anxiety about their counseling performance. Or they may experience depression and a sense of failure. Counseling departments might enlist advanced doctoral students to provide such counseling.

Cognitive Restructuring

Cognitive restructuring would be an important component in each of the previous activities suggested for counselor trainee growth. Assisting trainees to recognize their distortions is only one step in the process of achieving more cognitive clarity (low levels of

cognitive distortions). Kurpius and Morran (1988) suggest that cognitive restructuring can help counselor trainees understand that their emotional reactions and behavior are influenced by self-statements; that some self-statements are faulty; and that one can change what one thinks and says to oneself.

Trainees can benefit from considering other alternatives to their present ways of thinking. By considering other alternatives, trainees may become more understanding of their own limitations and recognize more of their strengths. As a result of the process, trainees may become more aware of cognitive distortions in their clients and assist them in examining the influence of such distortions on their emotions and behavior.

Need For Further Research

Research concerning cognitive characteristics of counselor trainees may be improved by implementing the following ideas. Each of the following ideas builds upon procedures and methodology used in the present study.

Use of Multiple Measures of Counseling Effectiveness

It is important to understand the relationship of one's asymmetry in internal dialogue, core assumptions, and valence of self statements to counseling effectiveness. To further understand that relationship, it may be useful to include a measure of counseling skills as well as a measure of "core" conditions present in the counseling relationship. Counseling skills, such as paraphrasing and reflection of feeling would be more easily measured than "core" conditions.

Use of Live Observation or Videotapes of the Counseling Session

Use of live observations or videotapes may provide more information about the competence of counselor trainees. Audiotapes limit the information available for assessing the nature of the counseling relationship.

Multiple Measures Self Statements

In addition to asking counselor trainees to complete the Task Facilitative and Task

Distractive Subscales, it might be useful for trainees to complete a "thought listing" procedure. Immediately after a counseling session, trainees would report thoughts they recalled during the session. This procedure would provide more data concerning the specific thoughts counselor trainees recall having during a counseling session. It may reveal distortions in thinking that are not revealed by other instruments.

Although the present study did not reveal significant correlations among external observer ratings of counselor effectiveness and selected cognitive characteristics, a significant correlation was found between client ratings of counselor effectiveness and valence of self statements. Counselor trainees who reported more task facilitative self statements during a counseling session were rated as more effective as counselors by clients.

There was a significant correlation between a negative valence of self statements (task distractive) and distorted core assumptions. In addition, asymmetry in internal dialogue was significantly related to distorted core assumptions.

Limitations of the Study

Instruments

A limitation of this study is the difficulty in measuring thoughts, assumptions, and self statements. The development of valid and reliable instruments in this area is in its infancy. Although instruments chosen for this study are the most reliable and valid to date, more research is needed to determine their usefulness.

Because of the nature of the instruments chosen for this study, truthful or accurate responses to the items may not be given. Social desirability may bias counselor trainee response to items on the DAS, ATQ-R, and TD/TF instruments.

Subjects

The use of volunteers threatens external validity. Volunteers may be different from those who do not choose to participate in the study. They may have more or less cognitive distortions in thinking than nonparticipants.

Another threat to external validity is the selection of counselor trainees from one counselor education program. Generalization of results is limited to institutions similar to UNCG (CACREP-approved), which train master's level counselors, offer a doctoral program and are located in the South. The results would not be generalized to counseling programs that only trained master's level counselors and that were not CACREP-approved.

Inter-rater Reliability

Because of moderate inter-rater reliability of external observers (.5005, .4514 and .4201), the correlations among external observer ratings on the BLRI and the DAS, ATQ-R and TD/TF Subscales reported, may be lower than would have been reported if inter-rater measures were more precise (reliable). However, Van der Veen (1970) reported a similar inter-rater reliability using five judges. The median correlation among five judges was .50, which is considered a modest correlation.

Counselor Effectiveness

Counselor effectiveness may be too complex to be measured by one instrument. Measure of attitudes (BLRI) may be supplemented by instruments that measure observable skills, such as paraphrasing and clarifying client content and meaning. In addition, outcome studies, in which a client's well-being is assessed after counseling has occurred, may be necessary to determine counselor effectiveness.

Summary

The findings of the present study provide limited support that counselor effectiveness is related to counselor trainee cognitive characteristics. Counselor trainees who reported more task facilitative self statements during a counseling session were rated as more effective by clients. Counselor trainee cognitive characteristics were not related to external observer ratings of counselor effectiveness.

Lack of correlation between external observer ratings of counselor effectiveness and cognitive characteristics may indicate a need to find more effective ways to measure

counselor effectiveness. It may also suggest that counselor trainees who have more distorted core assumptions find ways to prevent them from interfering with their work as counselors. It also may be true that cognitive distortions of counselor trainees are related to counselor effectiveness in ways that the present study did not measure.

To conclude, the assumptions counselor trainees make are significantly related to counselor trainee self statements that are self-focused and directed away from a client and the counseling relationship. Counselor trainees who are characterized by more positive thinking (ATQ-R) report fewer distorted core assumptions. Counselors who reported more self statements that focused on the client and the counselor relationship were rated higher by clients on a measure of counselor effectiveness (BLRI).

The present study provides limited support for the need of counselor education programs to focus more attention on the cognitive characteristics of its counselor trainees. The present study suggests instruments which may be used to assess these cognitive characteristics and strategies to help counselor trainees achieve more cognitive clarity. It also provides some evidence for the relationship between cognitive characteristics and counselor effectiveness as rated by clients.

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APPENDIX A

Instructions For Counselor Trainees and Site Supervisors

January 11, 1991

Carol Bangle
928 Walker Ave.
Greensboro, NC 27403

Dear Carol,

I am currently a doctoral student in Counseling and Specialized Educational Development at the University of North Carolina at Greensboro. I am conducting research that will examine "how the way counselor trainees think influences their interactions with clients."

To conduct my research I need the assistance of students who are presently enrolled in an internship or practicum experience at the University of North Carolina at Greensboro. Your participation is essential for me to have an adequate sample size for my dissertation study.

This is an exciting study. There has been very little research done in this area. This research project will make a significant contribution to field of counseling and counselor training. This letter is to invite you to be a participant in my research study. As a participant you are asked to:

1. Provide one audiotape of a counseling session with a client with whom you have met at least two times previously (at least a third counseling session). Tapes will be marked with a code to insure confidentiality. (This tape can be used for your regular internship supervision and the present research study. I will contact your supervisor).
2. You will be asked to give your client an instrument called the BLRI at the end of the session you tape. The client will put the BLRI in an envelope which will he or she will seal. You will return this envelope to the researcher.
3. As a participant you would also be asked to complete three instruments that will measure your thinking. They will be given a special code to insure confidentiality.

I have already contacted your site supervisor to get permission to conduct this study at your internship site.

I will provide you with your scores on the three instruments and discuss them with you. An individual appointment will be arranged as soon as you have completed the three instruments and returned your audiotape and client BLRI to me at UNC-Greensboro (Room 218, Dr. Purkey's office).

Your participation in this study will make a significant contribution to the area of counselor education and training. Your identity will remain anonymous and all instruments and tapes will be handled with complete confidentiality.

Please respond with your willingness to be a participant in this study by completing the enclosed postcard. Please let me know as soon as possible. If you have questions concerning this study, please call : work (919) 334-5100, extension 241; home (919) 273-3081.

Thank you for your support.

Best wishes,

Paula Helen Stanley
Doctoral Candidate
UNC-Greensboro

SUMMARY:

- 1- You will provide one audiotape of a counseling session with a client you have met with at least two times before taping.
 - I will provide you with an audiotape that has been coded with a special number.
 - I will provide you instructions that will guide you in asking your client for permission to participate in the study.
- 2- You will complete 2 instruments the week before you tape the counseling session.
 - Both instruments take 30 minutes or less to complete.
- 3- You will complete 1 instrument immediately after taping, while your client is completing the BLRI.
 - This instrument takes 10-15 minutes to complete.
- 4- Total time you will invest: 40-45 minutes.
- 5- Benefits: You will receive your scores (if you are interested) on the three instruments you complete, during an individual session with me, arranged at your convenience.

You will be participating in a research study which is on the leading edge of counselor training and counselor education.
- 6- You will receive specific instructions to guide you through each step of the process.

Thank you for considering participation in my project. Your participation is critical to obtain an acceptable sample size. Please contact me if you have any questions about the project.

Dear Colleague,

Thank you for your participation in this study. The following instructions will insure the study is conducted in a valid and reliable manner.

Each of the four instruments used in this study will be coded with a number. Please do not write your name on the instruments. Ask your client not to write their names on the instrument he or she completes. This procedure will insure confidentiality.

The audiotape will be coded with a number as well. Please return this tape to me as soon as possible. If you are going to use it for supervision please let me know so I can give it to your supervisor.

Please follow these directions:

- STEP ONE:** Contact your site supervisor about this project to insure approval of your participation . (Your site supervisor has received a letter requesting approval of the project).
- STEP TWO:** Get permission from a client (that you have met with at least two times previously) to audiotape a counseling session. It is essential that the client sign the Client Consent form in packet A before you begin the taping.
- STEP THREE:** You complete the DAS-Form A and ATQ-R **ONE WEEK BEFORE** you tape the counseling session and return them to Packet A.
- STEP FOUR:** Audiotape the counseling session. (Please test your tape before your client arrives to insure that an audible tape will be recorded). Please list the beginning time and ending time of the tape on the Taping Form enclosed in Packet A.
- STEP FIVE:** Immediately after the audiotaping of the session, ask the client to complete the questionnaire sealed in the letter-sized envelope in Packet B. After the client completes the questionnaire, ask him or her to place it in Packet B and seal it. You return Packet B to me.
- STEP SIX:** While the client is completing the questionnaire, you will complete the TD and TF Scales. (It is **ESSENTIAL** that you complete the scales immediately **AFTER** the session before you engage in any other activity).
- After you complete the TD and TF Scales place them in Packet A with the DAS, ATQ-R and the audio-taped counseling session and to return to me.
- STEP SEVEN:** The Taping Form in Packet A is a checklist to be used to insure all steps are completed. Please return the checklist in Packet A as well.

Thank you for your help. If you have questions please contact me at (919) 334-5100 or at home (919) 273-3081.

Paula Helen Stanley
School of Education
UNC-Greensboro

University of North Carolina at Greensboro

Consent

Counselor Trainee Form

Subject's Name _____

Date of Consent _____

Project Title: Cognitive Characteristics of Counselor Trainees

Description and Explanation of Procedures:

As a participant in this study you are asked to complete three self-report instruments and provide an audiotape of a third or more counseling session with a client for rating by external raters. You are also asked to obtain permission from the client to participate in the study and ask him or her to sign the client informed consent document enclosed.

You will complete the ATQ-R and DAS the week BEFORE you audiotape the counseling session for this project. You will complete the TD and TF scales immediately after the counseling session you tape with your client (at the same time your client is completing a questionnaire).

You will ask your client to complete the questionnaire immediately after the session you taped and ask him or her to place it in Packet B and seal it. You are asked to return this questionnaire, the audiotape, and the three self report instruments to the researcher as soon as you have completed the taping.

Risks and Discomforts: None known.

Potential Benefits: Opportunity to obtain your scores on the self report measures and meet with the researcher for explanation. Contributing to the knowledge base in counselor education.

Compensation/Treatment for Injury: None expected.

Counselor trainee signature

Date _____

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TAPING FORM

PLEASE RETURN PACKET A (Counselor Trainee consent form, TAPING FORM, ATQ-R, DAS, TD AND TF SCALES, AUDIOTAPE, Client Consent Form) AND PACKET B (CLIENT'S questionnaire) AS QUICKLY AS POSSIBLE TO PAULA HELEN STANLEY, ROOM 218 CURRY BUILDING (DR. WILLIAM PURKEY'S OFFICE). PLEASE INFORM YOUR UNIVERSITY SUPERVISOR OF THE DOUBLE USE OF THE TAPE (IF YOU ARE USING IT FOR SUPERVISION AS WELL).

BEGINNING TIME OF COUNSELING SESSION _____

ENDING TIME OF COUNSELING SESSION _____

CLIENT DATA

age _____ gender _____

number of times met with client prior to present session _____

RESEARCH CHECKLIST

- ___ your client has signed the client consent form. (Consent form enclosed). Return in packet A.
- ___ you have completed the ATQ-R and DAS one week prior to taping your counseling session and returned them to packet A.
- ___ your client has completed the questionnaire immediately following the session and sealed it in Packet B.
- ___ you completed the TD and TF scales immediately following the session. Return in Packet A.
- ___ you have returned the tape to the researcher. (Tape enclosed). Return in Packet A.

THANKS, THANKS, MANY THANKS,

**Paula Helen Stanley
(O) (919) 334-5100
(H) (919) 273-3081**

CLIENT INSTRUCTIONS

The following instructions will help you to explain to your client his or her responsibilities in my research project. (Instructions are in bold print).

A Doctoral candidate at the University of North Carolina at Greensboro is conducting research on counselor intern characteristics. You are cordially invited to participate in this important study.

You would be asked to complete a questionnaire after our next counseling session. The questionnaire asks you to describe some of your experiences during the counseling session. The study is about me, the counselor; not you, the client.

After you complete the questionnaire, you will place it in a special envelope and seal it. Only the researcher will see it. Do not write your name on the questionnaire; it has a code number.

After you give the sealed envelope containing the questionnaire to me, I will return it to the researcher unopened.

Your participation will make a significant contribution to the training of counselors.

Then ask if they have any questions. Then continue.....

I have a client consent form for you to sign. When you sign the form, it means that you want to participate in the study and complete the questionnaire after the designated counseling session.

(Feel free to put the instructions in your own words or to modify them for a particular client).

University of North Carolina At Greensboro

CLIENT CONSENT FORM

Client's Name _____

Date of Consent _____

Project Title: Cognitive Characteristics of Counselor Trainees

Description and Explanation of Procedures:

As a participant in this study, you will be asked to permit your counselor to audiotape a counseling session with you. After the taping of the session, you will be asked to complete a questionnaire which measures how you perceive the counseling process.

After completing the form you will place it in Packet B which you will seal. The counselor will return the tape and the completed questionnaire to the researcher. Two trained raters from UNC-G will listen to 15 minutes of the tape to study your counselor's behavior.

The tape and form will be completely confidential and coded with a special number to conceal identity of participants.

Risks and Discomforts: None Known

Potential Benefits: Your participation will provide information which may help improve the training of counselor trainees at UNC-Greensboro.

Compensation/Treatment for Injury: None expected.

_____ Date _____
Client Signature

February 25, 1991

Dear CED 620 students,

Thank you for your participation in my dissertation project. I hope things are going well.

I know some of you will need to borrow a cassette player to tape your session for my project. I have two cassette players available in Room 218 Curry (Dr. Purkey's office) for your use. Someone will be in Room 218 to loan you the cassette players from 9:00 a.m. to 5 p.m. If you need a cassette player before or after that time, please let me know and I will make it available.

Once again, thanks for your assistance.

Best wishes,

Paula H. Stanley

November 5, 1990

Dr. Pat Bailey
Disabled Services
UNC-Greensboro
Greensboro, NC 27412

Dear Dr. Bailey,

I am a doctoral student in Counselor Education at the University of North Carolina at Greensboro beginning my dissertation research study. I am studying the relationship between counselor trainee cognitive characteristics (internal dialogue, self-statements, and cognitive distortions) and counselor effectiveness.

I am writing to ask for your assistance in the implementation of my study. Ann Hopp, an intern at your site has agreed to participate in the study pending your approval. Your intern will be asked to do the following:

1. Audio-tape a counseling session (they have met at least 3 times at the time of taping) with a client.
2. After the session is taped by the counselor trainee, with the client's permission, the client would complete the Barrett-Lennard Relationship Inventory using the client form. This measures client's perception of counselor effectiveness. The client would place the form in an envelope and seal it before returning it to the counselor.
3. The tape will then be rated by a trained UNC-Greensboro counseling student (selected to work with this project) using the Barrett-Lennard Relationship Inventory external rater form to assess counselor effectiveness.

All tapes and counselor effectiveness forms will be held in strictest confidence. Each will be coded to maintain confidentiality. Tapes will be returned to the interns after they have been rated.

I am working under the supervision of Dr. William W. Purkey, my dissertation advisor and doctoral chairperson. If you have any questions about my project, please contact me at UNC-Greensboro: (919) 334-5100, ext 241.

Attached to this letter is a permission form as well as a stamped return envelope in which you may reply. Please contact me as soon as possible so I may begin my study. You may also return the form to the intern at your site.

Your assistance in this project may help make a contribution to the field of counseling and training of counselors.

Best wishes,

Paula Helen Stanley
Doctoral Student and
Internship Supervisor

January 14, 1991

Dear Supervisor,

I am involved in conducting my dissertation study this semester. I am studying how intern thinking and beliefs are related to their interactions with clients. All interns in schools, agencies and colleges, who work with clients 14 years of age and older, will receive a letter this week asking for their participation in my study. I have written their hosts to ask for their cooperation as well.

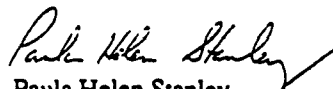
There are only 21 interns who qualify to participate in this study. Although I am also soliciting volunteers from CED 620 practicum classes, a good representation of interns is needed. I would appreciate any encouragement you might give your interns to participate.

Interns will spend a minimal amount of time as volunteers. They will have an opportunity to take three instruments that will reveal something about how they think and what they believe. It will take from 40-45 minutes to complete all three instruments. I will arrange an individual meeting with each volunteer in April and May to give and explain the meaning of their scores on the instruments.

In addition to completing the three instruments, volunteers will be asked to provide an audiotape of a counseling session with a client, which will be rated at UNCG by two trained raters. These raters are UNCG counseling students. Also, they will ask the client to complete an instrument, that describes their experience as a client, immediately after the audiotaping. (Volunteers will audiotape a session that is a third or more session with the client).

Thanks for your assistance.

Best wishes,


Paula Helen Stanley
Doctoral Candidate
UNC-Greensboro

January 14, 1991

Dr. DiAnne Borders
CED 620

Dear Dr. Borders,

Thank you for agreeing to assist me in my dissertation study this semester. I look forward to working with your practicum students in CED 620. I have prepared instructions for your students which will guide them through each step of the research protocol. I also will provide instructions on how they may approach their clients in asking for their assistance in my research project.

I am excited about my dissertation research and the possibility of many of your students volunteering to participate. I stand ready to present my project to your class and solicit volunteers. Because your students need to audiotape a third or more session with a client, the timing of the beginning of their counseling experience is crucial. I have talked with you about this previously and appreciate your stated sensitivity to this concern. When I present my project to your class, I would like to encourage them to make contact with their clients as soon as possible.

I believe an attractive feature of my project is that it will provide your students with information they might find helpful. I will schedule an individual appointment with volunteers in April and May to explain their scores on the three instruments they completed during the project.

Thank you for your assistance.

Best wishes,

Paula Helen Stanley
Doctoral Candidate

APPENDIX B

Automatic Thoughts Questionnaire-Revised

PLEASE NOTE

Copyrighted materials in this document have not been filmed at the request of the author. They are available for consultation, however, in the author's university library.

**Appendix B, 116-117
Appendix C, 119-123
Appendix D, 125
Appendix E, 127-135**

University Microfilms International

APPENDIX C

Dysfunctional Attitudes Scale-Form A

APPENDIX D

Task Distractive and Task Facilitative Subscales

APPENDIX E

**Barrett-Lennard Relationship Inventory
(Client and External Observer Forms)**

APPENDIX F

Letters of Permission For Use of Instruments

UNIVERSITY of PENNSYLVANIA

PHILADELPHIA 19104-3346

Center for Cognitive Therapy

Paula Helen Stanley
 THE UNIVERSITY OF NORTH CAROLINA
 AT GREENSBORO
 School of Education
 Department of Counseling
 and Specialized Educational Development
 Curry Building, UNCG
 Greensboro, NC 27412-5001

Please reply to:
 Room 602
 133 South 36th Street
 Philadelphia, PA 19104-3246
 (215) 898-4100

On behalf of Aaron T. Beck, M.D., I am responding to your recent inquiry regarding our research scales.

You have Dr. Beck's permission to use and reproduce the scale(s) checked below only for the designated research project that you described in your letter. There is no charge for this permission.

However, in exchange for this permission, please provide Dr. Beck with a complimentary copy of any reports, preprints, or publications you prepare in which our materials are used. These will be catalogued in our central library to serve as a resource for other researchers and clinicians.

I am enclosing a copy of the scale you requested.

- ~~Beck Depression Inventory (BDI)~~
- ~~Beck Anxiety Inventory (BAI)~~
- ~~Hopelessness Scale (HS)~~
- Suicide Intent Scale (SIS)
- Scale for Suicide Ideation (SSI)
- Cognition Checklist (CCL)
- ~~Self-Transcendental Meditation Scale (SAS)~~
- Dysfunctional Attitude Scale (DAS)
- ~~Beck Self-Concept Test (BSCT)~~

If you have any further questions, feel free to contact me.

Sincerely,

Karen A. Madden
 Research Materials Coordinator
 for Aaron T. Beck, M.D.
 Director, Center for Cognitive Therapy

To: Paula Helen Stanley - UNCG

Godfrey T. Barrett-Lennard, Ph.D.
Consulting and Clinical Psychologist

6 Dover Crescent, Wembley Downs, W.A. Australia 6019

24th Sept., 1980

Dear Ms Stanley,

Thank you for your informative letter & cheque. The latter was accidentally dated 10th Oct. (not Sept.) but I will hold it for deposit on or near the date you used.

It so happens that I am in the middle of revising my latest paper on sympathy. I have printed out a copy for you of the revised section, and added the earlier text of the rest - and made a note to send you a complete revision in due course. (To be on the safe side, you might want to jog my memory.)

Enclosed is the letter of permission and other materials you requested. I'm assuming that item 1 (the R5 form) was sent before. It is altogether a rather formidable package! I am not sure what kind (level) of distortion in thinking you are interested in; but in case (with) of interest I have also included an informal recent paper of mine which touches upon & addresses some common misconceptions. I will be interested to know how your research unfolds.

G. T. Barrett-Lennard: The Centre for Studies in Human Relations
Telephone (09) 245 1700 (Residence 347544)

Godfrey T. Barrett-Lennard

The Centre for Studies in Human Relations

6 Dover Crescent, Wembley Downs, W.A. Australia 6019

24th Sept., 1990

Ms Paula Helen Stanley
Dept of Counseling & Specialized Educational Devt
Curry Building, UNCG
Greensboro, NC 27412-5001

Dear Ms Stanley

This letter confers formal permission for you to recopy and utilize the (Barrett-Lennard) Relationship Inventory in your work, in accord with the conditions mentioned below.

1. (a) Up to three hundred and fifty (350) copies in total, of the R.I. (whether all identical or divided among differing forms), may be prepared for use in your present research and any later studies you may conduct, supervise or collaborate in.

(b) This release *excludes* use of the instrument in private fee-paying practice, unless purely for research and not for any immediate practice-related purpose. (Should this exclusion become a barrier to an application or exploratory usage you wish to make, it would be in order to write to me again, requesting my informed agreement to such expanded use.)

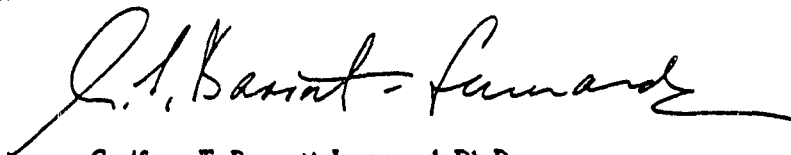
2. It is part of our arrangement that you send me an abstract or summary, *and full reference details*, of any conference report, publication or thesis/dissertation flowing from work in which the B-LRI is used under this permission. (Although you are not under obligation send it, I would be delighted to receive a complete copy/reprint of any such report, and would retain it in my resource collection.)

3. Should you wish to make any adjustment for your research to an established 64-item form of the R.I., you need to send me in advance a copy of the version(s) you plan to use; and to fully acknowledge and describe any changes when you report your study.

4. Any standard or adapted form of *the R.I. you retype or copy must include my name*, as copyright holder or at least as author of the instrument. This being done, should you wish to reproduce the R.I. in an unpublished report or thesis/dissertation, it would be *unnecessary* to obtain my further permission. Further agreement will be necessary in the event that you desire to include an actual R.I. form, or an extensive listing of items, in any journal or book publication.

I do wish you well with your research, and look forward to knowing the outcome of your work.

Sincerely,



Godfrey T. Barrett-Lennard, Ph.D.



Oklahoma State University

APPLIED BEHAVIORAL STUDIES IN EDUCATION
COLLEGE OF EDUCATION

STILLWATER, OKLAHOMA 74078-0254
NORTH MURRAY HALL 116
405-744-6040

September 5, 1990

Paula Helen Stanley
Department of Counseling and
Specialized Educational Development
School of Education
The University of North Carolina
at Greensboro
Greensboro, NC 27412-5001

Dear Paula,

I am enclosing a copy of an article that describes the scales you asked about in your letter of August 28, 1990. The items for the 2 scales are on page 165, and the response format we used is at the top of page 166. Feel free to use the scales for your research if that seems appropriate.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Dale R. Fuqua'.

Dale R. Fuqua, Ph.D.
Professor & Department Head
Applied BEhavioral Studies