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COUNSELORS' BEYOND-SESSION COGNITIVE PROCESSES AND THEIR IMPACTS ON RATINGS OF SESSION QUALITY, WORKING ALLIANCE, AND OVERALL THERAPEUTIC EXPERIENCE

DISSERTATION

Presented in Partial Fulfillment of the Requirements for the Degree Doctor of Philosophy in the Graduate School of The Ohio State University

By

Bruce Howard Eaken, M.A.

The Ohio State University
2002

Dissertation Committee:

Professor Don M. Dell, Adviser
Professor Richard K. Russell
Professor Bruce W. Walsh

Approved by

[Signature]
Adviser
ABSTRACT

This is a natural field study which explores and tracks processes between counselors and clients over the course of therapy for five dyads. Quantitative and qualitative instruments were used in a cooperative, interpretive analysis to follow the cognitive mediations of counselors and clients beyond therapy sessions and into their life contexts. This was facilitated by administering all instruments twice weekly so as to measure fluctuations in responses due to ongoing, intrapersonal processing, the impact of additional interpersonal encounters, and the occurrence of extrasession events. Measures used include the Session Evaluation Questionnaire, Working Alliance Inventory-Short Form, and a Guided Inquiry developed for this study to sample cognitive mediations.

Findings emphasize the cognitive mediational processes of counselors in terms of their experience of dissonance within and beyond therapy, their subsequent adjustments of interventions for upcoming therapy sessions, and their alterations of their role functions in order to optimize therapeutic impacts for clients and reduce personal dissonance. Implications for future research include tracking the impacts of therapy across the ongoing interpersonal interactions occurring beyond sessions as found in couples counseling, family counseling, supervisory processes, organizational settings; and in researching transference processes and counselor burnout.
Dedicated to my mother, father, and grandmother, with much love and appreciation.
ACKNOWLEDGMENTS

As this research project was delayed on account of a lengthy physical illness, this acknowledgment particularly notes the special role of all those who, knowingly and unknowingly, sustained my engagement with this dissertation process, and supported my well-being during a time of significant change.

I wish to thank my adviser, Dr. Don Dell, for his patience, continuous support, and careful intellectual guidance of this project over time; and for extending me the freedom to make such an excursion into this area of research. My thanks to my committee members, Dr. Rich Russell and Dr. Bruce Walsh, for their thoughtful comments and supportive nature. My thanks as well to Dr. Pam Highlen for her comments on the early phases of this project and her faith in my progress.

I extend my love and gratitude to my mother, father, and grandmother who were able to relieve me of many of my obligations and duties in order to provide a haven for me in which to rest and write over the past several months; and whose unfailing enthusiasm, encouragement, and support of my life goals amaze me, still. You have made all the difference!

I also wish to thank Gary, Joshua, and Jeremy Musch, along with Craig Clapacs, for their role in moving my residence, and in completely renovating an office and living area for my use; Louis Nardella, M.D. for his care regarding my illness; Dr. Thomas Minnick for providing me with flexible and very purposeful work with the students of the University
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A final thanks is extended to the clients, counselors, and counseling centers who facilitated this project, and shared their confidences for the benefit of research. May this work be a sufficiently worthy show of my valuing of them, of my respect for their time, their trust, and their effort spent in recording personal reflections during times of duress and challenge.
VITA

September 11, 1958 .......... Born - Medina, Ohio

1980 ............................. B.A. Psychology and Sociology
Ohio Northern University

1980--1983 ....................... Graduate Teaching and
Research Assistant
University of Michigan

1983 ............................. M.A. Sociology
(Social Psychology Track)
University of Michigan

1990--1991 ....................... Research Assistant
Department of Psychiatry
University of Michigan

1991--1994 ....................... Graduate Administrative Assistant
Academic Advisor for University College
The Ohio State University

1994--1995 ....................... Student Personnel Associate
Counseling and Consultation Center
The Ohio State University

1995--1996 ....................... Graduate Teaching Assistant
Psychology Department
The Ohio State University

1996 ......................... M.A. Counseling Psychology
The Ohio State University

1996--1997 ....................... Graduate Teaching Assistant
Clinical Supervisor
The Ohio State University

1997--1998 ....................... Pre-doctoral Intern
Counseling Services Center
University of Akron
1998--2001

Graduate Administrative Associate
Coordinator of PASS Program
University College
The Ohio State University

FIELDS OF STUDY

Major Field: Psychology
Counseling Psychology
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CHAPTER 1
INTRODUCTION

General Purpose and Overview of the Research

Introduction:

An interest in tracking change elements over the duration of the therapeutic relationship was the initial impetus that led to this study. An examination of the related process-outcome literature led to the observation that most empirical depictions of change end at the close of the therapy hour and terminate at the door of the therapist's office. The consideration of client change processes beyond this point, led to this researcher's exploration of extra-session events and beyond-session processes. This part of the client's world, largely unseen by the counselor, yet strategic to how the impact of counseling is manifested, seemed important to investigate both from the stance of the researcher and the practitioner. An increasing curiosity arose, then, about the clients' attempts at change and in the application of counseling to their areas of challenge. The hypothesis followed that the outcome of these out-of-session attempts at change, may also impact the customary in-session measures of client judgment about sessions, the working alliance, the trust held for the counselor, as well as additional parameters such as feelings about self and of the counseling process.
The result of this investigation culminated in the master's degree thesis (Eaken, 1995), and a larger view of influence processes.

Following a similar notion to that of the client's ongoing experience of change, it seemed important to investigate the counselor's possible processes outside of session; for counselor's viewpoints may also be altered during the week which could impact the upcoming direction of sessions. Furthermore, the counselor's beliefs about his/her effectiveness with the client is apt to be viewed within the light of the counselor's professional and personal sense of self. Altogether, the interactions within sessions may impact what both take to their world outside, while the external environment has the potential to impact what each member takes back into the session. This view necessarily suggests the existence of a fuller circle of influence with only part of it being revealed within the dyad or within traditional process--outcome research. The exploration of this area of therapy is another step into a largely unexposed region of influence, and the subsequent development of a multi-dimensional model of interpersonal influence. This then, is the basis for the present research.

To track and demark changes in counselors that go beyond the session has required the development of two unique dimensions in the research design. The first dimension is the scope of phenomena included in the process data, for it encompasses out-of-session dynamics along with the customary focus on in-session processes. The second dimension is the utilization of qualitative and quantitative methodologies in a cooperative partnership--each providing a richer
context for interpreting the meaning of the other. Together, these two dimensions bring additional variables into the view of process-outcome research, and they extend the discussion of therapeutic dynamics.

The purpose of this chapter will be to note the standard model of process-outcome research, describe the proposed, expanded model, and compare the different features and assumptions of the two. This chapter will also introduce the measures used in the study that reflect the newer model's assumptions and offer a set of exploratory questions raised by this particular methodology. Since many of the initial exploratory questions are derived from the research design, they will be listed at the end of this chapter—once the design and approach have been more fully introduced.


Before noting the facets of an expanded process-outcome model, the standard model will be depicted along with some of its typical features and omissions. The most common structure of process-outcome research focuses on in-session dynamics as the critical, if not only, source of change stimulation. This is suggested by the following model depicting the basic flow and source of influence:

| Counselor & In-Session Processes -- > Client -- > Immediate Post-Session Process Assessment -- > (repeat sequence for additional sessions) -- > Outcome |

Figure 1.1. The standard model of process-outcome research.
This model covers important sources of change dynamics, but it is an abbreviated and narrow view of change. When research is carried out in this manner, the implication is that the counselor is the only, or at least, the primary source of influence impacting client outcome. It also implies that influence levels remain at a constant degree of impact throughout the week, at which point they are updated after the next session's installation of influence. Furthermore, this model depicts change as mostly one-sided, whereby the counselor impacts the client with little influence being directed toward, or received by, the counselor.

It is fair to note that general notions of influence suggest a broader context of change that may extend beyond the session, and a small amount of research is beginning to look at therapeutic processes more broadly. The present research is a deliberate exploration into this new area; its design is aimed at viewing several possible sources of influence that may emerge throughout the client's and counselor's week which could shift the meaning or impact of in-session influences. This research also explores in-session and out-of-session processes which may shape the counselor's intervention and responsiveness to the client in upcoming sessions. In short, this project includes the standard design of process-outcome research, while also expanding it to include the broader field of intrapersonal, interpersonal, and environmental change factors that shape both members' participation in the counseling dyad.

Regardless of the number of influences that impact individuals daily, there is little need to empirically account for them unless they are important to the model of human change or to counseling outcome.
Theories and practitioners often presume that change processes are ongoing, and aspects learned or stimulated in therapy are generalized to the actual lives of the clients beyond the therapist's office. In fact, out-of-session change remains a key notion of what it means for counseling to "take"—for symptoms to improve, for adjustments to resolve problems, and for clients to report increased life satisfaction. However, the means by which session dynamics are translated into changes within the client's life-space are seldom documented. This appears to be a largely untapped and long-neglected area of process-outcome research.

Historically, the process-outcome literature has progressed along a few key debates and central questions. Once initial exploration within this paradigm established a few foundational variables, issues of differential therapeutic effectiveness were raised. Eseynk (1965) was among the first to stage the efficacy debate which prompted researchers to explore three basic questions: (1) how should therapeutic effectiveness be defined/measured; (2) how effective is therapy; and (3) what is the comparative efficacy of various treatment approaches? Regardless of treatment approach or definition of success, researchers found that clients largely improved over the course of therapy.

Two additional questions came into clearer focus as a way to better define the first three: (4) what are the variables of change that are most important to measure, and (5) how can therapeutic change variables be applied and researched uniformly enough across dyads to render a possible conclusion about differential effectiveness? Hill and her colleagues (e.g. Hill, Helms, Spiegel & Tichenor, 1988) have probably worked the most tirelessly to construct viable measures of various in-
session processes that lead to confirmable outcomes. The next part of this goal was to make approaches more uniformly administered, sessions more controlled, and qualitative analyses more uniformly judged to aid in the measuring of comparative effectiveness (e.g. Hill, Greenwald, Reed, Charles, O'Farrell, & Carter, 1981; Hill & O'Grady, 1985).

While these research questions persist today along the edges of new developments in measures and research designs, the frontier left unexamined in this progression is how the client bridges session processes to therapy outcomes. That is, (6) how do clients translate session influences into personal changes by the way they shape their life space, in their own domain, on their own time? To know that counseling works is important. To know how it works and under what real life conditions is also important; though it calls for a fuller model of human interaction and human change.

Questions 1-5 are the most extensively studied questions of process-outcome research; their corresponding research design can be represented by this two-stage model:

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<td>investigating session variables, developing process scales, controlling for uniform session stimuli</td>
<td>developing effectiveness measures, some use out-of-session changes: (e.g. symptom check-lists)</td>
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Figure 1.2 The standard process-outcome model and the research questions addressed.

Given this study's additional frontier of investigation--as suggested by Question 6--the model is transformed into a three-dimensional model:
in-session processes—> client's application of in-session processes to out-of-session circumstances that shape/give rise to ----> outcomes measured by out-of-session changes (effectiveness)

Figure 1.3. An adaptation of the standard process—outcome model to a proposed, three-stage model that includes outside-of-session client processes.

This latter model suggests more faithfully, the mediation of the client in the outcome—that an entire person-environment interaction lies between the counseling process and measures of outcome effectiveness. Within this domain may be aspects of intrapersonal processes, interpersonal interactions, and possibly larger sets of impacts which could include organizational or cultural expectations which may act to support or hinder the client’s positive adjustment. This model thereby extends the venue of adjustment influences beyond the therapist’s office to a wider context of interactions, roles, and experiences.

As this model is broadened in its examination of client change, a similar step poses the questions of: (7) how do counselors change; and (8) what kinds of influences shape the counselor's impact upon the client? By incorporating these two questions, another model takes shape:

in-session processes--> out-of-session the counselor evaluates impacts/impressions from client-->adJUSTS interventions/interactions with client next session--> produces impact on client processes and eventual outcomes

Figure 1.4. The questions addressed by the proposed three-stage model for process-outcome research.
This sequence gives rise to a ninth question: (9) how does this broadened consideration of interaction and influence potentially impose change upon each player of the counseling dyad and upon upcoming sessions as they unfold? That is, how does the counselor-client interaction potentially shift in meaning even prior to their next session, and what might be the impact of this shift? The present research poses and begins the exploration of Questions 6--9.

As a simplified summation of these models, one can consider just the points of impact and change. The following figure suggests that the client and counselor each pass through three domains of influence. At the interface of these domains is the site whereby new cognitions, behaviors, or feelings confront prior established ones. Each arrow designates the point of interface whereby meanings—carried from one setting to another—are negotiated. These confrontations may be benign or significant; if significant, they may stimulate cognitive dissonance resulting in alterations by means of an assimilation or accommodation of the differences they encounter.

**The Configuration of the Expanded Research Model Used in the Present Study**

Each model posed thus far, is incomplete by itself, and does not show the full range of ongoing interpersonal impacts. The full expanded model is perhaps better portrayed by the diagram in Figure 1.6. (This model also depicts the timing and sequence of data collection.) Offered first, however, is a listing of the measures used, and a depiction of the Guided Inquiry. (The details of these measures are developed more fully in the
The individual realities the counselor and client bring in from their life contexts.

The reality developed face-to-face between the two of them in counseling.

The reality each takes back into their setting to implement within the contexts of their lives, relationships, and world views. (Return to the beginning and repeat sequence for each week of therapy.)

Figure 1.5. The points of impact and change: A simplification of an expanded model of process-outcome research.
The measures used in this study for the client include the following: Session Evaluation Questionnaire, Working Alliance Inventory—Short Form (Client's), and a Guided Inquiry for the Client. The counselors' measures include: Session Evaluation Questionnaire, Working Alliance Inventory—Short Form (Counselor's), and the Guided Inquiry for counselors.

All measures are given simultaneously—the process measures are accompanied by the Guided Inquiry each time. Each set is administered once, immediately post-session; and again a few days later or prior to the next session).

The letters listed below (a-e) correspond to those in Figure 1.6:

(a) These are the points of data collection. To gain better awareness of processes that occur during the days between sessions, a second collection point was utilized for counselor and client. This is an attempt to tap into processes at a point more proximal in time to any new encounters, concepts, shifts in attributions, or events. Furthermore, a second collection point offers a point of contrast with the measures taken immediately post-session. Any significant differences in the data between time 1 (t1) and time 2 (t2) collection points suggest the impact of further processing of session stimuli occurring outside of session due to intrapersonal reflection, or the possible exposure to new sources of influence that may be interpersonally stimulated.

(b) Represents these processes that may intervene between t1 and t2.

(c) Refers to the influences of (b) that are made manifest in the next session. These impacts may be a shift in the tone or posture or
Note: In the above figure, "a" represents the scale ratings and cognitive mediations collected during data administration sessions; "b" represents out-of-session processes that may intervene on the ratings and mediations of the participants; "c" represents the impacts of between-session cognitions upon interactions in upcoming therapy sessions; "d" represents the in-session impacts on both counselors and clients as they interact; and "e" represents the impact of past sessions on upcoming therapy sessions.

Figure 1.6. The expanded research model of client/counselor process and outcome.
meanings presented in the dyad as a result of further affective, behavioral, or cognitive processing. While the sources of impact may be considered to stem largely from emotional, behavioral, or cognitive events and processes, this study will generally refer to all such mediations as "cognitive mediations." This is mostly due to the happenstance practice that once such influences are represented on instruments in terms of written word or judgments (attributions) they are often typified as "cognitions."

These mediational processes will likely vary between client and counselor, for their roles demark different purposes and functions. For the client, the basic task can be considered as one of doing the work of counseling as he/she approaches life challenges outside of session. This "work" entails making changes in thoughts, feelings, or behaviors that are adaptive, by translating session moments from inside the office to their life outside the office. In using Elliot's (1985) terms, this may be a function of converting "good moments in psychotherapy" to good moments in life. Each are necessary perhaps, to build meaning in the other and affect the degree of overall positive outcomes of therapy.

For the counselor, the task is more of reflecting upon the session, client, and relationship. Such reflection may be prompted by the additional stimuli of making conceptualizations, formulating adjustments in approaches due to supervision, developing treatment plans, scoring assessments, writing session notes, reading, researching, or perhaps encountering similar issues with other clients. Thus, the task for this research is to see how counselors assess interactions and note the shifts in their outlook. It also provides a potential look at the
influence of client interactions upon the counselor's personal self, not just what may be considered an unadulterated professional personae within the "real relationship." It is expected that both counselor and client will process information in ways that are personally relevant and meaningful to themselves.

(d) represents the two-way stimulus that dyadic interaction portrays and that these stimuli alter the likelihood that both will be impacted--in personal and/or professional standpoints. Here, the counselor is posed similarly to the client as both initiator and processor of interactions.

(e) indicates that these processes may alter the dynamics of upcoming sessions and begin to create thematic patterns of cognitions, feelings, and actions that neither were aware of in the other during the prior sessions. These emergent patterns of meaning or understandings (some which are held privately and other meanings that are spoken aloud and shared as context for the interaction) can be considered to have feedback loops that impact the contextual meaning or interpersonal dynamics of the upcoming session(s).

Altogether, the expanded model portrays the more seamless view and measure of meaning-making that is underway within the lives of clients and counselors due to the shared encounter of therapy. This portrayal may result in a more continuous view of the shaping of influence, rather than the fixed framing provided by the infrequent sampling utilized by the standard research model. It is expected that the use of the expanded research model will be more congruent with the phenomenon of influence as it is actually experienced, and will therefore provide a truer and richer
formulation of therapeutic change within the cycle of counselor-client influences.

**Brief Conceptual Overview of Measures**

While it is difficult to subdivide influences into discrete sectors of the model, for it is interdependent in its dynamic flow, the topical division of the present research will largely focus on the experience of counselors and the dyad itself. A more focused view of the clients' processes was covered in the thesis (Eaken, 1995), but will be referred to when most relevant. All three sectors will be discussed equally when depicting the flow of the model and the connection among influences, in order to provide a greater explanatory coherence.

**The Quantitative Measures**

The quantitative measures of central importance in process outcome research have been evaluations of the therapeutic relationship and session impact. Their importance stems from theoretical bases of treatment approaches, as well as their empirical link to influencing therapeutic outcome. In this study, the WAI and the SEQ have been utilized as central process measures. Administered simultaneously are the qualitative measures which sample the thoughts of client and counselor as they may (or may not) reflect upon lingering aspects of the therapeutic encounter.

**The Qualitative Measures**

If the data collected for this study is intended to carry evidence of larger settings of interpersonal influence, it needs to be recorded by the
sensitivity of these measures and the qualitative input provided by the
guided inquiry. In fact, much of the descriptive capability of this study
stems from the qualitative input. The rationale of the methodology used
in this segment of the data requires further discussion.

**The Guided Inquiry: Intent and Rationale**

The qualitative technology that lends itself to this approach is that of
cognitive mediations and thought listings. These are open-ended
accounts of thought processes and patterns that may be associated
topically with life events or issues of concern as related by the counselor
or client.

The Guided Inquiry, designed for this study, is intended to be a
relatively open-structured, low-stimulus solicitor of the thoughts
subjects have about the various parameters of counseling. It asks for a
more narrative form than thought-listing procedures, but has similar
intentions—to explore associations subjects have on various topics while
not over-specifying the format or direction of thoughts. This is more
akin to what Martin (1984) considers to be cognitive mediations—those
mental processes that are carried out privately within each person's own
awareness and life-space. The advantages of tapping into these thought
processes are that they inform the researcher about what is in the
working space of the subjects' awareness—what topics are salient,
memorable, and are likely to have been subjected to additional cognitive
processing. (It is not likely that the level of detail accompanying
verbatim session transcript analysis, commonly used in the traditional
research model, is what is recalled and carried with the client or
counselor during the week; but rather, impressions, conclusions, and segments of meanings made more compact are apt to be excerpted from the session for processing (Martin & Stelmaczonek, 1988). These thought processes once recorded can be categorized by the researcher, rated, and given greater statistical treatment. However, in this particular study, the qualitative data are not redirected into research categories, but are largely categorized at face value by the subjects themselves as they relate the meaning of their thoughts and rate the level of their importance.

A final assumption about the content of cognitive mediations is that they are an open pool for various influences to be reflected. Hence, the sampling of these thought processes twice weekly may depict the influences of other relationships, self identities, role commitments, or the presence of broader bases of personal referents such as organizations, professional communities, and institutions. These points of reference may have been established in the past, hold current importance, or present expectations of future conduct. Altogether, these influences upon a person cut across the domains of the intrapersonal, interpersonal, social psychological, and sociological; thereby pointing to some of the potential of the expanded model.

The next section will note how the qualitative data is compared to the more empirically anchored quantitative data in order to derive the meaning contexts the members of the dyad hold about the major parameters of therapy.
Quantitative and Qualitative Measures: A Cooperative Analysis

The methodological differences between this research model and that of the traditional process outcome design also extend to the use of a mixed format of qualitative and quantitative measures. In the literature, there are primarily studies designed with a quantitative methodology or a qualitative methodology (seldom mixed). There are examples of some use of verbal analysis accompanied by quantitative process scores (cf. Hill & O'Grady 1985; Heppner, Rosenberg, & Hedgespeth, 1992). However, these measures are largely used at static points of comparison (rather than depicting a dynamic interplay), and are assigned different areas to explore. By using the two kinds together, the qualitative and quantitative measures provide a richer context for interpreting changes in clients and counselors.

Movements in the WAI and SEQ can be compared with possible changes in the qualitative views expressed by their cognitions. Conversely, noted changes in cognitive topics or patterns can lead to an examination of the SEQ and WAI to see if they were impacted in a congruent manner. Together, the qualitative and quantitative measures provide a conversation back and forth between the two modes, as a way of looking for similar or dissimilar movements in these variables over the process of therapy. (convergent and divergent thoughts, feelings, and perceptions over the process of therapy.) This "conversation." in terms of the data, may also serve to note the extent of overlap suggested by the convergent agreement of these measures, as well as their extent of disagreement or divergence reflecting separate kinds of measures.
Exploratory Questions

Having more fully introduced the expanded model, its assumptions, general hypotheses, and measures used for this study, it is now possible to offer a more detailed presentation of this study's exploratory questions. A series of other questions may emerge which is a part of the discovery approach to process-outcome research; however, the following list of questions appears at least upon initial inspection of the research design.

Measures/WAI/SEQ
1. Do the two standard process measures, the WAI and SEQ, capture the essence of how counselors view the nature of their therapeutic encounters? Does this study offer additional possibilities?

Counselor's Contribution
2. What is the counselor's contribution to the sessions that stem from the out-of-session processing of in-session impressions? What process, if any, occurs during the week that may depict this side of the dyad's meaning-making?

Dyadic Interaction Contribution
3. Similarly, how does the client's view of sessions and the relationship with the counselor seem to impact the counselor? Does this influence become a traceable, dynamic feedback loop that impacts future sessions and therapy outcome?
Measures/Counselor Contribution

4. Can we learn something about what clients experience regarding influence processes by understanding some of the professional and personal-based reflections counselors undertake?

Measures/Cognitive Mediations

5. When the counselor and client show marked departures from each other in the assessment of their interactions and in the judgments of session quality, do their cognitive mediations give clues as to how they experience this and its impact beyond the session?

Measures/Cognitive Mediations

6. Are cognitive mediations best viewed as simply clarifying or supporting what the WAI and SEQ scores exhibit (and their fluctuations) or do they depict a unique impact due to further cognitive and affective processing?

By including between-session processes and various influences upon the counselor, these questions aim to more fully depict the rich context of therapy, as well as to generate additional hypotheses and topics for research. These questions will be explored by looking at two incompatible counseling dyads: one whereby the counselor has largely negative views of the interactions and the client positive; a second where the reverse is true—the client is very dissatisfied with counseling while the counselor views the partnership as positive and successful. Finally a third point of reference will be compared with a set of (1-3) dyads that
have a more "typical" and generally positive/compatible view of the therapy process.

**Summation:**

In conclusion, no single study can encompass all the ground suggested by the expanded model. Furthermore, this study does not aim to validate any particular one of the model's suggested dynamics. Instead, it seeks to offer an initial exploration to help determine the possible fruitfulness of future expeditions into this area.

This exploration does aim to consider the possibilities of expanding our models of therapeutic change experiences by noting that two entire social ecologies are at an interface within the counseling setting; that the interpersonal influence of therapy may be dispersed throughout person--environment contexts; that important influences which extend beyond face-to-face interventions may be recorded by sampling salient cognitive mediations associated with the intervention; and finally, to consider new parameters of change for the client and counselor such as views of self, satisfaction with improvement, utility of counseling, and outlook towards the next session. A result of expanding the scope of influence, in its fullest sense, is a call for the greater bridging across interdisciplinary domains-- to integrate psychological, social psychological, and sociological levels of influence. Such an enterprise is what some view to be the major and necessary challenge to address within the social and behavioral sciences (Wilson, 1999). This current project is just one attempt to cross these dimensions and to note some of the challenges of this model.
CHAPTER 2

METHOD

Procedures

This study followed five client-counselor dyads as they were naturally occurring for 6-15 weeks at two university counseling centers. This field study utilized dyads at a large, midwestern university and a small, select, private college. Each member of the dyad filled out scaled process measures and completed an open-ended inquiry twice a week, in order to track possible fluctuations in counseling process scores and to more readily solicit between-session cognitions. The present analysis will focus primarily on counselors and the dyadic interaction, for an exclusive focus on the clients was the topic of prior research (Eaken, 1995). However, as both participants are important for the current analysis, the methods and procedures for both will be described in this chapter.

Counselors and Selection Procedure

A presentation was made to the staff of both counseling centers to provide an overview of the study, its procedures, and time expectations. All counselors participated who showed an interest in the study and had clients fitting the general description of those to be invited. Four counselors, three from the larger counseling center and one from the...
smaller center participated. One counselor from the larger center volunteered to conduct research for two clients on her caseload, thus making 5 complete dyads available for the research.

Each counselor met individually with the researcher to review the client invitation process, the ethical and confidentiality safeguards for them and the client, and to review and sign consent forms. Additional time was provided in order to respond to any questions, to discuss their options of voluntary withdrawal, and to inform them that a shared (free) lunch together would be the only source of compensation for their participation from the researcher.

Of the counselors, one male and three females participated in this study. Two were predoctoral interns from counseling psychology programs and were approximately 30 years of age. Each had a few years of counseling experience. The other two women were both in their 40's, held masters degrees, and had several years of professional counseling experience. All counselors were Caucasian and held fairly eclectic approaches to counseling. As further analysis is underway in subsequent chapters, additional descriptions of their counseling approaches will be noted. All four counselors agreed to assist in the solicitation of clients.

Clients and Selection Procedures

To be included in this study, clients were required to be a minimum of 20 years old or at least sophomore-level standing, not needing urgent psychological care, presenting a concern that would likely require several weeks of ongoing therapy, and be able to
articulate their thoughts and feelings. A presupposition of the age criterion was that increased personal awareness and cognitive development would be required to deal with the open-ended format of the main questionnaire. The counselors were free to determine the degree of fit between the criteria, and a prospective participant. Clients meeting the criteria for inclusion were two males and three females ranging in age from 20-29 years. Each of the clients completed the full course of this research study.

Clients whom the counselors believed met the basic inclusion criteria were given an invitation to participate, along with an invitation response form during their weekly counseling session (Appendices A and B). The counselors assured the clients that this activity was separate from their treatment, was completely voluntary, and would not impact their therapy sessions in terms of the availability of therapy, or in its administration. Interested clients returned the invitation response form with their name and phone number so the researcher could arrange an individual information session with them. In this meeting the researcher reviewed the details of their participation and distributed a written description (Appendix C).

Those who were interested signed the consent forms (see Appendix D) and filled out the first set of questionnaires. A schedule was established for them to come to the counseling center on a regular basis. To further structure the timing of their questionnaire completion, only one envelope was available for them at a time, and if an envelope was not returned on schedule, the clients were called in order to arrange for a completion time. All of the clients were very timely overall and
demonstrated a strong commitment to the procedures. Nearly all of the clients who came to their initial meeting agreed to participate in the study, and fully completed their requirements. (One client discontinued the research due to a wish for greater privacy. A second client needed to change counselors, and was therefore removed from the study—given the added complications of additional change factors.)

Confidentiality

The clients did not agree to participate in this study prior to seeking counseling; therefore, it was particularly necessary to create safeguards and assurances to prevent any distraction or interference with the client's primary purpose of being helped. Such assurances were also necessary to allow for greater security in sharing their thoughts and experiences on the forms. The clients and counselors were assured that no information shared with the researcher would be communicated to the other person. They were assured complete confidentiality unless the researcher believed that they were at risk for harming themselves or another person. Confidentiality was guarded in part by assigning code numbers and envelope colors to each client and counselor. This allowed the questionnaires to be free of any names, and it facilitated the receptionists' accurate recognition and distribution of the envelopes without the person having to communicate a name or number. Also, upon returning their completed envelope, they were instructed to seal it and give it to the receptionist, who placed it in the researcher's secured mailbox. Finally, the clients (and counselors) were assured that they could withdraw at anytime with no impact on their therapy. They were
also told that the end of the research period would have no impact upon their eligibility to continue therapy.

During the post-session interview, the clients and counselors uniformly reported that the research had no adverse effects on their therapy, nor did they continue therapy because of committing to the study.

**Client and Counselor Measures**

The client measures pertinent to the present analysis include the Session Evaluation Questionnaire, Working Alliance Inventory-Short form, and an open-formatted questionnaire (Guided Inquiry). These measures can be found in Appendix E. Clients received $20 as an acknowledgment for meeting all of the study's requirements. The estimated time to complete all the instruments at one "research session" totaled 22 minutes. The final interview ranged from 40-90 minutes.

The counselors followed the same pattern of instrument and questionnaire completions as the clients. The counselors utilized the counselor version for the same three measures (Appendix F).

More specifically, during each week of the study, counselors and clients completed the measures immediately following their counseling session, and approximately 48 hours before their next weekly counseling session. Thus, questionnaires were filled out every 3-5 days for several weeks. The process scales referred to their current impressions, while the between-sessions inquiry always referred to thoughts that occurred outside of the session and usually 3-5 days since the last measurement session. The designation of the research sessions conducted immediately
post-session will be designated in the text as t1 for “first time” and t2 will represent the measures taken later in the week for a “second time.” During weeks when a counseling session had been canceled or missed, another t2 research session was conducted in order to continue tracking the cognitive processes and events during that period. For the most part, the beginning data session is a t1 with the remaining data sessions alternating thereafter. Figure 2.1 offers a graphic display of the timing of data collection in relation to the therapy sessions.

<table>
<thead>
<tr>
<th>Therapy #1</th>
<th>Therapy #2</th>
<th>Therapy #N</th>
</tr>
</thead>
<tbody>
<tr>
<td>Post Session</td>
<td>Within 48 hrs</td>
<td>Post Session</td>
</tr>
<tr>
<td>t1</td>
<td>t2</td>
<td>t1</td>
</tr>
<tr>
<td>SEQ</td>
<td>WAI-S</td>
<td>Guided Inquiry</td>
</tr>
</tbody>
</table>

Figure 2.1 Time-line for data collection per therapy hour.

The Working Alliance-Short Form

The Working Alliance Inventory (WAI), first developed by Horvath and Greenberg (1986), operationalized Bordin’s (1979) theoretical concept of the client and counselor's working relationship. Factor analysis produced three factors which correspond to the three theoretical-based elements: counselor-client bond, agreement on tasks, and agreement on goals. The Working Alliance-Short Form (WAI-S) was also developed by Horvath and Greenberg (1989) and is a 12-item scale.
that asks clients or counselors to rate statements about the relationship ranging from 1 (never) to 7 (always). Higher scores represent stronger working alliances with totals ranging from 12-84.

The factor structure for the WAI-S matches the original, and therefore provides a general score and subscale scores that are comparable to the original instrument. Multitrait-multimethod analyses were utilized to offer good construct validity (Horvath & Greenberg, 1986). By establishing significant correlations with other relationship and outcome measures, predictive and concurrent validity were demonstrated (Horvath & Greenberg, 1986; Horvath & Symonds, 1991). Tracey and Kokotovic (1989) established alpha coefficients for the WAI-S of .95 and .98 for 124 counselor-client dyads respectively. Due to questions that have been raised about the orthogonality of the three subscales in this measure (cf. Tracey and Kokotovic, 1989), the overall score will be reported along with any reference to the subscales.

The WAI-S was used in this study because it measures a significant element of counseling process and outcome, and the WAI is one of the most frequently used measures of the counseling relationship (Hill & Corbett, 1993). Furthermore, the counseling relationship can be conceived as having a dynamic quality that continues to influence clients, and possibly counselors, beyond the 50-minute session and over the course of the week.

For this study, the WAI-S provided brevity of completion time, which allowed other measures to accompany it. It was administered in this study’s twice weekly format— one administration immediately post-
session and the second approximately 48 hours before the next counseling session.

**Session Evaluation Questionnaire**

The Session Evaluation Questionnaire (SEQ) was developed to offer a measure of session impact which is conceptualized as a mediator of eventual outcome (Stiles & Snow, 1984a). The SEQ uses 24 bipolar adjective scales in a seven-point semantic differential format. Derived from factor analysis, the structure indicates two evaluative session dimensions, depth and smoothness, with two post-session affective dimensions, indicating positivity and arousal. The depth dimension relates to basic ratings of potency and value, the smoothness dimension to comfort and relaxation, the positivity scale to confidence and happiness, and the arousal scale to level of energy (Stiles & Snow, 1984b). More positive evaluations among the four scales are proposed to lead to more positive therapeutic results, although support for this is not clear (Stiles, Shapiro & Firth-Cozens, 1988, 1990). More recently, a multiple regression analysis of 61 clients showed that SEQ ratings accounted for 26% of the variance in outcome (Mallinckrodt, 1993). The reliability scores for internal consistency have alpha coefficient levels ranging from .78 for client ratings on arousal to .93 for smoothness (Stiles & Snow, 1984b).

The SEQ was utilized in this study because a measure of session impact is a central element of the counseling process. Furthermore, its descriptive features of depth, smoothness, arousal, and positivity can be conceived of as being in process throughout the week as the clients
respond to stressful events related to counseling. This measure may help to signal client or counselor changes in feelings about the session due to further processing, or a changed attributional perspective of the session's value.

This measure was administered in the twice-weekly format and required the adjustment of the two-word stems. Instead of the customary stimulus of "This session was:," the current study used "In recalling the past session, it was:." Also, instead of "Right now I feel:," this study used, "When recalling this past session, I presently feel:.."

**Guided Inquiry**

The Guided Inquiry was designed for this study to capture the counselors' and clients' cognitive processes that related their stressful events to their counseling experiences. The Guided Inquiry shares the same name as a prompted inquiry used by Heppner et al. (1993); however, it shares no wording or other similarities except that it contains general questions in an open format to collect the subjects' impressions for qualitative analysis. The open format is intended to provide loose structure for subjects' responses, and thereby capture the thoughts that are most salient to them. This is favored over a more structured format whereby the researcher's assumptions have already guided the range of responses that the client can make (Patton, 1989). Some structure is necessary, however, to supply a stimulus in which the subjects can respond.

With this consideration, the design of the Guided Inquiry has focused upon stressful situations as a point for clients to note their
associated thoughts. It is assumed that clients are likely to recall aspects of their counseling while they are dealing with stressful events. The counselors are asked to depict the main topic in the past therapy session to begin their Guided Inquiry. By focusing on a particular event, this instrument helps subjects to target more detailed sets of cognitions for the purpose of recall and description.

**Counselor Guided Inquiry:**

The Guided Inquiry for counselors utilizes two prompts at the beginning of the questionnaire to bring the client to mind, and to relate additional impressions about their work together in therapy. The first two prompts simply ask the counselor to briefly describe what the client's main concern was last session, and what, if anything, the counselor recommended regarding the client's concerns. (These two prompts are answered only for the data sessions directly following the therapy hour.) Then, the main questions related to the research begin by asking whether or not the counselor had any thoughts outside of session that related to some aspect of the counseling experience they have had with this client. If so, they are asked to describe these thoughts and why they think these thoughts had come to mind. A few Likert scales have them rate aspects of these thoughts.

The counselors are then asked to note whether the thoughts between sessions had influenced their view toward the next session, and whether the thoughts had influenced their view of themselves. Three Likert scales complete the Guided Inquiry by asking how committed they feel they are in counseling this client; how satisfied they are with their
counseling of the client; and their degree of satisfaction with the client's progress. If the counselors had no thoughts between sessions, then they skip to filling out only the last three Likert scales.

**Client Guided Inquiry**

The first question of the Guided Inquiry asked clients to briefly describe a stressful situation that had occurred that week since the last measurement point and outside of the counseling session. After rating a few aspects of the situation, they were asked if they had related this situation to any aspect of their counseling experience such as the session, issues of concern, or counselor. Since this format is open structured, they were free to list any aspect that had come to mind. If they had thought of counseling in relation to their situation, they were asked to describe how they related the two. If they did not relate any situation to counseling, they were led to the end of the inquiry. For those continuing, the next question addressed whether their stressful situation influenced their view toward the next session, and if so, how. This acted as a projective such that their past experience of counseling may be illuminated by their attitude toward future counseling sessions. The last main question asked the client if the stressful situation they linked to counseling influenced their view of self and how. This question was designed to assess whether their view toward counseling and their counselor might be mediated through changes in their sense of self.

The clients had the opportunity to describe two situations per research session. If the clients did not relate any stressful situations to counseling they were prompted at the end of the questionnaire to
describe any thoughts whatsoever, about counseling if they indeed had any since the last research session.

Altogether, the Guided Inquiry covers many potentially relevant areas of counseling that coincide with the WAI-S and SEQ. It has the potential to receive responses about the other participant in the dyad, the therapeutic relationship, as well as notions about the sessions in general. The Guided Inquiry was given at the same time as the process measures, so the two could be compared. The Guided Inquiry comprises all the qualitative data used for the current project's analysis.

**Interview with Experimenter**

The interview allowed for a discussion of various aspects of the study in an interactive format, and it allowed the subjects to summarize their most salient impressions over the course of counseling. This data is not utilized in this study due to the overall large volume of data collected for analysis. However, this is not to say that impressions from these interviews, along with the face-to-face meetings with each of the subjects prior to the interview, and the viewing of the clients' files, did not provide some influence on the interpretations provided by the researcher. It would be reasonable to suggest that this information does fill out some impressions formed by the data, as it should, for the researcher has the most comprehensive vantage point from viewing all the accumulated information.
A Preview of Client Issues

A final and important notation to keep in mind regarding the upcoming analysis, is the fact that many of these clients had important, and at times very intense issues requiring careful and thoughtful work by the participants. (These were not mild cases recruited for the purpose of research.) This chapter will end with the following brief outline of client issues.

Client A was an older graduate student who had entered counseling while experiencing moments of intense pain and loss from his recent divorce—which he described as disorienting. Over the course of therapy, he dealt with aspects of loss, the reconnection with his family of origin (a difficult task emotionally for him), financial difficulties, the loss of a graduate associate position, the separation of properties from his ex-partner, moving his residence, and a reintroduction to dating after years of marriage.

Client B was an Asian, International graduate student who was planning on getting married following her upcoming graduation. She encountered conflict and disappointment from her fiancee and needed a way to quickly address these moments of doubt, insecurity, and disappointment.

Client C was having to face the possible reconnection with his father during the summer break from classes. His sexual orientation was a major issue of conflict between them and he sought both the support from his counselor to cope with the anticipated move, and to seek possible options for staying on campus over this time period.
Client D was seeking help for body image, exercise and eating difficulties, and the better management of sub-clinical bulimic symptoms and tendencies.

Client E had been experiencing panic attacks, dissatisfying interactions and relationships with others, along with a general anxiety in social situations. Counseling revealed further symptoms, a more formal diagnosis, and associated cognitive habits that exacerbated her social anxieties, fearfulness, and distrust. While her counseling time was too short to deal with these many facets, part of her therapy included a plan for continuing therapy off-campus.
CHAPTER 3

ANALYSIS OF DYAD A
RESULTS AND DISCUSSION

Overview

The data analyses and discussion in this chapter consist of many points of comparison for the counselor and client in Dyad A. To provide an ease of referencing these comparisons, the results and discussion sections will be covered within this same chapter. The task in examining Dyad A is not to attempt a comprehensive account of the dynamics that manifested in their therapeutic relationship, but to raise worthwhile questions and to note observations that may be useful for future exploration. The next task of the current analysis is to compare these findings to the other dyads in the study, and to suggest patterns or processes which may generalize to a larger number of counselors and clients.

In the first section of this chapter, the results of the dyad's instrument scores are examined in terms of the Working Alliance Inventory-Short Form and the Session Evaluation Questionnaire. Following these results will be a brief description of the quality of this dyad's interactions, along with any quantitative points of distinction.

The second section uses marked changes in the counselor's scale scores for selecting the adjoining qualitative data (recorded by the
Guided Inquiry) for closer inspection. Once selected for examination, the results of these qualitative writings will be examined as a possible means for understanding the jumps in scale scores.

A third section looks more carefully at the interaction of the dyad by noting the points during therapy whereby the scale scores show the furthest departure between counselor and client, and the closest convergence of scores. Two such points will be used to locate qualitative writings provided during these sessions as a means of looking at their related topics of concern.

Finally, a fourth section will discuss observations and interpretations of patterns from the position of having viewed various selected moments of the dyad. This summary discussion will also provide a basis of comparison for subsequent dyads in the research.

The remaining dyads will be examined in chapters four and five. These chapters will follow this same basic outline of scale descriptions, selection of qualitative vignettes, and a discussion of patterns in the quantitative and qualitative data. The closing section of the chapters will also broaden its scope to include comparisons with previously examined dyads.

The Quantitative Results

The Working Alliance Inventory--Short Form

The WAI-S was used in this study to provide a means of measuring any ongoing between-session processes which may alter the client-counselor relationship. Overall, the means and standard deviations for the WAI-S indicate marked differences within the dyad. In Figure 3.1.
Client A (M=72.0, SD=2.5) shows a stronger Working Alliance than Counselor A (M=49.8, SD=8.7). The small sample size precludes tests of statistical significance between the two; however, the counselor's standard error of the mean (2.11) is over three times that of the client's (.63) which is suggestive of a variation across sessions and a hence, a difference in means.

<table>
<thead>
<tr>
<th>MEASURE</th>
<th>Counselor A</th>
<th>Client A</th>
</tr>
</thead>
<tbody>
<tr>
<td>MEASURE</td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>WAI-S</td>
<td>49.8</td>
<td>8.7</td>
</tr>
<tr>
<td>SEQ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depth</td>
<td>3.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Smoothness</td>
<td>3.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Positivity</td>
<td>3.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Arousal</td>
<td>3.6</td>
<td>0.7</td>
</tr>
</tbody>
</table>

Note: The range of possible scores for the overall WAI-S measure is 12-84. The scores for the SEQ scales range from 1-7 and they represent the average rating of the 5 Likert stimuli comprising each subscale. The total number of scale administrations for Counselor A are 17 for the WAI-S and SEQ. For Client A there are 16 scale administrations for the WAI-S and 15 for the SEQ.

Figure 3.1. The mean and standard deviations for the WAI-S and SEQ subscales of Dyad A.

Further examination of the WAI-S scores was achieved by transforming them into standardized \( z \) scores. The transformation of the different scale scores into standardized scores allows the instruments to be visually compared with each other on the same graph.

The transformation of raw scores into \( z \) scores was performed for both counselor and client. To transform the scores of Counselor A into \( z \) scores...
scores, the mean and standard deviation were taken from the Tryon and Kane (1993) study. Their counselors' WAI-S scale mean and standard deviation are 60.93 and 11.85 respectively. The clients in Tryon and Kane's study scored a mean of 67.61 and a standard deviation of 10.16 for the WAI-S—both which were incorporated into the present study's calculation of $z$ scores for clients.

Their study serves as a useful statistical reference point, for they also used university counseling center dyads in a field study, while utilizing a greater number of participants: clients (N=54) and counselors (N=10). These 64 participants represent those who were considered successful in counseling, for they had mutually agreed upon termination sessions. The parameters for the "unsuccessful" dyads (unilateral terminations) scored lower overall and were not used to calculate the $z$ scores for the present study. While it is generally found that counselors rate the working alliance lower than their clients, this standardization allows for a more direct comparison of the two, as each are placed within similar terms of measurement.

Figure 3.2 shows the distribution of the standardized WAI-S scores for Dyad A. This line graph depicts the significant differences in the pair's alliance ratings. Client A had mostly positive scores that maintained a typical range within one standard deviation, while the counselor's scores were mostly near the mean or below. The expectation is that these two experienced their therapy relationship quite differently, and that this difference carried across the span of therapy, and across each week of therapy sessions.
Figure 3.2. Working Alliance and Engagement scale scores in standardized units for Dyad A.
Session Evaluation Questionnaire

The SEQ was employed to offer a measure of session impact, and to detect whether judgments of session effectiveness are sensitive to out-of-session events and ongoing cognitive processes. The standard deviations and means from the Stiles and Snow (1984a) study were used in the present study to calculate standardized scores. The specific parameters of their study as compared to the parameter's of the present study's raw scores are listed in Figure 3.3. The present means for Counselor A are below those from the Stiles and Snow (1984a) study; while Client A's scores are above their clients' scores on all scales except arousal.

The parameters of the Stiles and Snow (1984a) study were used as a reference point for the present study due to its large sample size of college students in ongoing therapy. Their study utilized nearly 920 data points taken from 72 clients and 17 counselors in ongoing therapy at a university psychology department clinic. The clients were students and community residents, and the counselors were graduate trainees in a clinical psychology program who were in their second and fourth years. A comparison of all the SEQ scales for the Dyad A (Figures 3.4 and 3.5), show very different profiles. The counselors' scores are mostly negative and the clients' are mostly positive. These are congruent with the basic patterns shown by the working alliance scores.

To simplify and summarize the important elements from the SEQ subscales, another scale was derived from the SEQ literature for comparing session impacts. Researchers have focused on the use of the depth and smoothness scales to depict a dynamic of session involvement they referred to as "engagement"
### Counselors

<table>
<thead>
<tr>
<th>SEQ Scale</th>
<th>Present Study</th>
<th>Stiles &amp; Snow (1984)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Depth</td>
<td>3.8</td>
<td>0.8</td>
</tr>
<tr>
<td>Smoothness</td>
<td>3.9</td>
<td>1.0</td>
</tr>
<tr>
<td>Positivity</td>
<td>3.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Arousal</td>
<td>3.6</td>
<td>0.7</td>
</tr>
</tbody>
</table>

### Clients

<table>
<thead>
<tr>
<th></th>
<th>M</th>
<th>SD</th>
<th>M</th>
<th>SD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Depth</td>
<td>5.5</td>
<td>0.7</td>
<td>5.1</td>
<td>1.0</td>
<td></td>
</tr>
<tr>
<td>Smoothness</td>
<td>4.8</td>
<td>1.1</td>
<td>4.2</td>
<td>1.4</td>
<td></td>
</tr>
<tr>
<td>Positivity</td>
<td>5.5</td>
<td>0.5</td>
<td>4.6</td>
<td>1.3</td>
<td></td>
</tr>
<tr>
<td>Arousal</td>
<td>4.1</td>
<td>1.1</td>
<td>4.2</td>
<td>1.1</td>
<td></td>
</tr>
</tbody>
</table>

**Note:** The Stiles and Snow (1984a) study utilized 17 counselors and 72 clients. Their study provided the parameters used to calculate the standardized scores for the present study's dyads.

**Figure 3.3** The mean and standard deviations for the SEQ subscales of Dyad A and the counselors and clients in the Stiles and Snow study (1984a).
Figure 3.4. Depth, smoothness, positivity, and arousal scale scores in standardized units for Counselor A.
Figure 3.5. Depth, smoothness, positivity, and arousal scale scores in standardized units for Client A.
(Mallinckrodt, 1993; Stiles & Snow, 1984a; Tryon, 1990; Tryon & Kane 1993). They determined that higher scores of Engagement are correlated with more successful counseling sessions.

The Engagement construct was incorporated into this study as well, and it is used more predominantly than the SEQ due to its succinctness of description. The Engagement scale was uniquely formulated for the present study by averaging together the standardized means for the depth and smoothness subscales. The standardized means on the Engagement scale for Counselor A and Client A are commensurate with the general contrasts that exist for these two clients throughout this analysis (M = -.43; M = +.43 respectively).

An examination of the data for the Engagement Scale as compared to the Working Alliance Inventory—Short Form is shown in the line graph of Figure 3.2, and reveals that the two adhere closely to each for the duration of therapy. Intuitively, the Engagement scale seems consistent with notions that counseling relationships do consist of aspects of deeper processing (depth), along with aspects of comfort (smoothness). This particular construction of Engagement may prove to be a useful heuristic for depicting how well the client and counselor have been able to maintain a productive balance between comfort and challenge. The close relationship between Engagement and WAI-S scores was seen in the thesis for clients A and B (Eaken, 1995).
Summation of Scale Configurations for Dyad A

Counselor A

For the WAI-S and Engagement scale, the counselor's scores are low overall. The line graph (Figure 3.2) shows a substantial decline throughout the middle phase of therapy for both the Engagement and WAI-S measures—the lowest reaching to 2 SD below the standardized mean. Among the z scores for all data administration sessions on these two measures, only 19.4% have reached at or above the mean (for counselors having successful therapy sessions). More specifically, four abrupt changes in the scores (spikes) interrupt and divide the quantitative scale configurations into four segments. To better understand the dynamics impacting these shifts in scores, the qualitative writings of the Guided Inquiry will be more closely examined in the upcoming sections.

In all, the scale scores depicted in Figure 3.2 show considerable fluctuations in both the WAI-S and Engagement measures. Counter to many studies (e.g. Horvath and Symonds, 1991; Tryon and Kane, 1993; Kivlighan and Shaughnessy, 2000) this particular counselor’s line does not establish a stable assessment point by the third session. This suggests the presence of dynamics that are altered by the cognitive processing in and out of session for the duration of therapy.

Client A

As for the client, the scale scores for WAI-S and Engagement are quite high overall and are fairly consistent throughout therapy. While movement is apparent, the dramatic spikes of the counselor's graphs do
not exist. Overall, Client A's scale scores are almost entirely above the
mean with 93.6% of the total data points near or above the average for
clients successfully completing therapy.

Dyad A

To conclude, the measures from these two scales, alone, depict a
dyad that is at odds with their experience of therapy and the therapeutic
relationship. It is difficult to characterize what this means, for the
client is clearly satisfied with the therapeutic experience, and much of
the literature considers this a key aspect of outcome. There is little
written that simply explores the disenchantment of the counselor for
comparable measures. Furthermore, there is relatively little within the
literature that can help define the development and ramifications of this
kind of dyad.

These questions require the tracking of the dyad's interaction
qualities over time, along with the unfolding of meanings they derive
from experiencing it within the contexts of their personal and
professional lives. While this study may be able to comment on these
aspects, it is concerned less with a comprehensive explanation of this
dyad, and more with the sampling of each dyad's main events to offer a
comparative analysis. The challenge will be to see if this sampling
process brings to light enough of the characterization of the dyad to
represent it for inter-dyad comparisons. For now however, it is clear that
this is a rather discordant dyad which consequently, may help expose
some of the variables that stimulate changes in the counselor and
client's views of the therapeutic experience.
Qualitative Results for Counselor A

Overview

This section will further develop the profile of the counselor's processes and examine how between-session cognitions relate to therapeutic experiences. The qualitative results are taken from the writings that the counselors submitted on the Guided Inquiry which were solicited at the same time they completed the quantitative scales (WAI-S, SEQ). The qualitative writings are utilized to add a greater context of meaning and explanation for the movement of the quantitative measures.

Selection of Qualitative Data for Counselor A at Key Events

In order for the analysis to encompass the most prominent events in the therapy of all the dyads, the following steps were taken for selecting particular moments for closer inspection.

The researcher decided a priori to select two or three events per counselor for analysis. An "event" as defined for these purposes is marked by sudden jumps in the scale scores—either toward the positive or negative direction. The selection of these events or moments utilizes the more empirical quantitative scales as the determining element with which to select the qualitative writings.

The selection process assesses the size of increment jumps for the Working Alliance Inventory (short form) and the Engagement scale. Rather than assessing the increment jumps of all 4 subscales, the Engagement scale was used, for it more concisely relates to the core
elements of this study's investigation (involvement in session and the therapeutic relationship).

The selection will utilize the top three sessions that comprise the highest increment jumps (whether positive or negative) for both WAI-S and Engagement. The order is then fine-tuned by selecting the three highest average (mean) increments for both scale measures.

Qualitative writings were not produced at every data session by the counselor. In this case, a ranked therapeutic event will be noted, but largely forfeited, in order to analyze the next ranked event and its qualitative writings. The availability of these writings will determine the number used (up to three), although this process will cut off sooner if increment jumps that mark the data for selection become trivial. An arbitrary limit of .5 Standard Deviations has been set as the limit (minimum mean increment of z scores) with the notion that small increments may afford a reduced ability to suggest that it is a site of an important dynamic. Afterall, the qualitative writings are being given form and content validation by the accompanying quantitative scores. In this case, the larger increments offer a stronger suggestion that they are at the site of a cause, that has affected sudden change, which is subsequently reflected upon by the counselor, and given expression within the qualitative writings.

For Counselor A, the highest increment jumps in the WAI-S and Engagement scale occurred during data sessions 8, 14, 2, and 4. Data session #2 is dropped, for the counselor did not complete the Guided Inquiry at this point and is missing data.
<table>
<thead>
<tr>
<th>A. Any thoughts outside of session relating to counseling experience with this client?</th>
<th>Summary Paraphrase</th>
<th>WAI-S &amp; Engagement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>#8 Angry and frustrated.</strong> Client describes his feelings but never seems to feel them during session. My attempts to facilitate such expression are met with strong resistance. I'm reminded of my failure to focus adequately on his process rather than on the content.</td>
<td>angry, frustrated intervention met with resistance reminded of own (CN) deficit wants cl to respond differently in session (different expectation, or goal)</td>
<td>All drop</td>
</tr>
<tr>
<td><strong>#14 Surprise.</strong> Client reported feeling our sessions made a big difference in his ability to set boundaries with his parents.</td>
<td>surprise, client found counseling made a big difference (useful in area of his life)</td>
<td>All rise</td>
</tr>
<tr>
<td><strong>#4 No thoughts between sessions (No response for portions A--C)</strong></td>
<td></td>
<td>All rise</td>
</tr>
</tbody>
</table>

**B. Why do you think these thoughts came to mind?**

| **#8 I'm aware that characterological habits of the client probably cause him stress but we are not in agreement on that point.** | Disagreement on sources of stress (differences in perspectives) | |
| **#14 I did no think he valued this work** | client communicated valuing their work | |

**C. Likert Scales (1--7)**

**Given these thoughts:**

- How neg/pos were they? **#8 (1); #14 (6)**
- What degree of concern for self or client accompanied these thoughts? **#8 (5); #14 (5)**
- How influential these thoughts in forming your current impression of client or your counseling experience? **#8 (7); #14 (7)**

(continued)

Figure 3.6 Cognitive mediations at points of scale jumps for Counselor A: Quotes from the Guided Inquiry.
(Figure 3.6 continued)

**D. Consider how feel about meeting with client next time**

*Have these thoughts influenced view of next session?*

<table>
<thead>
<tr>
<th># 8</th>
<th>#14</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes, it makes me feel pessimistic about my ability to help him. I will try to more explicitly address our communication patterns.</td>
<td>Yes. I will have more confidence in how I approach our next session. We may have been accomplishing more of his goals than I had imagined.</td>
<td>More hopeful. I feel we're making connections between his concerns (mostly content) and my concerns (mostly process) by linking coping style to outcomes.</td>
</tr>
<tr>
<td>feel pessimistic about ability to help will try more explicit approach</td>
<td>feels more confident about approach for next session; accomplishing more of client's goals than imagined</td>
<td>more hopeful; making connections between their different concerns</td>
</tr>
</tbody>
</table>

**E. Have these thoughts influenced view toward next session?**

*How feel about self when interacting with client?*

<table>
<thead>
<tr>
<th># 8</th>
<th>#14</th>
<th>#4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sure. I feel that if I were a better therapist, I could confront him in a way that wouldn't activate all his defenses. Makes me feel powerless and incompetent.</td>
<td>Yes. I feel more influential and helpful than I did before.</td>
<td>I feel a bit more competent.</td>
</tr>
<tr>
<td>feels if were a better therapist could succeed feels powerless and incompetent</td>
<td>feels more influential and helpful</td>
<td>feels more competent</td>
</tr>
</tbody>
</table>

**F. Likert Scales (1-7):**

*Given these thoughts:*

| How committed feel in counseling this client? | #8 (3); #14 (5); #4 (5) |
| How satisfied are you with your counseling of this client? | #8 (2); #14 (5); #4 (5) |
| How satisfied are you with client's progress? | #8 (2); #14 (5); #4 (4) |
The data presented in Figure 3.6 lists the qualitative responses for each prompt in the Guided Inquiry. The data sessions #14 and #4 present the counselor’s cognitive mediations occurring at two points of positive increase in WAI-S and Engagement scores. Data session #8 represents a negative drop in scores and will be discussed first.

**Results of Qualitative Data for Counselor A During a Key Negative Event**

This section uses the prompts of the Guided Inquiry to relate the qualitative writings of the counselor. A descriptive note defining each prompt will be offered in order to reintroduce the various intents of the Guided Inquiry.

The qualitative responses for the GI prompts of Figure 3.6 are listed along the left-hand side. The section of the table marked "summary paraphrase" represents a slight condensation of the quoted material. The paraphrases provide an easier verbal handle for discussion, and a partial step towards lifting the content into a more meta domain of generalizable concepts. The partial paraphrasing and translation is presented for the viewer’s inspection of the researcher’s rewording.

Section A of the Guided Inquiry asks the counselor about thoughts formed outside of session (since the last data session) that relate to some aspect of the counseling experience with this client. This turns out to be the main topic of the cognitive mediations in this data session which is then elaborated upon in the remaining sections of the Inquiry.

The counselor’s response to the initial prompt states that he is "angry and frustrated." while also noting that his intervention met with
resistance from the client. Furthermore, he wants the client to respond differently in session by experiencing more of his emotions that are connected to his concerns. The counselor writes that he was reminded of his own deficits in getting clients to focus adequately on process rather than content. In sum, the counselor responded with cognitive mediations that referred to the negative emotions experienced from client resistance and low responsiveness, the resulting obstacles to the counselor’s view of progress, and a related negative self-appraisal related to working with this counseling dilemma.

The next entry provides a look at how these thoughts came to mind (Table section B). These thoughts may be mediations that are triggered by the counselor’s internal processing or by stimuli in the environment beyond the therapy session. This section may point to the source of a topic’s renewed relevance which brings it into active mental recall and holds it for continued processing. Here, Counselor A notes a source of client stress that is likely ongoing, for he gives it a fairly stable attribution (“characterological habits”). He notes the disagreement with the client over this cause of distress and the likelihood of it blocking a goal of therapy and more authentic contact. This lack of problem resolution and low expectations of future progress has apparently held this in his mind beyond the closing of the prior session.

While these thoughts may otherwise be considered a neutral element of the counselor’s conceptualization process, the Likert scale scores in Section C note that the counselor finds these thoughts to be very negative (1) and very influential (7) in formulating his current impressions of the counseling experience with this client.

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More directly, section D samples these notions by asking whether such thoughts have influenced their view of the next session with the client. Acting as a projective, it is a chance to view the counselor's present attitudes which may impact and alter the ongoing work with the client. The counselor notes an influence on his outlook in that he feels more pessimistic about his ability to help the client; but he then notes that he will try a more specific or direct statement of the therapy issues and goals with the client.

Section E is a view of whether these reflections on counseling the client had impacted the counselor's sense of self and were perhaps mediated through his measure of self. In response, the counselor feels pessimistic about his ability to help and turns to a judgment of his own skills as being inadequate when compared to "a better therapist". The notion of the "better therapist" appears perhaps as an internalized measure that weighs his behaviors and abilities against what he "should" be doing. He feels powerless to evoke positive change, and is therefore "incompetent" in his own eyes. Not only does the counselor expect more out of his client, but also out of himself; and these two entities impact each other.

Furthermore, as the final Likert scales show in section F, he has a moderately low feeling of commitment towards counseling this client (3), finds little satisfaction with his counseling (2), and little for the client's progress (2).

Altogether, it can be seen by the exploration of this negative moment, that the Guided Inquiry offers a more intimate view of the counselor at work, the effects felt from interacting with clients, the views
of their own work as it is underway, and the potential altering of their engagement with the client.

**Results of Counselor A's Qualitative Data During Two Positive Events**

In stark contrast to the negative event at data session #8, are the sessions meeting with increasingly positive movement in scale scores. For data at session #4, there were no thoughts between sessions noted (for prompts A and B), but in looking ahead at the next session with the client (D), he notes feeling "more hopeful," for he believes they are making connections between the client's concerns and his own. Here he feels more competent about himself when interacting with the client.

In session #14 (section A), the counselor notes surprise that the client found counseling to make a big difference and that it was very useful in handling the stressful situations they had discussed together. This session notes a positive increment of 1.5 SD from what had been a lengthy period of discouragement by the counselor and a real doubting whether he was providing a positive therapeutic result for the client. The thoughts were triggered evidently by having to comprehend and allow for an abrupt change in the client's responsiveness and feedback regarding the worth of their meetings.

The Likert scales note a jump to a moderately positive view of these between-session thoughts, and a rating of "very influential" in forming his current impression of the client and counseling experience.

The two positive increment events record similar counselor-responses for feelings toward the next counseling session and about
himself. Together, he notes an outlook of greater confidence towards subsequent sessions, and a greater hopefulness for making connections that bridge their differing concerns and perceptions. As to feelings about self, he notes feeling more influential, helpful, and competent. The Likert scales show a rise to positive levels of commitment toward counseling the client, positive levels of satisfaction with his counseling, and with the client's progress.

Qualitative Results for Dyad A

Selection Process for the Qualitative Analysis of Dyad A

Similar to the selection process for selecting the key events for Counselor A, the selection for key events within the Dyad will utilize particular points of the quantitative scales to signify the selection of the qualitative data. The selection process requires calculating the increment distance between counselor and client scores on each scale. The highest and lowest increments for each scale are noted, and where the two scales select the same data session among the high scores (divergence) and among the low scores (convergence); then these are chosen for the pool of candidates. If there is more than one for the high end and low end, then the mean of the increments of both scales is used to fine-tune the choice. The researcher decided a priori to select one session of each type to represent the dyad.

This process does not ensure the highest and lowest mean increment of all the data sessions, but the highest and lowest mean increment for those sessions where all the scale scores show a similar highness and similar lowness. Thus, the mode and then the mean are

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used to locate data sessions whereby both scales for the counselor are the furthest apart from both scales of the client; and then the closest together for the "converging" sessions. This process selects the sessions that form a kind of consensus on which points command an overall coming together of viewpoints and an overall departure of viewpoints.

As before, the sessions selected that do not have qualitative responses will be forfeited to the next ranked session. The first and last data sessions will be excluded, for these two sessions represent distinctively different tasks in the therapeutic sequence. Furthermore, therapy sequences that terminate mutually, generally exhibit close scores at these points. As convergence and divergence are intended in this study to denote points of change once the therapeutic relationship is underway, the remaining data points will be considered as candidates for selection.

**Descriptive Results of Qualitative Data for Dyad A at One Point of Convergence and One Point of Divergence**

Data session #6 and #12 were selected to comprise the convergent and divergent moments, respectively, to undergo further investigation. Data session #2 was originally selected as the most divergent point in the scales for Counselor and Client A; however, the counselor had failed to complete the Guided Inquiry for the second data session and thus, the next most divergent session was chosen.
### Convergent Session #5: Where Scales Have Moved Closest to Each Other for Dyad A

<table>
<thead>
<tr>
<th>Counselor</th>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Describe stressful/coping event this week.</strong></td>
<td>Client noted that he had a &quot;very rough weekend&quot; and struggled to get to class.</td>
</tr>
<tr>
<td><strong>Did the above relate to counseling session, issue, or counselor?</strong></td>
<td>Yes--we discussed my need to have time to myself and be good to myself earlier. Still, I had responsibilities. I ended up going to class and then a movie, balancing &quot;time to myself&quot; with responsibility.</td>
</tr>
</tbody>
</table>

**Any thoughts outside of session relating to counseling experience with this client?**

Felt glad that we felt more on the same side of the issues than ever before. I consciously tried to ally myself w/him. I think it worked and that feels good.

**Why thoughts came to mind?**

Because of the improved rapport in session

**Likert (1--7) Given these thoughts:**

- How pose/neg were they? (6)
- What degree of concern for self or client accompanied these thoughts? (5)
- How influential these thoughts in forming your current impression of client or your counseling experience? (5)

**How feel about next session and meeting with client?**

Yes, I will try to build on our connection, perhaps focusing less on how I perceive his style and more on how it must feel to feel criticized.

...with your counselor?

Yes--he encourages me to treat myself well and give myself time. He is right to remind and encourage this in me. Still, I have to balance this with my responsibilities, and counselor sometimes ignores this.

---

Figure 3.7 Cognitive mediations of divergent and convergent sessions for Dyad A: Quotes from the Guided Inquiry.
(Figure 3.7 continued)

**How feel about self when interacting with this client?**
I feel a little freer, less of an opponent

**Likert:**

How committed do you feel in counseling this client? (6)
How satisfied with your counseling of client thus far? (6)
How satisfied with client's progress thus far? (5)

**...with your counselor?**
Yes—I see him as more of a source of encouragement and a reminder to be kind to myself now.

**Likert:**

How committed toward your counseling? (5)
How satisfied with counseling received thus far? (6)
How satisfied with changes you have made thus far? (5)

---

**Divergent Session #12: Where Scale Scores Have Moved Furthest From Each Other for Dyad A**

**Thoughts outside of session:**
I went on a job interview this week and thought about talking about him as a "tough case."

**Describe stressful/coping event this week:**
I asked a woman for a date for the first time since being married.

**Did the above situation relate to counseling session, issue, or counselor?**
Counseling has helped me accept my life after marriage. In part due to counseling, I see the future as promising and full. Also, my counselor reminds me of the importance of doing the things I want and not spending all my time grieving for the past.

**Why thoughts came to mind?**
In preparing for the interview, I reconsidered my theoretical orientation and tried to think what I was doing wrong.

**Libert Scales (1--7)**

Given these thoughts:
How neg/pos were they? (1)
What degree of concern for self or client accompanied these thoughts? (4)
How influential these thoughts in forming current impression of client or counseling experience? (6)

---

(continued)
(Figure 3.7 continued)

<table>
<thead>
<tr>
<th>How feel about next session and meeting w client?</th>
<th>....with your counselor?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes. Makes me want to finish up soon.</td>
<td>I will mention this to him. I am sure he will be supportive and see this as another step in a healing process. I feel more confident about myself in and out of counseling.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Consider how feel about self when interacting with client</th>
<th>....with your counselor?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Once again, I feel pretty incompetent.</td>
<td>I definitely feel more confident, more future-oriented and less past-oriented.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Likert:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>How committed to counseling this client: (3)</td>
<td>How committed toward your counseling? (6)</td>
</tr>
<tr>
<td>How satisfied with your counseling (1)</td>
<td>How satisfied with counseling received thus far? (6)</td>
</tr>
<tr>
<td>How satisfied are you with your client's progress (2)</td>
<td>How satisfied with changes you have made thus far? (7)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Client</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>A second event was recorded for session #12 by the client</td>
<td></td>
</tr>
<tr>
<td>Stressful event during week which had to cope:</td>
<td></td>
</tr>
<tr>
<td>My wedding anniversary would've been in just a few days. (Client encountered stressful reminder of difficult time in life.)</td>
<td></td>
</tr>
<tr>
<td>Thoughts relating to counseling experience such as session, issue, or counselor?</td>
<td></td>
</tr>
<tr>
<td>I let myself feel sad, as my counselor reminds me to do. I cry and then try to get past it and think about the other parts of my life.</td>
<td></td>
</tr>
</tbody>
</table>

How feel about self when interacting with your counselor?
I feel pretty much the same as in the past—self-confident yet capable of feeling intense pain.

Same Likert scores apply for both client's entries during data session #12.

<table>
<thead>
<tr>
<th>How feel about next counseling session and meeting with your counselor?</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>I will want to feel okay about being sad sometimes, yet not feel obsessed with my pain all of the time. I want to see myself as sensitive, yet balanced.</td>
<td></td>
</tr>
</tbody>
</table>
Convergence

Data session #6 is the highest point for both of Counselor A's scales to reach at any point throughout the therapy sequence. After the counselor's ratings rebounded from a rather low second therapy session, the question occurs as to whether there is a sense of a deliberate causative factor put into play as a means of achieving this. Another question is whether the Dyad is aware of this closeness of viewpoints about each other. For either question to have an affirmative answer, these notions would need to be recorded by their cognitive mediations.

These questions are answered fairly quickly by the counselor's response. As recorded in Figure 3.7, the counselor's reflections of their session shows an immediate awareness of both a gladness to feel "...more on the same side of the issues than ever before:" that he "...consciously tried to ally myself w/him:" and "I think it worked and that feels good." This becomes one of the few points of alliance or engagement that the counselor notes in 17 data sessions. It is also one of the few moments that he feels he is being efficacious as a counselor and instrumental toward bringing a positive end for the client. In sum, the counselor was able to bring about a significant and memorable therapy event by having moved closer to the client's position and perceptions.

As for the client's awareness, he has had a positive and fairly consistent rating for the therapy experience with the counselor from the beginning of therapy. The question to pose for the client's data is whether or not the joining of the counselor with him at this point is part of his ongoing awareness. In viewing the client's responses, it is not clear whether the views held toward the counselor, at this point, are
especially strong, but they are without a doubt reflective of a counselor that he feels encouraged by and who makes recommendations he considers to be right. Furthermore, he finds these recommendations merit some of his behavioral changes which he has actually manifested. These reflections are noted by him: "...we discussed my need to have time to myself and be good to myself...;" "he is right to remind and encourage this in me."; "I see him as more of a source of encouragement and a reminder..."; and "I ended up going to class and then a movie, balancing 'time to myself' with responsibility." Overall, he is doing the work of personal change and noting the counselor's helpfulness. In general, it appears that the client has not remarked about any particular moments of closeness or distance from the counselor.

This attitude of feeling supported and encouraged by the counselor is also apparent weeks later when viewing the data at the point of divergence. The presentation of the qualitative data will now turn to this data session (#12).

**Divergence**

The divergent session (#12) shows the client is responding to his challenges of reconstructing his life after divorce. The stressful/coping event that marked this week's events that he related to counseling was in asking a woman out for a date, for the first time in years. He reflects about this moment: "Counseling has helped me accept my life after marriage. In part due to counseling, I see the future as promising and full." While responding to how he feels about the next session with his counselor, he states that he will share the above situation with him and
he adds: "I am sure he will be supportive and see this as another step in a healing process. I feel more confident about myself in and out of counseling." In all, he relates some important changes in himself due to counseling and implies that he has benefited from the support and guidance of the counselor.

During this moment of divergence, the client refers a little less directly to the counselor than at the time of the earlier, convergent session. Instead, he notes the way he has come to know his counselor and the likelihood of his supportiveness. He refers to "counseling" a little more broadly here, perhaps revealing the counselor as being less personally connected, or perhaps that the number of sessions has also solidified counseling as being a kind of activity that he has learned to typify--one that helps to sustain him and his outlook toward the future.

At this same point in time, the counselor is reflecting on this client as being "a tough case" as he prepared for a counseling job interview at another university. Including data session #12, the counselor has compiled his fifth data session in a row with marks close to two standard deviations below the standardized mean for counselors' ratings of the WAI-S. The mean used for reference is already considerably lower than client scores in general; thus making this score particularly distant from the client's viewpoint of how they feel they are aligned in terms of bond, tasks, and goals of therapy.

The Engagement scores have paralleled these scores with low tallies, but have stayed at approximately .5 standard deviations higher than the WAI-S scores. Clearly, the counselor has been struggling with his role in therapy--enough to question his approach to counseling: "In preparing
for the interview, I reconsidered my theoretical orientation and tried to think what I was doing wrong."

To look at the impact on outlook toward next session he states that it "Makes me want to finish up soon." Regarding whether this has altered his sense of self he notes: "Once again, I feel pretty incompetent." While his commitment to the client is almost always above his personal level of satisfaction, the Likert scores are all quite low. His commitment to counseling this client ranks a score of 3, his satisfaction with his counseling: 1, and his satisfaction with his client's progress scores a 2. In contrast, the client ranks similar Likert prompts with a score of 6 on commitment toward his counseling, a 6 in satisfaction with the counseling he has received, and a 7 (very satisfied) with the changes he has made thus far.

The divergence experience for the counselor is one whereby he also notes a more internally generalized view of the client ("a tough case"), and of his counseling, and even of his theoretical beliefs which help to guide his intervention plans and session responses. The long spell of dissatisfaction has led to a negative performance attribution towards himself in a more global way—seeing himself as "incompetent"—and wishing to end this negative generating event. Perhaps, as with the client, this stylistically shows a moving away from particulars to typifying the experience as a whole: with each person in the dyad solidifying the impressions of the other, as well as the probable outcomes of their counseling experience. It would make sense that cognitive mediations would show how elements of cognitive judgments add up to larger expectations over time.
Finally, in Figure 3.7, the client notes a second stressful event that he coped with in ways that the counselor recommended to him. The client's striving on behalf of these recommendations has led to his accomplishment and increased self-confidence.

**Overall Discussion of Quantitative and Qualitative Data for Dyad A**

Given the richness of the data at hand, there are many aspects that could be discussed. However, this research is presently emphasizing the role of the counselor within the therapeutic interaction and various comparisons across dyads. As more information is added to the comparisons, the discussion sections, themselves, will necessarily be additive across Chapters 3, 4, and 5. The most prevalent themes will be noted and summarized in Chapter 6 along with any meaningful ties to the literature. At this point, a few particular features of Dyad A will be noted before turning to the exploration of Dyad B.

The following discussion begins by noting the distinguishing features of this dyad, its elements of conflict, and the potential issues of this kind of relationship. It also provides a look at the counselor's role functions, and the counselor's thoughts and adaptations to this dyad.
Risks of Non-complimentarity Even When Outcome Favors the Client

One of the main features of this Dyad is the conflict of perceptions, both in judging sessions and the therapeutic relationship. The selected moments captured in the quote tables (Figures 3.6, 3.7) depict how differently they appraised these.

One of the keys to this difference in perceptions is the relative non-sharing of positive elements by the client. Amidst this lack of feedback about what was working, the client provided feedback that expressed disagreement with the counselor's priorities for their work together, and he behaved in a manner that was resistant toward the counselor's processing of emotional issues (Figure 3.6, data session #8). Altogether, the client provided a rather one-sided dimension to the counselor about the experience of therapy. This may hardly seem like an issue, as the client is being helped, and he is satisfied with counseling (to a high degree). While the client should be the one gaining from counseling, rather than the counselor, there appear to exist important potential risks that resulted from each having a non-complimentary, if not totally lopsided, experience of the same sessions.

One such risk could easily have been the continued pressuring by the counselor to relate more emotional material in counseling and to connect on a more personal level (Figure 3.6, data session #8). This would have likely gone beyond the interactional capacity of the client at a time when he was mostly in need of support and validation.
Consequently, the client's engagement and ultimate ability to be involved could have dropped severely.

A second risk stemming from this dyad's discordant perceptions is that the counselor could have recommended the option of referral, as he had felt that this may be necessary: "It makes me think I need to change something in order to be a responsible therapist. Either I need to keep the focus on discussing goals and my impressions of the real issues, or I need to refer. Yes, it makes me feel incompetent, insecure, and angry at myself. A competent therapist would have done something by now." (Quotation is not listed on chart of selected sections, but refers to data session #10 from the Guided Inquiry). The communication of this option may have suggested to the client, the counselor's disappointment or frustration with him or the sessions, and the implication that little progress had been made. Anytime over the course of therapy, this would have been a surprise to the client who had felt that he was making important gains, and was being boosted considerably by the input and guidance of the counselor. Most likely, this would have totally baffled the client and either halted or slowed progress.

**View of Counselor Role Functions Through Cognitive Mediations**

It is in exploring the counselor's cognitive mediations that we are provided a view of the information he is processing and using for further reflection. What is telling, regarding the conflicted nature of this dyad, is the number of moments that he is reflecting on his
negative views of sessions and the relationship, what he feels he should be doing better, and his lowered view of self-competence.

In all, he spent significant mental effort cognitively negotiating potential adjustments in his interventions. While only a few were manifested within the counseling sessions, his cognitive reflections provide insight into the range of his considerations. In fact, the entire sequence of mediations written by the counselor involve a navigation aloud of trying to negotiate aspects of his pushing forward with his approach or priorities versus backing away. It is a cognitive orchestration of closeness versus distance; pressure versus letting go; sharing his views more openly with the client versus acquiescing in the appearance of full support.

Here, the functions of the counselor appear to be those of monitoring the emotional intensity within session, managing the challenge and dissonance experienced by the client (and himself), and considering the impacts of different interventions. All of these elements are a part of his consideration of how best to fashion their role compliments of helper/helpee and to be ultimately effective for the client.

Counselor Role Functions in Dissonance Management and Optimal Construction of Helpee/Helper Roles

While grappling with the client for some degree of verbal space within the sessions (in order to provide constructive input), the counselor was dealing with much resistance and dissonance. In fact, the distribution of dissonance across the two of them is in reverse of
what has been found in the literature. While examining the fluctuations of dissonance across the duration of therapy, empirical studies have noted that successful counseling arrangements pose the client as having an increase in dissonance and challenge during the middle phases of therapy before tapering off at the end. It is believed that the discomfort is part of the motivation to change. When the client makes alterations in line with the counselor's viewpoints, the dissonance is relieved and replaced by convergent viewpoints. This results in a U-shaped curve for the client's rating of the working alliance. The beginning and ending phases of therapy are supportive and connecting, while the middle phase is a time of confrontation with the counselor's perceptions of what changes are needed. In this case, the client appears to have little dissonance from within sessions and the counselor exhibits the U-shaped curve of alliance ratings. Perhaps true to the concept of dissonance, alone, it is the counselor who appears to make the major alterations within the therapy sessions, as he eventually relinquishes his priorities for the client's therapy sessions, and is resigned to smaller goals, less responsibility, and smaller gains as acceptable outcomes ("planting seeds" for possible therapy in the future). He reports, at this point, having less anxiety about the sessions, having learned from the encounter with this client, and feeling more positive about his counseling. Thus, the end of his struggle is marked by change, and a tapering off of his discordant stance—albeit a worthwhile one with clients.

In sum, it appears that it is the counselor's ultimate responsibility to orchestrate the function of the helper/helpee
alliance; and the operationalization of these roles within therapy. Furthermore, this process is a fashioning that shares its designs and formations with the values, perceptions, needs, and limitations of the client (and the counselor). For there to be a helper, to some degree there needs to be a willing helpee. Without the flexibility of the client, or without the client providing more accessible qualities for receiving help, it is the counselor who must find a more flexible definition and working model of assistance within the therapeutic arrangement. This then, is one of the functions of the counselor as viewed by his cognitive mediations which came at the cost of much frustration and self-negotiations. It also gave rise to the self-questioning of his priorities, his interventions, skills, and ethics. This was no doubt, as he called it, a "tough case" which underscores the experience of dissonance and change within human relationships, and the sometimes, fragily maintained balance of managing it—even when the client is satisfied with therapy.
Overview

Dyad B poses the reverse situation of Dyad A. for here, the client is the person who is disenchanted with counseling, and the counselor is the one who feels good about the therapy experience. In a fashion similar to the analysis of Dyad A, this chapter will examine the quantitative scales and their fluctuations as a means of understanding some of the dynamics of their interactions. Next the qualitative writings will be examined (along with the scales) for further understanding and contextual meaning. Particular moments in the therapy sequence will be selected for closer inquiry according to the procedure established in Chapter 3. A final section of discussion will focus on the critical elements that characterize this dyad, the role of the counselor, and various comparisons to Dyad A.

As with Client A, Client B presented relationship concerns during the initial phase of counseling. The main event that motivated her to seek counseling centered around an argument she had with her fiancee. With their wedding coming up within two months, the client was concerned about the fiancee's failure to uphold a promise. She entered counseling with the hopes of gaining some advice on dealing with this issue, her disappointment, and her feelings of conflict with him.
This client is a female, Chinese international graduate student who is planning to marry a male Chinese student. The counselor is a Anglo-American female, married, and adheres to a feminist approach to counseling. With widely differing views of the female role, marriage, and family, the counselor and client were presented a considerable challenge in bridging their cultural differences. To begin viewing how these two interacted throughout the therapy sequence, the analysis will now turn to the quantitative scales. (It may be useful to note that the first data session for Dyad B is in response to the prior therapy session—which had been their second one; the first therapy session may have been an intake or their first full session and is not recorded by the research.)

The Quantitative Results

The Working Alliance Inventory—Short Form

Figure 4.1 lists the main parameters of the scales for Dyad B. The counselor's parameters (M= 65.9. SD= 4.6 ) suggest a stronger Working Alliance than the client's (M=55.1, SD=7.8 ). The standard error of the mean for Counselor and Client B is 1.5 and 2.8, respectively. The client's statistic is 1.9 times the size of the counselor's which is approaching the size difference necessary to suggest that there is a real difference in means between the two.

As in Chapter 3, the standardization process for the Working Alliance utilizes the client and counselor parameters from the Tryon and Kane (1993) study. The comparison of raw score parameters for Dyad B compared to those of the referent study are as follows: Counselor B: (M=...
65.9; SD= 4.6) and the referent study counselors: (M= 60.9, SD= 11.9);
Client B: (M= 55.1; SD= 7.8) and the referent study clients: (M= 67.6;
SD= 10.2). Compared to these aggregate means, Counselor B has a fairly
high score and Client B a low score. This further suggests that these two
differ in their experience of the relationship.

<table>
<thead>
<tr>
<th>Measure</th>
<th>Counselor B</th>
<th>Client B</th>
</tr>
</thead>
<tbody>
<tr>
<td>WAI-S</td>
<td>65.9</td>
<td>55.1</td>
</tr>
<tr>
<td>SEQ</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depth</td>
<td>5.4</td>
<td>2.7</td>
</tr>
<tr>
<td>Smoothness</td>
<td>4.9</td>
<td>5.7</td>
</tr>
<tr>
<td>Positivity</td>
<td>5.0</td>
<td>4.8</td>
</tr>
<tr>
<td>Arousal</td>
<td>3.6</td>
<td>2.2</td>
</tr>
</tbody>
</table>

Figure 4.1: The mean and standard deviations of Dyad B for the WAI-S and SEQ subscales.

The distribution of the Working Alliance standardized scores for
Dyad B is presented by the line graph in Figure 4.2. This line graph
visually depicts the fluctuations of the Working Alliance over time, and
the considerable gulf between the counselor and client ratings of their
therapeutic relationship. Counselor B has mostly positive z scores,
while Client B has mostly negative scores. Over the course of therapy,
their Alliance ratings showed departures of nearly 2 standard deviations
between them. Overall the counselor's ratings gradually taper off toward
the end of therapy, having started from above the standardized mean for
Figure 4.2. Working Alliance and Engagement scale scores in standardized units for Dyad B.
successful counselors and sloping downward to the mean by the end of counseling. The client's scores, however, took early dives into very negative scores, briefly recovering at data session 4 (near the standardized mean for clients continuing therapy) before returning to negative scores.

With such deeply negative scores being recorded early on in therapy by Client B, it is generally the case that little information is gathered from such clients due to their early and unilateral termination of counseling. This study, then, is a rare glimpse into such dyads. In sum, there is little doubt that the two experienced their therapeutic alliance quite differently, and remained in a state of incompatibility throughout therapy.

Session Evaluation Questionnaire

The means and standard deviations of the SEQ subscales for Dyad B are presented in Figure 4.1. The counselor's mean scores on all scales surpass those of the client except for the smoothness scale. In addition, the counselor's means are above the referent base means incorporated from the Stiles and Snow (1984a) study on all scales except for arousal. The following comparisons list the present study's parameters for the counselor (listed first) and the referent means: Depth (M= 5.4, SD= 1.1; M= 4.6, SD= 1.1); Smoothness (M= 4.9, SD= 0.5; M= 4.0, SD= 1.1); Positivity (M= 5.0, SD= 1.0; M= 4.5, SD= 1.0); and Arousal (M= 3.6, SD= 0.9; M= 4.4, SD= 1.0). A comparison of the client's means to those of Stiles and Snow's referent group on each subscale are as follows (client scores are listed first): Depth (M= 2.7, SD= 1.4; M= 5.1, SD= 1.0);
Smoothness (M= 5.7, SD= 0.4; M= 4.2, SD= 1.4); Positivity (M= 4.8, SD= 0.8; M= 4.6, SD= 1.3); and Arousal (M= 2.2, SD= 0.9; M= 4.2, SD= 1.1). The scales for Client B suggest a very low rating for depth and arousal, with a higher rating for smoothness and positivity when compared to the referent sample mean of clients continuing therapy.

The counselor's four subscales of the SEQ, using standardized scores, are shown in the line graph of Figure 4.3. The counselor's ratings are largely positive until termination of therapy at data session #7 where they slide into negative scores. For the client, Figure 4.4 depicts the separation of scales into largely negative scores for Depth and Arousal and largely positive scores for Smoothness and Positivity. This contrasts with the factor analysis for the SEQ which poses two different combinations for factors: the pairing of Depth with Smoothness; and the pairing of Positivity with Arousal (Stiles and Snow, 1984a). Given the opposite pairing for this particular client, the SEQ appears to reflect, not so much the dynamics of therapy, but one of casual conversation. With little arousal and little depth, there appears to be little involvement beyond pleasantries. This suggests little change or true engagement in this therapy sequence by the client. In fact, as the qualitative data suggests, this is a largely negative therapy experience, whereby the client no longer feels involved in the dynamics of therapeutic change or the working alliance.

**Engagement**

The Engagement scale scores for the client (Figure 4.2) closely parallels the WAI-S. Both measures score in the negative range, with
Figure 4.3. Depth, smoothness, positivity, and arousal scale scores in standardized units for Counselor B.
Figure 4.4. Depth, smoothness, positivity, and arousal scale scores in standardized units for Client B.
some of these scores extending into an extremely negative range. This echoes the observation that this is a rather shallow alliance characterized by low involvement. Once again, the only exception to this trend is represented by a rise to the standardized referent mean (for clients continuing therapy) at data session #4.

Quantitative Summation of Dyad B

To compare the overall number of positive and negative scale points between counselor and client for all data sessions (using WAI and SEQ standardized scores), the counselor has 69% of her scale scores in the positive range while 72% of the client’s scores are negative. Overall, this counselor is having a positive counseling experience, regardless of the client's poor experience.

As stated at the outset, Dyad B is a discordant pair that poses the counselor and client in different ranges of positive and negative perceptions about counseling. While both of the dyads that have been discussed so far are incompatible and polarized, a closer investigation of the qualitative data may help to signify what may be similar to Dyad A, in that this is a conflicted pairing; as well as what may be different, given that the roles are reversed. Furthermore, the qualitative writings may help clarify Dyad B’s large gap in perceptions, as well as depicting their degree of awareness of this gap. Finally, the questions naturally arise as to whether or not the counselor made an effort to repair the relationship, how each one coped with this kind of interaction, and the kinds of impacts a conflicted relationship of this kind can have. To investigate these facets of their counseling experience, the present study
will now turn to the qualitative analysis provided by examining selected portions of the Guided Inquiry.

Qualitative Results

Selection of Sessions from the Guided Inquiry

The selection process assesses the size of increment jumps for the Working Alliance Inventory-Short Form and the Engagement scale. The selection will utilize the top three sessions that comprise the highest increment jumps (whether positive or negative) for both measures thereby utilizing the highest average (mode) increment. The order is then fine-tuned by selecting the three highest average (mean) increments on both scale measures.

For Counselor B, the highest increment jumps in the WAI-S and Engagement scale occurred during data session #5. No other session score presented an increment level that could meet criteria—a minimum average of 0.5 standard deviations of change over both measures. Data sessions #4 and #3 qualified as the points of convergence and divergence. However, session #3 did not have a qualitative response from the counselor, and therefore the next highest point of divergence will be used, which is located at data session #2.

Descriptive Results of the Qualitative Data for Counselor B During a Key Negative Event (Figure 4.5)

It is important to note that this selected moment during the therapy sequence is not a negative one, but only in a relative sense. The
Counselor B: Quotes From the Guided Inquiry for Scale Jump at Data Session #8

Any thoughts outside of session relating to counseling experience with this client?

#5 I’ve begun to realize how little time we have left. She will be leaving/graduating at the end of this quarter. We need to re-evaluate our goals and summarize the progress so far.

Have these thoughts influenced view of next session? How do you feel about meeting this client next time?

Have these thoughts influenced view of next session? How feel about self when interacting with client?

#5 I’ve begun to realize how little time we have left. She will be leaving/graduating at the end of this quarter. We need to re-evaluate our goals and summarize the progress so far.

I want to be careful not to be too solution focused—Stay calm, but gently urge her to develop a plan for continuing her therapy after she moves.

Why do you think these thoughts came to mind?

Co-workers reminded me of how far along we are into the quarter.

Likert Scales (1-7): Given these thoughts:

Why do you think these thoughts came to mind?

Co-workers reminded me of how far along we are into the quarter.

Likert Scales (1-7): Given these thoughts:

How do you feel about meeting this client next time?

I feel more urgency—more pressure to be concrete and focused.

Likert Scales (1-7): Given these thoughts:

Have these thoughts influenced your view of next session?

Figure 4.5 Cognitive Mediations at Points of Scale Jumps for Counselor B: Quotes from the Guided Inquiry.
WAI-S and Engagement Scale scores do not dip into the negative range at this point, but merely drop from an otherwise very positive set of scores down to the referent mean. This point is the only one selected, for it is the only data session to.

The counselor writes about her thoughts between sessions as noting how little time the two of them have left to work in therapy and her subsequent wish to assess their goals and progress to date (see Figure 4.5). These are typical thoughts for counselors, particularly in college settings where there are often term breaks, finals weeks, and graduations, that arbitrarily bring the end, or at least a pause, to the continuity of therapy. These thoughts came about by the suggestion of co-workers who reminded her of the time left in the quarter. While this is common, it shows that environmental stimuli are also part of cognitive mediations which help to bring some topics and issues into clearer focus (including this research). While looking ahead to the next session, the counselor notes feeling some urgency and wanting to be more concrete and focused. Regarding how these thoughts may have influenced how she feels about herself when interacting with the client, she states: "I want to be careful not to be too solution focused--stay calm, but gently urge her to develop a plan for continuing her therapy after she moves." This may have come to her mind by having been too quick to jump to solve the client's problems, and to be less than gentle. (This, in fact, appears to have become an issue for her, but this will await further qualitative examination.) As for the current data session, her comments indicate that her cognitive mediations function as a part of her preparation, self-guidance, and self-management. In this specific
case, the self-mediations are a part of self-control—a reminder to be more of one way with the client and less of another.

Finally, the Likert scores indicate a low degree of concern brought about by these thoughts (3), but they carried a moderate amount of influence on her present assessment of the therapy experience (5), and a fairly negative affective response (2). For this counselor, the thoughts of concluding therapy held feelings of ambivalence and uncertainty. The lack of completion, and having being unassured of her helpfulness to the client may have taken some of the sparkle out of her previously high scale scores that had sustained a long consistency.

This suggests as well, that if one considers this case at all representative for some counselors, that even with positive attributions towards the client and sessions, there may frequently be an ambivalence by the counselor as to the kinds of intervention choices and the degree of helpfulness of one's therapy, once the end of therapy is anticipated. This would suggest possibly, that there is always some degree of unknowns that come along either with counseling in general, as outcomes are often intangible, or perhaps in multi-cultural counseling, for the skills and experience required in bridging cultures is always in development, seem to require a long learning curve to gain initial competencies, and the verbal or nonverbal feedback from cross-cultural clients may be difficult to apprehend. Given some of these basic uncertainties of the counseling experience, there may have been additional cues within their interactions that stimulated doubt. At this point, the qualitative data will be examined in terms of dyadic convergence and divergence.
Descriptive Results of the Qualitative Data for Dyad B At One Point of Convergence and One Point of Divergence (Figure 4.6)

Divergence Data for Session #2: Counselor

The selected moment of divergence comes at the second data session. The out-of-session thoughts for the counselor focused on the nature of her intervention and wondering whether she was "pushing her too hard" by "...pushing my feminist agenda." She notes having challenged the client several times, as well as having "reminded her of her strength." She also notes her attribution of what the client is risking without making a stronger stance: "risk of losing her voice and losing herself to be dependent on him." These came to her mind "from doing the last research form--really began thinking more about my own agenda and who is to say what is more healthy." Here, her heightened awareness of herself and her intervention via the research, brought greater attention to her role as interventionist and judge of the client's values. When looking at the client's responses at this point of divergence, it will be seen that these are worthwhile areas for the counselor to be questioning; and while these doubts were brought to greater attention through the research, these may also have been considered more deeply because of cues in the session which marked these as points of uncertainty. After having had these cognitive mediations, she decided to intervene in a different way. As for her views of self when interacting with the client, she is wondering whether these thoughts have made her "too tentative."

In all, these cognitive mediations seem to be a part of her weighing her intentions and responses, both in the past session and in

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Convergence Data Session #4

Counselor

Thoughts outside of session:
Focus on finding peace and harmony within herself—rather than by controlling the externals. This came to me in session. Now, I feel even more certain that this is the area to pursue. Building her sense of self by minimizing self-criticism, will be a way to help her deal with the relationship.

Why thoughts came to mind?
I've been trying to find a way to "join" her instead of challenge her reasons for staying in the relationship. She keeps saying she can only change herself—this way by changing herself to be more confident, she may not be as susceptible to fiancé's criticism (he may later not be so critical).

Liberty
About these thoughts neg/pos: (7)
Degree of concern: (2)
How influential these thoughts: (7)

How feel about meeting with client next time?
I feel much more positive and am looking forward to our next session. Rather than attacking the fiancé, I can focus on building her up—much more positive focus—we have nice metaphors for this.

Client

Describe a stressful/coping situation below. Related to session?
Last night, my fiancé was complaining about his landlord. The subject turned to an issue again. I felt stressed and threatened. But I reminded myself not to let it become an attack toward me. I was frustrated at first. Then the conversation passed without getting into unpleasant argument. I thought I had successfully handle the stress.

Yes, I remember my counselor had pointed out that I didn't have to take the responsibility of my fiancé's action.

Has the situation above influenced view of next session?
Somehow it did. But this morning as I came to today's session, I was wondering how our session would go since I lost trust on her during our last session. I didn't know what to talk about. However, I felt that I had more control than the past. (I came to counseling with great expectation on the counselor now, I realize she may not have the answer and I need to trust my own instinct.

A second situation that required some coping or was stressful
I felt stressed as I came to today's session because I didn't know what to expect and what to talk about. So I just rely on my counselor to ask me questions.

Relate this situation to any aspect of your counseling experience?
Yes, I kind of lost trust on her since last session and I felt that I was "still" since last session. But this session has helped me to identify a self issue that I needed to work on. I wanted to give it another try.

Figure 4.6 Results for Dyad B's counselor and client interactions for convergence #4, and divergence #3: Quotes from the Guided Inquiry.

(continued)
(Figure 4.6 continued)

**How feel about goal into n e i t e e —i o n e n d m a r t i n  * w i t h  r o n r cn?**

I don’t know, since our next meeting will be two weeks later due to my counselor’s inavailability next week.

**Consider how feel when interacting with your counselor. Did the above thoughts influence the view of yourself?**

Yes, I have long aware of my perfectionism and this has brought to my attention again. I want to keep in mind that “that the flower by the road is still beautiful even if it is not noticed.”

**How feel about self when interacting with client?**

Seems much more feminist! More empowerment. I feel much better about the role of encourager and not colluding with the system that blames her for not doing the right things (i.e. leaving him).

**Yes, I have long aware of my perfectionism and this has brought to my attention again. I want to keep in mind that “that the flower by the road is still beautiful even if it is not noticed.”**

**L kidney**

How committed feel in counseling this client: (7)

How satisfied are you with your counseling of this cl. (6)

How satisfied are you with client’s progress: (6)

How satisfied are you with the change you have made (5)

**Divergence Data: Session #3**

**Counselor**

A few notes but not much related to client this week more about how she hopes to settle in again, be present and connect. (See end of table.)

**Session #2 is the next divergence:**

I hope I’m not pushing her too hard. She seems committed to the rela. Even at the risk of “losing her voice” and “losing herself to be dependent on him”-- I challenged her several times--reminded her of her strength. Is this helping or pushing my feminist agenda?

Describe a stressfull/coping situation below.
Both my fiance and I are analytical and we always communicate after calming down in an argument. Faith in God is the big strength in our relationship. After last session, I was kind of disappointed at my counselor because I felt she was not culturally sensitive and she shown my lack of respect to Asian summisive women role. Her body language told me that she disagreed with me frequently. I felt like I needed to trust my own coping strategy than the one she suggested and pushed.
Why do you think these thoughts came to mind?

From doing the last research forms--really began thinking more about my own agenda and who is to say what is more healthy.

Liberia

How pos/neg these thoughts? (6)
What degree of concern? (6)
How influential these thoughts? (6)

How feel about meeting with client next time?

I think I will try to be more explicit about what are my reactions and frame them as other points of view that she can think about.

Consider how you feel about self with client:

More cautious--am I being too tentative now?

Quotes from Counselor B for Divergence Session #3 and Likert Scores:

I have been so swamped with other things and other client crises, I honestly haven't really thought about this client at all this week. I haven't had enough energy to go around so my clients in crisis too. My lack of thoughts remind me of how easy it is to get "sidetracked" I hope I can settle in and connect again with her next session--even though she has not been in my awareness this week. I believe that once I get in session with her, I will be able to be fully present with her.
preparations of the next. The counselor has judged the client according to her own values (the counselor's), and is now wondering whether to push the client to consider these for her own good (the client's). At the same time, the counselor questions her right to judge and prompt this in the client. While she is thinking of the client, most of the cognitions are about her role of helper and her personal agenda. There is little or no focus within the counselor's cognitive mediations regarding the client's response to these prompts in session.

**Divergence Data for Session #2: Client**

The client wrote many revealing things regarding this stage in the counseling sequence. (Her responses were lumped into two paragraphs without necessarily following the prompts in the Guided Inquiry.) First, she speaks of her alliance with her fiancee, their shared religious beliefs, and their ability to work things out. She then offered some key perceptions about her counseling experience: "After last session, I was kind of disappointed at my counselor because I felt she was not culturally sensitive and she shown my lack of respect to Asian submissive women role. Her body language told me that she disagreed with me frequently." She adds that she has a greater trust in her "...own coping strategy than the one she suggested and pushed." It is interesting to note that the client used the word "pushed" --the same word used by the counselor when she was questioning her forcefulness of intervention. (Apparently, the counselor was right to question her pushing.) Clearly, the client feels she has been undervalued, not understood, and rejected.
The client starts her second paragraph by describing how she feels about going to the next therapy session. She notes that while she may need to give some credit to counseling for helping her to be more assertive, she feels more confident in her own ability to resolve conflict and trusts herself more than the counselor. She does not expect much out of her next session and states, yet again, that it is because she lost trust in her due to her feelings of being unaccepted. The Likert scales further specify her low commitment to counseling (2) and her dissatisfaction (2). Likely with an emphasis on her own efforts, she feels somewhat positive over the changes she has made (5).

There appears to be little for her to gain from further counseling, for her expectations and hopes are considerably reduced. She states that "I don't expect that I would get much out of my next session." At this point, it would seem that many clients would unilaterally terminate their therapy and not show up to counseling. During the next therapy session, however, (two data sessions later) her views of counseling move up considerably, as there appears to be a chance to re-engage her in the counseling process.

**Convergence Data for Session #4: Counselor**

In this moment of convergence, the counselor's thoughts have centered upon a different focus for her intervention and work with the client: "focus on finding peace and harmony within herself—rather than by controlling the externals...building her sense of self, minimizing self criticism, will be a way to help her deal with the relationship." This
represents a shift in her "pushing" the client, to working more with her from where the client stands on issues.

When asked why these thoughts came to mind, she noted that "I've been trying to find a way to 'join' her instead of challenge her reasons for staying in the relationship." Evidently, some sense of conflict and uncertainty had made her intervention seem in need of adjustment to fit the client better. She notes that the client "...keeps saying she can only change herself--this way by changing herself to be more confident, she may not be as susceptible to fiancee's criticism...." Apparently, the client's persistent disagreement with the counselor's focus likely brought this to the counselor's attention and to subsequent attempts at adjustment.

When asked how she feels about meeting the client next time, the counselor states that she feels more positive and is looking forward to the next meeting (she sounds more confident in herself and her manner of influence). This is given further support when she is asked how she feels about herself when interacting with the client: "seems much more feminist! More empowerment. I feel much better about the role of encourager and not colluding with the system that blames her for not doing the right thing (i.e. leaving him)." (At some point, her pushing may have felt as if she were "blaming the victim" and not supporting her.) However, as before, her reference to herself is in terms of her values and the posture from which she had intervened to assist the client. In noting the "system that blames her" the counselor has not allowed much room for the client or her fiancee to be a part of their own culture. It
appears that the client and the client's issues have still been measured according to the counselor's world view.

Still, having met with resistance of some kind, the counselor readjusted her approach in a way (it is rather unclear why) that seemed consistent in terms of her own values, could reduce the conflict, and may assist the client with her issues. It is useful to note that the counselor has maintained high Likert ratings at both points of convergence and divergence regarding her commitment towards counseling the client, and in the degree of satisfaction with client progress and her counseling performance.

Her awareness of the client appears as a need to make some adjustments in her interventions, but the cognitive mediations do not directly address the client or the client's main issue of distrust. The lingering mistrust that changed the client's view of the counselor and their relationship, was likely never revealed by the client or not clearly perceived by the counselor. This unresolved issue, as in most therapy relationships, has the potential to continue to cripple client involvement and progress. However, in this session of convergence, there has been some positive movement by the client, as she has been able to hope again that she may have something to gain from counseling.

**Convergence Data for Session #4: Client**

At this point in her therapy, the client had just come back in for a therapy session after having rated the Working Alliance at a point 2.5 Standard Deviations below the referent mean (for clients satisfied with counseling). This current session could easily be the last one.
Prior to the session, the client had a stressful experience that involved her coping skills. As noted in Figure 4.6, the challenge involved not getting pulled into a conversation with her fiancee that could easily escalate into an "unpleasant argument." She was feeling "stressed and threatened, but she reminded herself "not to let it become an attack toward me." The conversation came and went without incident and she felt that she handled the stress "successfully."

This appears to be important for a few reasons. She was able to identify moments that were risky for unwanted confrontation, was able to keep her awareness while in the moment, apply a strategy, assess her outcome, and find that she had been successful. Having done this, she strengthened the confidence in herself, and possibly, the credibility for the counseling she had received. To sum up this moment, the client's Likert scores show that this situation was positive for her (5); it had been stressful enough to engage her concern (5); and that she believed she coped with the situation quite well (6).

From a larger viewpoint, this is a key example of how out-of-session events and processes may alter the context with which the client reenters therapy the following week; and consequently impacts the degree of client commitment and satisfaction with counseling. While successes in applying therapeutic strategies can enhance the opportunity for further engagement in the counseling process (Eaken, 1995), as will be seen in this case, the upward boost in views of counseling are short-lived, partly due to the notion that her own strategy was used rather than the counselor's. Much as in paradoxical counseling techniques (e.g. Feldman, Strong, & Danser, 1982)—although unintended in this dyad--
the client attributes most of her growth to herself for having countered the counselor's suggestions.

It is worth noting that this out-of-session event occurred shortly after the client scored very low marks on the quantitative scales. It would seem unlikely that this positive event would completely reconstruct or nullify her earlier concerns, or completely change her expectations for the counselor. However, had the counselor needed a window of opportunity for mending the relationship, she certainly had one.

When prompted by the Guided Inquiry about whether this situation (with her fiancee) had been related to her session, issue of concern, or counselor, she responded: "Yes. I remembered my counselor had pointed out that I didn't have to take the responsibility of my fiancees' action." Evidently, she had linked her successful response to an aspect discussed in counseling. When asked whether this connection influenced her view of the next therapy session, she affirmed that it did. She then qualified this position by noting that on the way to that day's therapy session, she was wondering about how it would go, and what she would talk about since she lost trust in the counselor the prior session. Clearly, the issue of trust as it is manifested within session held an enduring impact for the client. It appears that in dealing with her feelings of ambivalence, conflict, and disappointment, she responded by lowering her expectations of the counselor: "I came to counseling with great expectation on the counselor and now, I realize she may not have the answer, and I need to trust my own instinct."
It was in anticipation of her therapy session that same day that qualified as her second stressful event of the week. Not knowing what to expect, she decided to "just rely on my counselor to ask me questions." By associating this with her counseling she notes that since she lost trust in the counselor the prior session that she was more "still" during therapy. The element that gave this therapy session a boost in the ratings was that they had settled on an area of concern that the client agreed was an issue worth attending to—her perfectionism. As she put it: "I wanted to give it another try." At this point, the counselor had not addressed, and may not have been at all aware of the issue of trust which remained as a significant negative undertow for the client. The counselor did, however, re-engage the client by offering her a sense of hope that something could be accomplished together.

When asked about her sense of self when interacting with the counselor, she replies: "Yes, I have long aware of my perfectionism and this had brought to my attention again. I want to keep in mind that 'the flower by the road is still beautiful even if it is not noticed.'" The image of the flower was part of the metaphor offered by the counselor that appears directed toward the client's worth whether heard or not—a metaphor of valuing her. For the first time, her Likert scales have shown improvement. Regarding her commitment toward counseling, she provides a neutral rating (4); and rates her satisfaction with counseling and the changes she has made with (5's). As a final note, she is bothered by the fact that her counselor cannot meet with her the following week. This appears to temper her enthusiasm and feelings of being valued by the counselor. She also appears to take this scheduling
conflict personally, something she had been doing in her disagreements with her fiancee. Themes that run through this data session are trust, finding self-worth within her interactions with others (counselor and fiancee), coping with aspects of disagreement, and dealing with disappointment.

As the scales indicate, these more positive scores were not sustained. The very next data session recorded a significant drop in scale score levels which grew worse over the remaining data sessions. In the end, the issue of trust continued as the main concern throughout therapy which undercut the strength of successful therapy moments, and were worsened by less successful sessions. Furthermore, it appears that her mistrust was not communicated to the therapist, and the client's way of coping in session was to participate less and less. Her stance was one that provided less feedback to the counselor, set the counselor up to provide more "answers", and thereby effectively reducing the opportunity for the counselor to make positive adjustments. Although not specified aloud, the biggest change in the sessions may have come when the client felt unaccepted (and likely over-powered) by the counselor and that she could not expect the counselor to be otherwise, had she even told her.

As for the counselor, the client's issues of power and assertiveness seemed to play out between them, along with the client's all-or-nothing view of others when feeling rejected. Together, the counselor's judging, telling, and not hearing; and the client's hearing, judging, and not telling worked to send them off course.
Discussion of Dyad B

Key Features and Risks of the Relationship

This dyad is a second case whereby the conflict was unrealized within the reality constructed by the interactants; the conflict was not something that they shared within their common understanding or designation of language. Hence, they were conflicted without knowing the full extent of their polarities, and without locating the sources of their problems. However, the counselor—who was largely unaware of the client’s experience—did experience twinges of distance, self-doubt, and the lingering wish to change course in her approach with the client. Albeit, the counselor did not change in her cultural awareness of the client, but rather, she altered her interactions by offering greater support for her and in her conflict with the fiancee. The counselor’s adaptation toward the client, due to aspects of dissonance, will be further explored in an upcoming section.

Regarding the client’s experience of therapy, there were two primary sources of conflict expressed in her cognitive mediations. One is the lack of feeling valued or accepted by the counselor, for the counselor did not show an appreciation of the client’s cultural identity within their interactions, or within her considerations of a suitable problem-solving method. The second source of conflict related to the rather disastrous results the client experienced with her fiancee when applying the counselor’s strategies. This occurred outside of session and was reflected upon in her cognitive mediations. Thus, in keeping with the general findings (Elliott, 1985) that counseling is productive because it offers two essential factors: emotional support and instrumental support, both of
these functions began with very low evaluations by the client, leaving little wonder as to her ongoing distancing and distrust for the remainder of her therapy sessions.

In sum, what was at risk in this dyad of incongruous experiencing of sessions, is what actually manifested: the ongoing negative experiencing of the client without the understanding or awareness of the counselor, who may have attempted to make more drastic adjustments to address the problems had she been more aware of them.

The counselor did experience and respond to dissonance, as viewed within her cognitive mediations on the Guided Inquiry. How she responded to such moments of discomfort is the topic of the next sections which explore the functions of her cognitive mediations, and the adaptations made in her attempts at optimizing the helper—helpee relationship.

Functions of the Counselor's Cognitive Mediations During Moments of Dissonance

The counselor's cognitive mediations appear mostly during times of discomfort and doubt—as if her cognitive mediations helped her to focus on her dissonance and its possible resolution. These reflections show a self-prompting and a problem solving approach that led her to scale down her goals for the client in therapy. She decided to empower the client through increased support, by meeting the client more completely at her pace of change, and by focusing on what the client could control in her interactions with the fiancee.
Her cognitive mediations also depicted the activity of self-reflection, and her questioning of the right to intervene with the force of her values. These doubts began to weaken her confidence in her model of mental health, and to question the universal fit of her brand of feminism. Her dissonance was further exacerbated when she found that she may have been disempowering the client by expecting her to make changes she could not make, and in effect, blaming the victim for being exploited. The cognitive mediations then, were a part of her reorienting to the impacts of her intervention, their implications, and the need to realign the alliance to optimize her role of helper.

In the bigger picture, these out-of-session cognitive processes stimulated the kind of in-session activity that helped to spur a sudden surge in client response, and a brief revival of their cooperative roles together. The counselor's mediational processes also led, eventually, to a longer period of reflection in terms of considering how appropriate or inappropriate she might have been with her values in the course of therapy, and what she would choose to do differently with similar clients in the future. (These mediations were contained in her last two data sessions.) Altogether, these interpersonal and intrapersonal processes occurred in light of mild dissonance, an overall lack of experience in working with Chinese clients, and within the void of minimal client feedback.
Counselor's Adjustments Toward Optimizing the Helper--Helpee Role Functions

The dance of boundary definitions of what should and should not be attempted in the counselor's role of helper vis-a-vis the helpee, continued beyond sessions through the ongoing invigorations, stirrings, and musterings of counselor reflections. Here, in the venues of beyond-session processing, the definitions of different helper and helpee functions can be observed, as this dyad fluctuated on the brink of completely falling apart into non-cooperation and client termination.

In view of the participants' push and pull of tensions across their role boundaries, a number of observations can be suggested about how their interplay of influence took shape. It is useful to note that the helper who devalued the helpee (nonintentionally here) was devalued in return by the client who reduced the counselor's credibility and role as a professional helper. The disempowerment of the helpee similarly led to the disempowerment of the helper by means of client withdrawal, resistance, and the potential of unilateral termination. Given the parallel tracks of the Engagement and WAI-S scales observed in Dyads A and B, it appears that the participants are seldom engaged by someone with whom they feel low acceptance, a diminished sense of self-worth, distrust, and reduced self-efficacy.

With regards to the client, this helpee held only a narrow window for being helped (due to unrealistically high expectations for the counselor to create the necessary change the client was seeking). A narrow range for being a helpee, begets a narrow range for anyone to operate within the designation of helper.
As they started out, the counselor was given much credibility to provide "answers" and when they did not work for the client, she was disappointed to the extent that she had difficulty rebounding from this letdown for the rest of counseling. It may have been the case as well, that such open need for this direct expertise and the relatively passive posture by the helpee, invited, (if not over-invited) the counselor to move into a large role of helper which eventually took much of the definitional power away from the client. A shrunken role of helpee at the outset, provided the implicit offer for an eager helper to take on an enlarged, directive role.

In this case, the counselor's larger predominant role, even while directing the helpee to be more assertive in confrontations, had the effect of taking further power away from the helpee. Thus the process of communication from the expanded role territory of helper, contradicted the content of the message aimed at the helpee. Within a few sessions, it appears that the counselor realized some aspects of her "pushiness" and toned down her more domineering stance, to allow perhaps, the helpee to regain ground and position within their therapeutic interaction. However, this gesture came too late for the helpee to move into this level of engagement.

In sum, the role of helper--helpee are a complimentary role territory within counseling that is pushed back and forth between the two interactants until a comfort level is held in balance to allow effective cooperation and the fulfillment of their roles. Much of this appears to be conducted through nonverbal means implicit within the session's process dynamics. However, it is within the dyad's cognitive mediations that we
can view this "dance" which continues to be processed more transparently by themselves beyond the therapy session.

**Comparisons of Dyad B with Dyad A**

A number of comparisons between the first two dyads suggest some similarities within conflictual interactions. They are similar in the sense that they portray two opposing means of having lopsided, distorted, and polemic interactional patterns.

In comparing Dyad B with Dyad A, Counselor B's cognitive mediations were more sparse as perhaps less dissonance was provoking her. She was also less process-oriented and less focused on the multiple implications of the interactions' moment-to-moment unfolding. As she was more cognitive/behavioral and outcome-focused in her approach, she represents the other end of the spectrum from Counselor A. In a sense, Counselor A could have been helped by a greater focus on behavioral aspects and the greater exploration of the client's out-of-session progress; and Counselor B could have benefited from Counselor A's awareness of process dynamics which offered a greater focus on the implications that how one delivers help is as essential as the content of one's "helpful" message. Together, both counselor's had to move out of their comfort range of how they defined being a helper to begin to move past stalemate; and to consider a broader range of what constituted help for their client. The two counselors needed, in a sense, to shift a boundary for themselves, in order to shift a boundary that was impeding the client's posture of "helpee."
It is fairly clear that the clients in the first two dyads presented their counselors with some substantial obstacles. In Dyad A, the client had the appearance and interactions of a non-willing helpee, leaving the counselor feeling unempowered within the interaction and questioning his ability to be a helper. In Dyad B, the client had the appearance of a very receptive helpee (at the start), providing the counselor with a much greater sense of empowerment and a wider area of acceptable influence than was actually ever made available by the client's rigid expectations.

A lack of awareness due, in part, to low client feedback acted to further disable the partnerships. Client B's increasing "stillness" left a void of feedback, whereas Client A's lack of any stillness (and almost constant talking) limited feedback as well. Neither client worked within the range of a more equal give-and-take, and this impaired the development of a two-way consensus of the alliance.

Finally, in my view as researcher and case reviewer, it appears that the various participants brought their defense mechanisms, or at least their learned coping patterns and projections into the session interactions with them. These patterns, while likely functional in past interactions, further distorted the meanings each interpreted from the other's relative closeness or distance between them. Client A's low affective presence and dominating verbal patterns appear to be a long-held pattern of fending off would-be helpers during times of personal vulnerability. (This was discussed with the client by the counselor in therapy and became part of what informed his work on boundary processes.) As for Client B, it appears that her all-or-nothing approach to others in the face of conflict brought her into counseling and into
questioning her marriage plans. Her fiancee had claimed she over-
personalized things and was too sensitive; her response to the counselor,
while valid in the face of the counselor's lack of cultural sensitivity,
similarly demonstrated an immediate rejection of the counselor when the
counselor's problem-solving approach did not work out as planned with
the fiancee. Only when the client retreated from engagement with the
counselor did she state in the Guided Inquiry that she probably had
unreasonable expectations of her.

As for Counselor B, her degree of countertransference, or at least her
projection onto the client that she was the kind of woman who very
much needed a significant introduction to feminist empowerment,
reduced her ability to judge the strength of their relationship to support
such personal changes. Furthermore, the strength of the counselor's
personal values also reduced her sensitivity to the potential for cross-
cultural clashes in world views, and her over-expanded area of influence
she commanded in sessions.

It is less clear whether such projections impaired Counselor A's
work with the client. Certainly, from a psychodynamic point of view, he
was too concerned and involved with the client's responses toward him.
While it would have been useful for the counselor's own peace of mind,
to have scaled back expectations more quickly, and to look for different
evidence of progress, it is likely that the client allowed for little feedback
that would clarify and empower a helper during his times of threatened
self-identity. (The counselor had spent parts of one session sharing the
observation that he draws others to him when he is hurting and then
distances them the next moment. They also spent many therapy
sessions discussing means of setting boundaries with his mother, and with the counselor as an in-session experience. The client's mother, by the client's description, was an emotionally intrusive parent and a professional social worker--another helper--which violated his boundaries verbally, and consequently his sense of independent self-reliance and coping.)

Altogether, in my viewpoint, along with evidence supplied more widely over the course of the data sessions, these dyads fell into a relatively perfect alignment for each participant to compliment the others' perceptual weaknesses, self-limiting habits, and areas of inexperience.

In sum, the difficulties that entered into these interactions were many, and they were more problematic than the counselor's average therapeutic alliance. While probably not rare, these two dyads turned out to be particularly good candidates for investigation, given the elements of difficulty that befuddled the counselors' more typical means of becoming a valid helper. As a result, the clients challenged the counselor's outlooks of helping in general, and activated their personal and professional coping patterns as seen by the increased stimulation of their out-of-session mediations for problem-solving and value identification. This kind of beyond-session processing allowed for a more intimate view of the counselor's intrapersonal dynamics which, in turn, held the influence to reenter the interaction next session and alter the working definition of the dyad.

Overall, these two counselors indicated the difficulties inherent in working within novel interaction patterns, their willingness to scrutinize
their work to optimize the client's experience, and the role that
dissonance plays in moving to accelerate their effectiveness. It should
also be noted that the counselor's view of self is not immune from the
impacts of this process, and that interaction at close range has the
ability to influence both participants of the dyad.
CHAPTER 5

ANALYSIS OF DYADS C, D, E
RESULTS AND DISCUSSION

Overview

Dyads C--E are useful for the present exploration, for they represent less polemic relationships in therapy. Whereas in Chapters 3 and 4, a portion of the quantitative sections helped to establish that the counselor and client viewed the therapy experience quite differently, the first portion of the quantitative section here will suggest that the clients and counselors are more similarly aligned and share a greater overlap in measures of session impact and working alliance. Furthermore, to find these sessions more typical of therapy (in the sense that there is a more typical and uniform level of satisfaction attained) is to find a comparison point between Dyads A and B versus Dyads C, D, and E. These comparisons should bring to light more of the qualities that are part of "normative" dyads as well as more of the qualities found in conflictual dyads. As before, this chapter's analysis will rely on the qualitative aspects of the cognitive mediations along with scale scores to expose the unique elements that constitute such harmonious and discordant therapeutic interactions.

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The Quantitative Results

The Working Alliance Inventory—Short Form and Engagement

This section will be devoted to making quantitative comparisons between the five dyads. It is also aimed toward establishing a basis for depicting Dyads C, D, and E as "three versions of normative" in order to serve as a comparison group to Dyads A and B.

<table>
<thead>
<tr>
<th>WAI-S</th>
<th>Counselor</th>
<th>Client</th>
<th>Factor: St. E. M.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
<td>M</td>
</tr>
<tr>
<td>Dyad A</td>
<td>49.8</td>
<td>8.7</td>
<td>72.0</td>
</tr>
<tr>
<td>Dyad B</td>
<td>65.9</td>
<td>4.6</td>
<td>55.1</td>
</tr>
<tr>
<td>Dyad C</td>
<td>76.4</td>
<td>5.1</td>
<td>70.5</td>
</tr>
<tr>
<td>Dyad D</td>
<td>58.4</td>
<td>5.4</td>
<td>72.0</td>
</tr>
<tr>
<td>Dyad E</td>
<td>51.7</td>
<td>5.9</td>
<td>65.3</td>
</tr>
</tbody>
</table>

Figure 5.1. The mean, standard deviation, and factor difference in standard error of the mean between client and counselor, for Dyads A--E in raw scores.

Given the small number of subjects, multiple samplings, and repeated use of the testing instrument, the use of formal tests of differences of means is prohibited, for one cannot assume independent and separate measures. While the standard error of the means is also a test of central tendency for parametric samples, it can be used here in a suggestive manner to show whether the client and counselor scored enough variance over sampling to suggest that they do not come from a distribution with the same mean—provided that the standard error of the mean is two to three times the size of the other's. Given this usage, the
<table>
<thead>
<tr>
<th>WAI-S</th>
<th>Counselor</th>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Dyad A</td>
<td>-0.9</td>
<td>0.7</td>
</tr>
<tr>
<td>Dyad B</td>
<td>0.4</td>
<td>0.4</td>
</tr>
<tr>
<td>Dyad C</td>
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<td>0.4</td>
</tr>
<tr>
<td>Dyad D</td>
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<tr>
<td>Dyad E</td>
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<td>0.5</td>
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</tbody>
</table>

Figure 5.2. Mean and standard deviation in standardized units for Dyads A--E on the WAI-S.

<table>
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<th>Engagement</th>
<th>Counselor</th>
<th>Client</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>M</td>
<td>SD</td>
</tr>
<tr>
<td>Dyad A</td>
<td>-0.4</td>
<td>0.7</td>
</tr>
<tr>
<td>Dyad B</td>
<td>0.7</td>
<td>0.8</td>
</tr>
<tr>
<td>Dyad C</td>
<td>1.6</td>
<td>0.8</td>
</tr>
<tr>
<td>Dyad D</td>
<td>0.3</td>
<td>0.2</td>
</tr>
<tr>
<td>Dyad E</td>
<td>-0.3</td>
<td>1.3</td>
</tr>
</tbody>
</table>

Figure 5.3. Mean and standard deviation in standardized units for Dyads A--E on the Engagement measure.
factor difference between each dyad’s counselor and client is posted in Figure 5.1 for the raw scores.

In Figure 5.1, Dyad A’s factor differences are the largest in the table and the dyad did portray the largest and most consistent extremes throughout the period of measurement. While Dyad C is the next largest factor, it is recording a difference between two positive sets of scores—the counselor’s having very positive scores and the client having positive scores. Given that levels of success seldom are scrutinized as problematic, this will be considered a good arrangement. Dyad B has the next factor size that is at all close to suggesting a difference in the dyad which is part of the claim that is being suggested: that Dyad A and B are particularly polemic in their quantitative scores compared to the remaining three Dyads.

Among the three "normative" dyads, Dyad E is the lowest scoring and the qualitative data show that these two encountered the most difficulty in progressing through therapy. However, their overall movement, while beginning low, grew increasingly positive over the course of counseling. This positions Dyad E about midway along the continuum of unsuccessful to successful dyads when considering the quality of sessions and the working alliance. On such a continuum, Dyads A and B would likely represent the struggling end with C and D indicating the more harmonious and successful end. Counselor E’s statistics (Figures 5.2 and 5.3) depict some of this struggle by recording the highest standard deviation among all scores for Engagement and the second highest standard deviation for the Working Alliance—both

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indicating the degree of change and uncertainty with which the
counselor experienced her involvement with Client E.

Additional support for the use of Dyads C–E as being more
"normative" (more positive for both client and counselor) is provided by
the developmental progression of the scale scores over the course of
counseling. The line graphs depicting each measure over time is provided
in Figures 5.4, 5.5, and 5.6. These three graphs depict an increasingly
positive growth in both the counselor and client's ratings of therapy,
despite the low start for Dyad E. Not one of these graphs depict the
scale score spread and separation that Dyads A and B portrayed over the
therapy sequence.

Finally, the line graph in Figure 5.7 poses the pairings of each dyad's
means for engagement and working alliance in standardized units—each
subject's scores having been compared to those successfully completing
therapy. The clear difference in position between Dyad A and B versus
the remaining Dyads is suggested by this graph. For Dyad A and B the
lines between counselor and client have the longest span and the
disenchanted member of the dyad is positioned far more negatively than
the other member of the dyad.

In sum, this is not a formal statistical analysis that can reliably and
accurately measure differences across dyads. However, the current
pattern of the quantitative analysis, and the concurrence of the
qualitative input that follows, provide a basis for utilizing Dyads C, D,
and E as a normative group in which to pose contrasts with Dyads A and
B. Establishing a basis for this comparison is useful, for the current
research will adopt this comparative language in Chapter 4 and in the
Figure 5.4. Working Alliance and Engagement scale scores in standard units for Dyad C.
Figure 5.5. Working Alliance and Engagement scale scores in standard units for Dyad D.
Figure 5.6. Working Alliance and Engagement scale scores in standard units for Dyad E.
Figure 5.7. Mean Working Alliance and Engagement scale scores in standard units for Dyads A--E.
final discussion chapter. Discussion will now turn to selected elements of the Guided Inquiry to depict the more idiographic elements within the normatives and to pull out their key features.

**Dyad C**

**Key Features of the Counseling Experience for Dyad C**

The line graph of the WAI-S and Engagement measures for Dyad C (Figure 5.4), depicts the counseling experience of both members as starting positively and increasing gradually across the entire sequence of data sessions. There are no obvious spikes noted in the counselor's or client's lines which would call attention to particular moments to investigate for causal dynamics; and there are no real negative movements in the curve overall. However, there are points of change along the curve that provide a potential view into elements of influence. While these changes are less obvious, they do meet the minimum criteria necessary to be selected from the Guided Inquiry.

**Dissonance Elements for Counselor C**

Figure 5.8 contains the selected quotes for the dyad's convergent session. The selected moment for convergence provides the only moment of dissonance that moved the counselor to concern. Here, it was the possibility of having an out-of-session encounter at a campus event that concerned the counselor, for it would likely have created an awkward interaction among two clients and her, their counselor.

This study's venue included a small college environment, and this moment represents one of the realities of counseling in these settings.
### Quotes from Guided Inquiry for Convergent Data Session #3

**Counselor C**

**Client C**

<table>
<thead>
<tr>
<th>Any thoughts outside of session relating to counseling experience with Client?</th>
</tr>
</thead>
<tbody>
<tr>
<td>I see (Client C) at &quot;Take Back the Night&quot; and prefer not to be seen by him.</td>
</tr>
</tbody>
</table>

**Why thoughts came to mind?**

I have had my confidence shaken in relationship to a client of mine/friend of his. I wonder what she might be saying to him. I also consider "maybe nothing."

**Likerts (1-7)**

<table>
<thead>
<tr>
<th>Given these thoughts:</th>
</tr>
</thead>
<tbody>
<tr>
<td>How neg/pos were they?</td>
</tr>
<tr>
<td>What degree of concern for self or client accompanied these thoughts?</td>
</tr>
<tr>
<td>How influential these thought in forming current impression of client or counseling experience?</td>
</tr>
</tbody>
</table>

Describe stressful/coping event this week.

Finding a job to stay here over the summer.

Did the above relate to counseling session, issue, or counselor?

(Counselor C) and I discussed other options.

How feel about next session and meeting with counselor?

Yes, I'm looking forward to going because I got a job.

How feel about self when interacting with your counselor?

(no response)

(continued)

---

**Figure 5.8** Qualitative results of the convergent session for Dyad C: Quotes from the Guided Inquiry.
(Figure 5.8 continued)

**Counselor C**

How feel about next session and meeting with client?

Yes. I think I'm a little less relaxed/less myself. However, since the evening I saw him and had the thoughts described above, I have altered my perception concerning my other client (his friend) and am feeling far less vulnerable. I'll attempt to stay present focused and not get distracted by the confusion and anger and my cautiousness I feel with his friend. I'll try to concentrate on what's right and important about work (Client C) and I are doing together.

How feel about self when interacting with this client?

Yes, the thoughts challenge my otherwise confident feeling of myself and what (Client C) and I had been doing together.

**Client C**

Likerts:

How committed toward your counseling? (6)
How satisfied with counseling received? (6)
How satisfied with changes you've made? (5)

Likerts:

How committed do you feel in counseling this client? (5)
How satisfied with counseling of this client thus far? (6)
How satisfied with client's progress thus far? (6)
Here, issues of confidentiality and how the counselor acknowledges or does not acknowledge the client outside-of-session is generally a well-worked routine, and is often discussed in advance during therapy sessions. However, in this particular case, Client C was good friends with a second client of the counselor's with whom the counselor had been having intense, difficult, and sometimes negative sessions. The counselor's response appears to be a concern and an awareness that third parties can be an influence upon the work that is conducted between client and counselor. Here, the counselor was concerned that Client C might be impacted by the opinion of the other client.

This appears to be a worthy concern in general, for in the case of Client A, it was his changing relationship with his mother that made counseling stand out as a beneficial involvement with a "sharp" counselor. Furthermore, it was Client B's increasingly strained relationship with her fiancee—after applying therapy—that undermined her trust and credibility in the counselor's input. Hence, whether it is a family member, romantic partner, friend or other associate, (or even the counselor's supervisor), there may be many instances whereby the influence of others outside of the dyad either enhances or detracts from the counselor's credibility and efforts at facilitating change. While this second client was not a topic of therapeutic concern for Dyad C, the potential influence among friends does exist and the counselor's awareness of this interlocking relationship was of mild concern.
View of Counselor Role Functions in Cognitive Mediations at Moments of Dissonance

The moments of dissonance related during data session #3 depicts Counselor C's functions of vigilance and her overall awareness that such extra-session variables could intervene on in-session work. Given this awareness, she would have been able to note and invite discussion (with Client C) about any negative or abrupt alterations in their usual pattern of progress or interaction. (Albeit, she would not be able to imply or reveal anything about her relationship with Client C's friend.) As for the immediate moment, to not make her presence salient to both clients at the same time (on campus) appears to have been a function of protecting their work together, protecting confidentiality, and avoiding an experience that would further trigger her moments of sagging confidence in her performance with the other client.

In a more generic sense, the functions of Counselor C, as reflected in her thoughts, include: (1) an effort to note other intervening possible sources of impact on the client's therapy; (2) an effort to limit extraneous variables not relevant to the dyadic therapy; (3) to bolster or protect her own confidence level; and (4) to keep a positive self-other view that would be relatively free from other personal biases and concerns. This latter point appears to be important given the amount of writing that counselors have produced in the Guided Inquiry that shows an involvement of self-views when working with the client or reflecting on their interactions. This suggests in the case of Counselor C that her avoidance of the two clients on campus may have been a preemptive...
means for controlling the quality and optimization of her presence with each of them.

**Counselor Adaptations for Optimizing Helper/Helpee Role Functions**

The counselor's adaptation in session was to wait and see if something came up that needed addressing. As she also had thought that there may be nothing to be concerned about, this appeared to be the case. In viewing the client's vignettes for that point in time, the client was busy making use of the strategies and goals they had discussed in counseling. There does not appear, at any point in his cognitive mediations, a reflection upon the counselor's area of concern. This adaptation by the counselor appeared useful on both counts—to be alert to possible changes in their relationship, and to wait for confirming evidence before making it a topic that could distract them from their previously established goals.

Aside from this stimulus of extra-session processing, the counselor was satisfied with her counseling and the client's changes; she had little more to reflect on in the Guided Inquiry. She noted in one of her comments (the only comment on that particular data session's Guided Inquiry) that she was moving out of the profession after several years of counseling, and that she was actively reducing her cognitive involvement in favor of making a life transition.

**Dyad D**

**Key Features of the Dyadic Interaction**

As depicted by the line graph for the Working Alliance and Engagement scales (Figure 5.5), Dyad D shows a working relationship
that sustains mostly positive scores and gradually rises throughout counseling.

**Dissonance and Counselor Functions Depicted**

**Within Cognitive Mediations**

The point of dissonance for Counselor D is brought into view by means of the increment selection function for choosing quotations from the Guided Inquiry. For Dyad D, there are no obvious departures from the general course of therapy; however, while the increments of scale score jumps are smaller, they may still signal aspects of change worth investigating.

The main point of dissonance for Counselor D occurs when she finds that the client is ready to end counseling sessions (Figure 5.9, data session #6, selection function: counselor's only scale increment). (It is useful to note that sessions for all the clients in this study were free of cost and were unlimited in number up to a dozen; and then perhaps longer at the discretion of the counselor and counseling center.) For the counselor, she was not aware of the client's intentions to end therapy; and this being her first spontaneously initiated client termination, concerned the counselor as to whether this was a sign of something other than the completion of client goals.

**Adaptation by the Counselor in Light of Session Dissonance**

As seen within the cognitive mediations, the counselor responded by reflecting on their course of counseling and checking over the quality of their work together. The functions of the cognitive mediations revealed a
Counselor D

Quotes from the Guided Inquiry for Counselor Increment Data Session # 6

Any thought outside of session relating to counseling experience with Client?

I thought about the fact that she feels ready to finish and wondered if I would have kept the next two appointments if we weren't doing research. Though about the fact that she seems satisfied with what she's gotten in therapy--but I wondered if that meant I really missed something and kept it so superficial that she was ready to move on.

Why thoughts came to mind?

(1) My own insecurity about my abilities. (2) It was my 1st experience of client spontaneously feeling ready to end counseling.

Likerts (1--7)

Given these thoughts:

How neg/pos were they? (4)
What degree of concern for self or client accompanied these thoughts? (5)
How influential these thoughts in forming current impression of client or counseling experience? (3)

How feel about next session and meeting with client?

I'm torn between wanting to go deeper next time and just going with the flow. I need to score the EDI and that should give some clues about unresolved areas that could be discussed.

How feel about self when interacting with this client?

They remind me of my struggle with how much I'm responsible for in therapy versus how much the client is responsible for.

Likerts:

How committed do you feel in counseling this client? (5)
How satisfied with counseling of this client thus far? (5)
How satisfied with client's progress thus far? (6)

Figure 5.9 Qualitative results of highest scale-score jumps for Counselor D: Quotes from the Guided Inquiry.
checking back on the quality of her interventions: a scrutiny of the utility and scope of the framework they chose to work within, the possible need to have expanded their goals to areas of deeper change, and an evaluation of what, if anything, was left for ongoing therapy.

The counselor concurred with the client, and apparently was satisfied with the appraisal of what had been completed in session. The counselor determined that termination was appropriate, and not a sign of extraneous variables that had impacted them, or a residual effect of past mistakes in her counseling. She did choose to wait until the next session to see whether the client had persisting concerns, and whether the need to move into issues more deeply became more pronounced. In sum, to do nothing appears to have been the correct action after having weighed the possibility of not seeing enough of what was transpiring for the client, or possibly presuming more was problematic than the actual case. Altogether, the client’s reflections and scale scores are those of someone who had been actively engaged in the counseling process inside and outside of the therapy room, and was pleased with her progress.

These functions appear as a kind of quality control—an ongoing awareness counselors exercise on behalf of assuring the optimization of the therapeutic experience for the client. It also appears as an assurance process for themselves that functions to resist, neutralize, or understand the dissonance they encounter within the therapeutic interaction. Inherent in this process is the mental accounting of inputs that may have elicited problematic shifts in meanings or influences. It appears that no one thus far is alien to this vigilance, or the process of double-checking their course of counseling. The tone of their reflection and
scrutinizing differs whether it is due to insecurities as a counselor, uncertainties experienced in the interactions, actual problems that are being addressed, or potential problems that are being anticipated and prepared for. but altogether it is aimed towards adjusting and ensuring the optimization of the dyad’s roles of helper--helpee as they see it. In terms of the larger profession, this activity is functional, for most psychologists work without supervision, and they are required to be their own quality control.

There are few other mediations that are recorded in the selected quotes for this counselor. The additional comments appear to be the ongoing processing of constructive ideas and conceptualizations that can help to equip her for making diagnoses and intervention strategies. These preparations also include viewing resources that may provide informational support for the client’s goals. These all appear to be role functions of the professional counselor who is having few concerns regarding the course of therapy, and few other elements or conflicts that prolong her attention beyond session. She does note that she thinks about and prepares for all her clients between sessions.

Dyad E

Key Features of the Relationship

Compared with Dyads C and D. this dyad shows a greater range of scale score fluctuations as seen by a greater activity in the line graph (Figure 5.6) and the larger standard deviation. However, what is redeeming about this dyad that places it among the "normatives" is that it becomes more positive over the course of counseling--for both the
counselor and client. In this dyad, the counselor perceives the Working Alliance and Engagement with the client to be mostly negative at the start, and does not become decidedly more positive until the final third of data sessions. During the earlier phases of therapy, the counselor experienced unsettling reflections about the counseling sessions and goals. These moments of dissonance evoked an increase in the counselor's cognitive mediations and an eventual change in the course of the dyad's work together.

**Dissonance Elements for Counselor E as Viewed by the Guided Inquiry**

The selection of quotes from the Guided Inquiry includes several data sessions, for the greater movement of scale scores produced more incremental jumps for the counselor. In this segment, only the quotes that refer to dissonance will be noted in the narrative. The corresponding tables of quotes will offer the full text of the selected moments. In data session #3 (Figure 5.10: selection function: third largest increment) the counselor notes: "It feels that she (the client) isn't getting what she wants from sessions." The counselor reflects that she may be trying to do work of a depth that is not fitting with the client's "simple problem solving" interests, since the counselor is "talking about family of origin and patterns of dealing with conflict." When asked what brought these thoughts to mind, the counselor writes: "She [the client] commented that she was wasting my time with her little concerns and hoped I could just give her a solution so she could be on her way."

In data session #5, (Figure 5.11, selection function: convergence) the counselor's thoughts outside of session indicate that she is finding a
Counselor E

Quotes from the Guided Inquiry for Counselor Increment Data Session #3

Any thoughts outside of session relating to counseling experience with Client?

It feels that she isn’t getting what she wants from sessions. I’m probably trying to do "too deep" work—she wants simple problem solving and I’m talking about family of origin and patterns of dealing with conflict.

Why thoughts came to mind?

She commented that she was wasting my time with her little concerns and hoped I could just give her a solution so she could be on her way.

Likert (1-7)

Given these thoughts:

- How neg/pos were they? (2)
- What degree of concern for self or client accompanied these thoughts? (4)
- How influential these thoughts in forming current impression of client or counseling experience? (4)

How feel about next session and meeting with client?

Perhaps I should try to be focused—more concrete—Perhaps trying role play or empty chair in session

How feel about self when interacting with client?

Less confident in my ability to judge client readiness.

Likert (1-7)

- How committed do you feel in counseling this client? (2)
- How satisfied with counseling of this client thus far? (4)
- How satisfied with client’s progress thus far? (3)

Figure 5.10 Qualitative results of highest scale-score jumps for counselor E: Quotes from the Guided Inquiry.
**Counselor E**

Any thoughts outside of session relating to counseling experience with Client?

This client has a passive way of dealing with conflict (not talking to the person) and with me (not clearly stated goals). Perhaps the vagueness and frustration I have felt with her parallels what others experience. She says "I don't know" a lot--this is another way of being passive.

**Client E**

Describe stressful/coping event this week.

This past weekend was the trip from the backpacking class I took this quarter. The weekend gave me many challenges to deal with--a wet tent because it leaked during the night--then sleeping without a tent the next night--walking for 7 miles. These were all things that I have never dealt with before. I was miserable all weekend. But now I look back at it and I am beginning to change my feelings about it.

**Why thoughts came to mind?**

Came up in supervision discussion when we watched a tape of last week's session.

**Likerts (1--7)**

Given these thoughts:

How neg/pos were they? (3)
What degree of concern for self or client accompanied these thoughts? (3)
How influential these thoughts in forming current impression of client or counseling experience? (5)

**Did the above relate to counseling session, issue, or counselor?**

Yes--I related it to my lack of self-confidence--of that feeling that I really can deal with the situation.

**How feel about next session and meeting with counselor?**

Yes--I can very easily get negative about a situation. Once that happens I can't pull myself out--I just make myself miserable. I need to talk about how I can convince myself to stop feeling this way.

(continued)

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Figure 5.11 Qualitative results of the convergent session for Dyad E: Quotes from the Guided Inquiry.
How feel about next session and meeting with client?

Now I have a label or description to try on with my experience in session. This feels better than the gradual irritation, confusion and uncertainty I've been feeling. I feel more positively about session--perhaps I can reflect my experience.

How feel about self when interacting with client?

Not so hard on myself--I've had difficulty connecting with this client. At first I thought it was a judgmental attitude toward "naive" woman like her. Now I am beginning to see her part in this dynamic--is she so naive or just passive? Can I help empower her to be more active in her world?

Likerts (1--7)

How committed do you feel in counseling this client? (3)
How satisfied with counseling of this client thus far? (3)
How satisfied with client's progress thus far? (3)

How feel about self when interacting with your counselor?

No--my counselor knows how I feel about myself and I know how I feel about myself.

Likerts (1--7)

How committed toward your counseling? (5)
How satisfied with counseling received? (5)
How satisfied with changes you've made? (4)
way to depict the client and to typify her responses: "This client has a passive way of dealing with conflict (not talking to the person) and with me (not clearly stated goals). Perhaps the vagueness and frustration I have felt with her parallels what others experience. She says 'I don't know' a lot--this is another way of being passive."

When the counselor responds to the question how she feels about herself when interacting with the client, she notes her prior discomfort with her sense of efficacy as a counselor, her low connection with the client, and the kind of judgment she was ready to pass on her: "Not so hard on myself--I've had difficulty connecting with this client. At first I thought it was a judgmental attitude toward a 'naive' woman like her. Now I am beginning to see her part in this dynamic--is she so naive or just passive? Can I help empower her to be more active in her world?"

Finally, when the counselor responded to the Guided Inquiry (same data session) regarding how she felt about the next session with the client, she responded: "Now I have a label or description to try on with my experience in session. This feels better than the gradual irritation, confusion and uncertainty I've been feeling. I feel more positively about session--perhaps I can reflect my experience."

In retrospect, there are a number of dissonance moments experienced by the counselor. The cognitive mediations provide a view of what has elicited this response by the counselor. These moments include having realized her interventions were at odds with the client's interests, the experiencing of the client's indirect means of communicating with her, the client's lack of any clear sense of her goals for therapy, the counselor's uncertainty in understanding the client, not
feeling effective as a counselor, and having found that she was prepared
to give her a distancing status--"naive woman."-- which would have
lessened her valuing of the client and lowered the likelihood of holding
an empathic connection with her. These were accompanied, as noted, by
the feelings of irritation, frustration, self-doubt, confusion, and
alienation from the client.

Functions of Cognitive Mediations at Times of Counselor Dissonance

Overall, the cognitive mediations functioned to hold her attention,
to prolong the search for new conceptual frameworks and strategies, as
well as to utilize resources that could help her make an adaptation
towards a more optimal helper--helpee partnership. These adaptations
required the use of supervision on two occasions, reviewing a tape of her
recent session, deciding to have the client complete the MMPI,
interpreting the scores, conceptualizing a new strategy for therapy
sessions, and anticipating a new helper--helpee connection. Altogether,
a considerable amount of beyond-session time was spent uncovering an
alternate definition of the counseling situation, and in preparing to alter
their working framework. In the larger picture of therapy, assessment,
supervision, and case conferences are all situations that are a part of a
counselor's role, whereby between-session cognitive processes operate
and consequently instill important impacts upon the therapy underway.
For Dyad E, this is a case whereby the helper arrives back in therapy,
after having changed the operational definition of the helper-helpee
relationship since the prior therapy session, and moves their framework
for interaction onto a different course.
On the way towards making these adaptations, Counselor E’s reflections helped to keep her stirred by prolonging a cognitive restlessness and a fluidity in finding a framework with which to fit a helpee with whom she could value and empathize. In a sense, such cognitive restlessness prevented the ease of defining the client in a convenient way that would limit further curiosity and learning about the client. Without the continual presence of this searching, she may not have arrived at the adaptations that moved them into a more vital and productive direction.

The cognitive mediations then, seem to be a way of carrying this unresolved issue with her, a way to orient to her own thoughts and feelings amidst the vagueness of the interaction, and to navigate—if not simply grope—for other ways of viewing the client. The mediations can be seen as the verbal currency of self-assistance, and the language of looking for congruency in the service of reducing her dissonance, solving a problem, and optimizing her role functioning. Once having found a solution, the cognitive mediations functioned as a promise and self-reminder to take this experience with her as a guide for future work in situations where she felt stuck and confused.

Observations on Optimizing the Helpee/Helper Roles

An Interactional Analysis of Dyad E and Additional Perspectives on Dyads A--D

It is more apparent with this dyad than with those of C and D that the relationship between counselor and client are mutually occurring role territories that are interdependent in their functions. In this case,
the presence of a vague helpee begets a vague helper. The helper (counselor) was given the task of resolving the confusion and the resulting dissonance which she accomplished with the benefit of supervision, tape review, and assessment. The task for the counselor at this point was to situate the assessment results and new frameworks within the allowable and workable frame of reference for the client, so the client would not reject or dispute the results, but would cooperate with the implications and move into a new alliance with the counselor and fashion new goals for therapy. The client could feel threatened or simply resist following the implied course of therapy, and thereby reduce her own dissonance which essentially would be passed back to the counselor. The counselor's task would then require the arranging of yet another point of contact—to renegotiate the working frame and redefine the balance of agreed upon roles of helpee/helper. In this way, dissonance gets passed back and forth between counselor and client amidst changing frames of references in a reciprocating, interlocking, and hermeneutical process, until a new level of agreement (or entrenched disagreement) is reached.

Whereas this negotiation is often meted out within the live discussion of sessions, the working and reworking of frameworks goes beyond the confines of the therapy session for both client (Eaken, 1995) and counselor. To follow the path of influence within the dyad, this research proposes that it is necessary to follow the trail of ongoing cognitive mediations outside of session, whereby such processes may affirm or alter the definitional role territories, the impact of sessions and the course of future therapy together.
This process of give and take, agreement and disagreement, may be interrupted whenever the counselor finds the negotiation of meanings, itself, to be unproductive or dysfunctional. The process may also come to a point of alteration if the counselor finds that the role of helper has been compromised so much as to be unethical in its functions—that is to say, that what they are doing in therapy is diluted to the point where urgent goals of mental health are not being addressed. Another way to view this last case is to consider that the counselor’s model of what is healthy has been reduced to a role of benign inactivity such that the counselor’s dissonance and feelings of inefficacy are not reduced by the current helper—helpee agreement. To know when the counselor’s model of mental health and intervention (world views of the counseling profession) are necessary to push, and when it is necessary to temporarily suspend or relinquish them—for the sake of maintaining a connection with a client in need—is an important consideration. While the above notions are rather abstract and hypothetical, the following segment will discuss how the various counselors may relate to these scenarios.

**Counselor A**

Some of these aspects are visible in the struggles and challenges of Counselor A. Believing that he would have to compromise his view of mental health to the extent that he felt it unethical to continue, he considered referring the client midway through therapy due to a lack of progress and a feeling of complete inefficacy. After having his interventions and attempts at altering the relationship rebutted and
refused by the client, he decided (with much resignation) that the current helper/helpee arrangement could remain as it had. He subsequently moved to reduce his goals of influence (data session #13): "My thoughts have centered on needing to shift or challenge client's perspective. Main goal has shifted to planting some seeds of new ways of thinking. I've let go of anxiety. What will happen will happen. I've given up some of the responsibility." (These comments appeared in the Guided Inquiry just prior to the session wherein the client provided feedback to the counselor about his appreciation for counseling, and his recent successes in meeting his challenges.) He reflects back on their process after the therapy sessions (data session #17) and concluded: "I'm a bit mellower, more forgiving of myself and more hopeful for him. I also question somewhat my conviction that he needed to change his style of interaction. Perhaps I was a little too haughty in making such an assessment?" When responding to how he felt about himself when interacting with the client he states: "Makes me feel I did an OK job, but I'm also eager to learn and do better next time."

In conclusion, Counselor A's cognitive mediations beyond sessions showed a reworking of the helpee/helper framework several times, as he weighed the considerations of his utility in the arrangement, and the needs of the client according to his view of mental health, his persistent feelings of unease, and his models of intervention.

Counselor B

In the helper/helpee arrangement viewed by Counselor B, she offered a model of helper that produced so much dissonance for the
helpee that the helpee (client) withdrew her participation during
sessions, and thereby effectively dismantled the counselor's role of
helper. To have fared better, the counselor would have had to relax her
feminist viewpoints that had been exclusively reliant upon an American
cultural context, and which she had narrowly applied to a Chinese
woman. The counselor compromised her model of functional behavior
somewhat, but much too late in the relationship to make a significant
difference. The counselor's struggles were apparent in her cognitive
mediations when she asks in relation to their contrasting views: "who is
to say what is healthy?" Then, as she softened her viewpoints that she
had pushed onto the client, she wondered if she was being too
"tentative;" thereby marking the wavering of viewpoints, and the
expansion and contraction of the conditional boundaries of acceptance.
After her termination session (data session #7). Counselor B noted in the
Guided Inquiry: "I won't see her again. In a way that is a relief, but sad
too." When reflecting on her feelings about herself, she states: I've
learned a lot from her--about joining clients where they are." In data
sessions #8 she reflects: "I learned a lot about myself--my assumptions,
how I take my values into session, my growing awareness of others'
values and working with them." Finally, in data session #9 she states:
"I wonder how appropriate I've been with my own values--and appreciate
the chance I had to work with her because she did challenge my
assumptions...." In sum, these comments speak to her doubt about the
way she chose to be a helper and her model of healthiness which
prescribed a particular kind of helpee, and the dissonance that never
went away.
For Counselors A and B, their cognitive mediations tagged their struggles, their dissonant experiences, attempts at solution-hunting, attempts at reframing their roles, and the challenging of their own models of mental health. To differing degrees, they each had to give up some cherished beliefs and models, as well as their customary feelings of helpfulness, in order to move from a stuck position; the beliefs that had served them and their clients in the past were now bogging them down. They each had to establish a more flexible, yet ethical means of negotiating their role with the client, and cast away some of their sacredly held concepts in order to connect with the client more authentically.

It is perhaps worth noting that all the counselors in this study are more skilled, experienced, and advanced than the majority of those used for counseling research. At best, research uses advanced doctoral students (those with 2-3 years of part-time experience) who typically have not yet left the program to undertake their year of full-time clinical experience—the internship year. The struggles of Counselors A and B demonstrate perhaps that counseling is a complex skill with a long learning curve, and that experience and challenge are the teachers that continue to stretch counselor's abilities along with notions about the different ways we are human. It may also depict, in a broader sense, the ongoing way that the world view of professional counseling is, itself, always under challenge for what is considered mentally healthy or unhealthy, functional or dysfunctional; and that psychology—with its own cultural entity and reference point—is having to expand in response to its challenges and increasing breadth of experience.
As for the normatives, a good working relationship is less plentiful
to explore, partly because most of the negotiating and arranging of roles
that are carried on face-to-face are richly fortified with micro-mores that
remove the anxieties and uncertainties of building roles under face-to-
face interactions. It is only when these mores are violated, or when
interactions change abruptly, or reach an impasse, do they reveal the
assumptions and manners that govern role definitions and the
conditions of responding to one another. The following discussion is a
view into moments that contained potential shifts and the possible
exposure of the assumptions that held client and counselor together in a
trustful cooperation.

**Counselor C**

Regarding the dynamics of Counselor C that are pertinent to the
present discussion, at the main point of dissonance, Counselor C
showed an interest in guarding the framework of the roles they had
already established in therapy from the possible entrance of new
variables from a second client. While such caution did not reach the
proportion of the other counselors who had their models of helper–
helpee, or mental health challenged, this evoked some cognitive
processing outside of session. It also required a measure of flexibility
and judgment.

**Counselor D**

In recalling Counselor D, she had wondered if she had missed
something when the client noted her readiness to end therapy. In
response, the counselor wondered if they had carved too small of an arc to work within; that is, too small of helper/helpee roles. The counselor responded by reflecting on the scope and quality of their framework in counseling, and she revisited a mental health criteria regarding client responsibility—-one that points to the client as a necessary element of decision-making when designing the scope of their therapeutic arrangement.

Counselor E

After the assessment results pointed to elevated levels of anxiety and paranoia, the counselor framed a new view of their therapeutic framework. This can be a point of risk for the two, depending on how the assessment results are delivered, positioned, and received. After providing the results, the client and counselor's Engagement scores took a decidedly sharper turn upward as seen in the line graph (Figure 5.6). The counselor must have been successful in providing a working and meaningful context for the feedback that this anxious and fearful client could find agreeable to work on in therapy. Their Working Alliance scores maintained or improved at this point as well. After therapy had terminated with this client, the counselor noted the difference this orientation had made for them, and stated her wish to have utilized assessment sooner. In a sense then, this new intervention altered and improved the helper—helpee functions. It also relieved the counselor of her dissonance—both the distress experienced by the client's interactions, and in trying to optimize their work together. The counselor's out-of-session processes and adaptations also enlarged her
assumptive world about "naive" women, the label she nearly affixed to her, had she been without the aid of supervision and assessment. In sum, both client and counselor's frames of reference for defining the course of their alliance, called for increased openness and a flexibility to use new models and viewpoints.

From this discussion, it is clear that the client is not the only one receiving dissonance and the stimulation of influence for change. Clients are also not the only ones incorporating cognitive mediations as a way to govern their processes of adaptation and eventual dissonance reduction. Counselors, in a variety of situations, have experienced dissonance, the need to be flexible in their viewpoints of themselves, their roles as helper, of what it means to be more mentally healthy, and of how to connect with clients who view things differently from themselves.

The collection and exploration of cognitive mediations have provided a means of viewing this process of counselor adaptation, and they have informed the research about the context in which some therapeutic changes take shape. The aim of the next chapter will be to offer evaluative comments about this research design, and what is gained by viewing counselor cognitive processes. It will also consider what this study adds to our awareness as professional helpers, and the possibilities for additional research.
CHAPTER 6

SUMMATION OF DISCUSSION ELEMENTS, LIMITATIONS OF THE STUDY, AND IMPLICATIONS FOR FUTURE RESEARCH

Summation

The preceding three chapters of analysis and discussion have depicted a range of change processes that impact both client and counselor. They have also depicted processes of interpersonal and intrapersonal influence that bridge back and forth across the domains of in-session therapy and outside-of-session life contexts. It is a process that contains many of the same change aspects for both client and counselor: dissonance, a search for new perspectives, adaptations to new role agreements between the two, expectancies for more optimal functioning, and the resulting reduction in dissonance implied by their helper--helpee role prescriptions.

The bridging of inside to outside of therapy shows a more seamless view of human coping, change, and the ongoing impacts of social interaction. The area outside of session for the counselor, is a venue of cognitive processes that is difficult to note where therapeutic interventions begin and end, for helping strategies are within their potential for ongoing review and alteration. Furthermore, the definition of the therapeutic encounter, and the constructed realities held between counselor and client, are also contained within an ongoing loop of
cognitive processes carried by each, and subject to change, such that the
re-entry into the therapy room renders them in a differently oriented
place than where they left off in the session before.

For the counselor and client, the amount of cognitive activity
beyond session may be dependent on a host of external influences along
with aspects of personality. However, the likelihood that a counselor's
cognitive processes will be evoked appears to be tied, in part, to the
degree of dissonance and conflict that is felt (or perceived to exist) in the
client—counselor relationship. Cognitive processing may also be
stimulated when there is an uncomfortable distance between the
counselor's view of help required ethically, and the ability to define and
fulfill the role of helper necessary to meet such client needs. Holding
and fulfilling such a role is not up to just the counselor's determination,
for it is circumscribed by the strengths and limitations of both counselor
and client to provide these goals and role functions in a cooperative and
connecting interactive space between the two of them.

This understanding is to note that even instrumentally sound
assistance provided by the counselor may be considered intrusive and
contrary, or just not connected to or received by the client. Assistance
then, is an exchange between two people that has boundary implications
and which further defines the arrangement of role expectancies within
the helper—helpee context. Such a context is one whereby the client
may not necessarily know what will be needed, what will be helpful, and
what he/she can handle in adapting to a new direction. This is also a
context whereby the counselor may not know what will make a
significant change for the client, and how to be the best helper for this
person. This is something they both discover in working together, for each encounter has elements of novelty and the presence of individual differences; every encounter is a multicultural encounter in some respects.

In the most trying of cases, it may be that the counselor introduces to the client a new or previously unexperienced way of being helped; and the client also may introduce (evoke) a new way for the counselor to be a helper. In these cases, adaptation is visited upon both participants through the reciprocal stimulation of dissonance (e.g. the client is challenged to participate in a relationship of boundaried caring, and the counselor is prompted into the use of assessment, or becomes better informed about cross-cultural helping). Each of these processes are likely to create ongoing changes in the area beyond the therapy room.

Overall, this is not to say that out-of-session processes and dynamics are more important than in-session influences. This is a statement suggesting that beyond the therapy room is an area of ongoing activity that should not be ignored by research. The exclusion of these dynamics of social influence likely introduces noise and unexplained variance into models of therapeutic change. Furthermore, as the area beyond counseling offers an additional venue to study the course of cognitive processing and their alterations due to interpersonal contexts, this research may suggest an area of fruitful overlap between counseling research, research on cognition, and social psychology. The present project offers some variables as well as a novel methodology for tracking relationship processes from one point to another, which may offer additional opportunities for understanding human behavior.
Limitations, Considerations, and Strengths of the Study

This study has a number of limitations concerning its methodology—many of which are counterposed by some benefit that supports such excursions into unexplored areas and which the investigation of basic patterns/relationships may be initially viewable only with simpler quantitative and qualitative tools. Each limitation, and the possible advantages that may mitigate the limitation, will be discussed in this section.

The introductory paragraph above refers to the relative gains and losses that occur along the continuum of ideographic analyses to more empirically based analyses of aggregate statistics. Known as the "bubble hypothesis," (Gelso, 1979) qualitative methodologies often hold greater relevancy for application, but lack representativeness. On the other end of the continuum, more aggregate statistics can lose much of its direct relevance to practice, but increase the representativeness of its findings.

As in this project, the enrichment of the qualitative aspects of a few dyads lacks the use of empirical tools and sample size that can allow for greater generalizability and reliability. The representativeness of these findings to make conclusions about other dyads and processes is severely limited. This project may offer, however, the suggestion that similar types of role communications or types of dissonance experiences in therapeutic relationships may have similar dynamics. A test of this notion, however, must await the more extensive use and analysis of dyads via the sampling of cognitive mediations. It may be a useful part of this study to suggest that a typology of dissonance elements that are sustained "after hours" in cognitive mediations, becomes a useful tool for
the categorization and clarification of other aggregate statistics of interaction processes and outcomes.

While this study has a large qualitative component which is subject to interpreter bias, it allows for the freer range of the phenomenological view of interaction patterns which adheres more closely to the unique qualities experienced by the interactants. In the majority of instances, the material was taken directly from the quotations of the participants, in order to adhere closely to their meaning contexts. Furthermore, the subjectivity of this ideographic analysis was supported by the firmer empirical boundaries of well-validated quantitative scales. These scales (the WAI-S, SEQ, Engagement) while better used within the framework of large numbers, were in turn, held to comparative standards of larger studies by use of their parameter statistics for standardizing the counselors' and clients' scale scores. The parameters chosen were not those of the average therapy encounter, but were those found to be among the successful dyads, therefore providing a more stringent and conservative comparison for Dyads A--E.

Combining the use of qualitative descriptive analysis with the use of quantitative measures would suggest less of an advantage if both dimensions depicted widely differing patterns and conclusions. However, this was not the case. Throughout much of the analysis, the two were used as simultaneous checks of the other, and to a large extent they exhibited a congruent and convergent set of information. This is to say, that as clients and counselors depicted more conflicted, important, and urgent concerns, the scale scores likewise showed declines in levels of engagement and working alliance. The reverse was also true in equal
portion in that the expression of more positive qualities produced scale movements into more positive quantities. In general, both types of measures appeared comparatively sensitive to the experiences of the interactants.

Wherein there were times when scale scores moved in ways seemingly disproportionate to the qualitative depictions, these were relatively small incongruencies. To maximize the potential validity of interpretation, this study avoided most such moments by prioritizing and selecting the larger scale movements (of both scales together) for analysis, in order to capitalize on the likelihood of trusting "main effects" and moments of full scale agreements over moments of smaller nuances that may carry more unaccountable impacts of intervening variables (noise).

Due to the use of prioritizing large scale movements in the analysis, it is necessarily the case that the "normatives" offered less information on change elements. However, this is less of a concern for applications of therapy when compared to dyads at risk. There are studies that more completely analyze elements of productive counseling dyads, although the field as a whole recognizes the shortage of assembling valid models of mental healthiness due to its research focus on pathology and problematic interactions.

Without a fuller explanation of what makes normatives functional, the present analysis leaves the suggestion that it does not have as many of the elements and dynamics that are glaringly evident in the polemic dyads. At a loss, here as well, is that counselors (and clients) produced fewer cognitive mediations when things were going well. The normatives
did show that these counselors operated with an ongoing vigilance and scrutiny of their dyad's dynamics, of their interventions, and of the inputs of potential outside variables that could impact their successful arrangement. They also depicted the utility of connecting with outside resources that augmented their perceptions and likely compensated for their own interpretive biases. These resources included supervisors, colleagues, assessments, and for some, their own larger bank of experience that guided their cognitive review of sessions and held premature and rigid conclusions at bay. It was evident that these resources had an impact on the counselors' cognitive mediations, as they incorporated the new input and moved to optimize their working relationship in upcoming sessions.

Additional limitations of this study include the use of self-report and self-rating instruments for the entire study, which suggests a mono-method bias. While self-report is subject to its own biases that are compounded by additional self-report instruments, it is in fact, this subjectivity that is the subject and "stuff" of this exploration. That is, the focus of this research is on how the individual's make sense of their therapeutic experiences to themselves. It also focuses on how the participants either make personal changes, or interpersonal adaptations by altering the subjective definition of their role as helper or helpee within therapy. The subject here, however, is not on counselor's errors in judgment per se, but on the way in which their judgments or misjudgments impact their outlooks and intentions within sessions and in their lives.
By offering the client's subjective experiences as a counterpoint to the counselor's measures and subjective responses, there is in effect, a check on the counselor viewpoint. It could be said that this doubles the occurrence of error, but here that is of little meaning for it is their own views that are their working realities that impact them phenomenologically.

Finally, in regard to mono-method bias, I, as researcher have been privy to both counselor and client sets of data throughout their course of therapy; and have acted, in part, as conveyor and narrator of both sides of the therapeutic experience. This has offered another viewpoint with which to render the implications of the patterns observed.

One area of mono-method bias, is more aptly considered a problem of repeated sampling biases. There is a worthwhile degree of concern that centers on the repeated promptings and the potential interference with counselor-client processes. This would suggest that the instrument itself has altered the subject and input of the dynamic being studied. A repeated use of the Guided Inquiry for example, may have actually produced the cognitive mediations and reflections through demand characteristics; and by means of conditioning the subjects toward a more thoughtful approach to their counseling than they would have otherwise exercised. The use of the Guided Inquiry, while purposely open-ended to minimize the direction of content for which it prompted, may have encouraged the development of a mind-set or connotation for each of the categories. It may also have created an internalized prompting which allowed subjects to "find" and report an answer that seemed plausible. While this is a valid, and at this point, unknowable
element of bias, there was an array of topics depicted by each of the interactants over the course of therapy. They not only offered a variety of content, they also showed a wide range of response lengths—each client offering some weeks nothing for the Guided Inquiry (leaving it blank) and other times writing a little, and other times a lot. These variations appeared to be consistent with the degree of concern at the moment. (more concern elicited more cognitive processing); and these concerns appeared congruent given the input of the other person in the dyad. In sum, it would not be easy to conclude that the subjects felt a strong need to comply with the stimulus for the sake of creating a response across the entire length of research, or that they became stereotypically definable in their content.

Finally, it is realized that the topic areas on the Guided Inquiry directed their input to some extent. (It is not known whether the subjects would otherwise have articulated their views of themselves within the interaction, or of the next session, spontaneously.) However, it is important to recognize that these were retrievable cognitions from their reservoir of impressions (most of them held for several days at a time), and the Guided Inquiry exposed these elements as potential candidates for what may have been, or what yet could be activated at some point by their cognitive processes. For now, this instrument, will simply be considered a more appropriate tool for exploration than a preconceived and predetermined set of directive questions that come from lengthy empirical instruments. (Many of which are not usually administered just once over the course of therapy, but are often given, pre-therapy, mid-therapy, and post-therapy to track changes.)
One last limitation of this study will be mentioned here, and it also has to do with the validity of the subjects' responses to these measures. A limit to the validity of their responses and ratings may be due to the fact that the ability of subjects to produce responses to a stimulus question, can surpass the ability of the person to actually know or have that true response that they are actually tapping. This is to say, that as researchers, we can successfully "ask" what subjects may not know, but to which they will respond (cf. Nisbett & Wilson, 1977). This potential impact is also an unknown and a potential limitation of this study. It may be guarded against in some ways by the multiple and different ways of asking, measuring and interpreting these subjects' responses.

While there are numerous limitations to consider in this study, the overall strengths of this methodology is that it is well-suited for exploratory research. The amount of input, both from quantitative and qualitative instruments, the open-endedness of the Guided Inquiry for subjects to interpret and write (or not write) relatively freely according to their own associations, and the multiple inputs from client, counselor, and researcher, all help to provide a pattern and profile of counselor functioning—both in their personal and professional capacities as they cope with the novelty of unique, and often important, life-changing interactions.

**Exploratory Questions Revisited**

A number of exploratory questions were posed at the end of Chapter 1 to note possible areas of investigation. These will be stated again below for ease of reference along with a response from the study.
1. Do the two standard process measures, the WAI-S and SEQ, capture the essence of how counselors view the nature of their therapeutic encounters? Does this study offer additional possibilities?

While the measures of the WAI-S and SEQ provide a useful conceptual shorthand and a useful visible sketch of the nature of the interaction between counselor and client (when line-graphed), this study suggests additional qualities that round out these notions. These qualities are most visible when the counselors experience dissonance in their experience of the sessions. As seen by the dyads in this study, the counselors experienced dissonance and low scores while depicting the counseling experience as one that lowered their self-confidence and their sense of competency, a lowered ability to operate in a manner congruent with their model of mental health and the ethical implications of helpfulness (ability to do what a "good therapist" would do), and to be able to act within their previous ways of being helpful. While these aspects are linked to views of the relationship and sessions (WAI-S and SEQ), they are more descriptive of how counselors place themselves within the formulation of these judgments.

2. What is the counselor's contribution to the sessions that stem from the out-of-session processing of in-session impressions? What process, if any, occurs during the week that may depict this side of the dyad's meaning-making?

Regarding the elements of counselor dissonance listed above, some of the processes conducted during the week were means with which counselors attempted to reduce this dissonance: and include
adjusting role functions on their part—in order to optimize the 
helper/helpee roles; and altering their strategy of intervention to elicit a 
different influence arrangement. These may occur from intra and inter-
personal processes outside of session, whereby counselors changed the 
meaning framework of the client before entering the next therapy 
session. These processes are not accounted for in traditional process-
outcome research.

3. Similarly, how does the client’s view of sessions and the relationship 
with the counselor seem to impact the counselor? Does this influence 
become a traceable, dynamic feedback loop that impacts future sessions 
and therapy outcome?

Part of the impact upon the counselor stems from the client’s manner 
of communicating, for it impacts the implied helper—helpee role 
territories, meanings, and functions. The client also creates impact by 
the kind of evidence or feedback that is extended to the counselor—in 
terms of content and process—which provides the information counselors 
have for judging connection, impact, and improvement. As dissonance 
may be increased or decreased for the counselor with these actions, the 
client impacts the qualities with which the counselor may judge their 
personal and professional role functioning.

4. Can we learn something about what clients experience regarding 
influence processes by understanding some of the professional and 
personal-based reflections counselors undertake?
This study underscores the more fluid dynamics of dissonance across client and counselor roles, and the more continuous processing of information from within-session to beyond-session venues for both participants. Change processes are apparent for both as they each struggle to optimize their interpersonal and intrapersonal experiences.

5. When the counselor and client show marked departures from each other in the assessment of their interactions, and in the judgments of session quality; do their cognitive mediations give clues as to how they experience this and its impact beyond the session?

Whether or not counselors are accurate regarding the source of conflict within the therapeutic interaction, there is often a sense of dissonance that comes from these moments. In such cases, these counselors increased their cognitive mediations and the inherent functions of problem-solving, providing of self-assurance, and value identification. The cognitive mediations also served to prolong the search for additional interpretive resources to aid their understanding of client dynamics, and to enhance their role performance as therapists. Prolonged conflict within session increased the likelihood that counselors would feel this in a more personal way through the measure of their role competency and self confidence.

6. Are cognitive mediations best viewed as simply clarifying or supporting what the WAI and SEQ scores exhibit (and their fluctuations) or do they depict a unique impact due to further cognitive and affective processing?
Given the responses to these exploratory questions noted above, cognitive mediations appear to serve their own interpretive functions, along with the functions that serve the demands of session evaluation tasks and working alliance. The tracking of cognitive mediations for both counselor and client, offers a fuller understanding of the dynamics of interpersonal influence.

**Implications for Future Research**

The use of the Guided Inquiry to track the constancy and change of cognitive mediations over time, and within subsequent interpersonal interactions beyond session, suggests the additional utility of this tool in tracking change processes for clients participating in couples therapy and family therapy. Additional uses could be considered for those studying the impacts of clinical supervisee-supervisor interactions, and the role functions within organizational settings. The cooperative functions of the qualitative and quantitative analysis appear to provide a fuller interpretive context in which to research all the domains suggested.

In addition, the use of this kind of research in examining the professional development of counselors, and the possible aspects of counselor burnout may be a promising area of inquiry. In a similar vein, the use of these methods and instruments may lend further information about client considerations of termination, and their decision-making process. Finally, research on the impact of transference and countertransference dynamics within therapy, may be aided by these analytical tools which can track their impacts upon ongoing cognitive processes and client change.
APPENDIX A

CLIENT’S INVITATION TO PARTICIPATE IN COUNSELING FORM PROVIDED BY COUNSELOR
Your Invitation to Participate in Counseling Research

Thank you for taking a few moments to consider this invitation. I am a graduate student in the counseling psychology program at The Ohio State University. I am working in conjunction with Don Dell, Ph.D., who is the Principal Investigator of this study and Associate Professor of Counseling Psychology. I am conducting research as part of my program on the interactions and influences between counselors and clients. I have been pursuing this topic for over two years and am intrigued by the possibilities of this study. This topic area is new in the field, and it is aimed at increasing the effectiveness of counseling approaches.

I need a small number of interested subjects who will share their thoughts and feeling about various aspects of the counseling experience. I am mostly interested in how you think about counseling during the session and later during your week. The project requires at least 30 minutes per week, for a few weeks, in order to complete scales and a questionnaire. The project may offer you an additional opportunity to focus on the changes you seek through counseling, and thereby enriching your experience. A sum of $20.00 is offered those who complete the study, as an acknowledgement of your efforts.

If this invitation sounds intriguing to you, I encourage you to fill out the accompanying page. Please return this response sheet to the receptionist at the front desk. You may also opt to arrange a phone contact first. Meeting with me does not imply commitment, but rather, an opportunity to have questions answered so you may judge your interest in participating.

Participation in this study is strictly voluntary. Whether or not you choose to participate will not affect the treatment or services you receive from this counseling center. Furthermore, you may withdraw from the study at any time.

Sincerely,

Bruce Eaken, M.A.
APPENDIX B

CLIENT INVITATION RESPONSE FORM
PROVIDED BY COUNSELOR
Request for More Information/Client

In response to the "invitation to participate in counseling research." I am interested in hearing more about the study. I realize that in scheduling a meeting with you, I have not committed to the study, but would like more information in order to decide whether or not I wish to participate.

Please print you name: ___________________________________

I can be reached at the following phone number(s) at these times:

<table>
<thead>
<tr>
<th>Phone Number</th>
<th>Best Time to Call</th>
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What is the best way to reach you? (phone, message, etc...)

Please return this form to the receptionist at the front desk just after your session, if possible. The receptionist will place this in my mailbox. I will need to schedule a meeting with you before your next session. If you wish to call me to make arrangements, I can be reached on the OSU campus on Monday--Wednesday at 292-8278 (University College--tell the receptionist that you wish to discuss research with me). Messages can also be left for me at The OSU Counseling and Consultation Services: 292-5766 and at the Kenyon College Counseling Center: 427-5643. Thank you for your interest!!

Bruce Eaken, M.A.
APPENDIX C

SCRIPTED DESCRIPTION OF EXPERIMENTER'S INITIAL MEETING WITH CLIENT

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SCRIPT OF THE FIRST MEETING WITH CANDIDATE (CLIENT)

Thank you for coming. I very much appreciate your initial show of interest and for taking the time to come here to meet with me. I am Bruce Eaken and I wanted to take this time to describe the various aspects of this study and to see if you wish to participate. This is a standard description of the study that you can read over. You may then wish to ask me to clarify some aspects or provide more information. Many of the following statements are written as if you are going to participate. This is not my assumption in advance, but rather, I find it a simpler way to communicate the contingencies of participation.

Purpose of the Study

The purpose of this study is to better understand the experience of counseling from the client's point of view. This research is aimed at a better understanding of your thoughts and feelings about your relationship with your counselor, your thoughts about the sessions, and how you think about your issues afterwards.

Description of the Study

The study consists of a few scales and a questionnaire. The scales ask about your reactions to the session and your counselor. The questionnaire asks you to reflect on your thoughts about counseling and some of your personal experiences. The questionnaire is an open format, so you may write as much or as little as you are comfortable. The total amount of time for one "research session" is about 15-25 minutes. There will be two of these per week for six weeks. Most preferably, you will be able to fill these out immediately after your counseling session and then again one or two days before your next session. That means coming to this center twice a week for what will be a total of 30 minutes to 50" per week. During the six weeks, the total amount of time needed to complete the questionnaires ranges from approximately 3-5 hours.

There will be a final summary session scheduled. This time will enable me to offer you my appreciation, the $20.00, and to discuss any aspects of the study. The amount of time we spend will
be dictated mostly by your wish to share impressions of the overall study, or to have additional questions answered. Please note that the research sessions are separate from your counseling sessions, and you may be eligible to continue with your counselor beyond this study.

Although you may refer to personal information in this study, and we will likely be in contact with each other during the study period, I will not be able to discuss these matters with you as your counselor. Also, my main interest in the forms are not the particular topic of the issues as such, but the processes you undertake when you undergo counseling.

This study will likely work out best for you if you can schedule your visit to the center around your class schedule, or when you normally have to be on this part of campus. The time commitment required for this study will require that it fits into your routine and normal functioning as much as possible. It is a significant time investment in its total, although it is fairly manageable on a weekly basis. Your input is very valuable to me, for I will only be using a few subjects. The format is quite unique, and it should offer a unique view of how we can assist clients as psychologists.

As important as your efforts will be for this research, I could not possibly pay you for all that you would deserve. What I can offer you is my gratitude for furthering our understanding of counseling, and $20.00 as a token of my appreciation for being a part of my project. If this study interests you, I suspect that you will also derive positive value from the time you spend reflecting on the changes you seek through counseling. (I can only offer the monetary acknowledgement for those who complete all of the requirements of the study.)

Assurances

As a subject of a formal study, you are provided specific protections. These protections are stated below and are the same ones that your counselor honors. These are: all information you share with me is kept confidential unless you grant written permission otherwise, or unless there is clear evidence that you will likely harm yourself or another person. Also, in writing up or discussing the results of this study, your responses will be kept anonymous and will not expose your identity.
In addition to these, your responses will not be shared or related to your counselor. The only thing your counselor will know is what you share with him/her. The questionnaires you fill out will be identified only by your assigned code number. I will be the only one who will know which responses are yours. The information you leave for me will be kept in confidential and secured areas. I will also seek your permission to refer to your counseling file, in the case that I find it necessary for the interpretive clarity of the interaction data. This information will be governed by the same aforementioned assurances, and will be limited to the duration of this study. Finally, your participation is completely voluntary and you may withdraw at any time. Your agreement to participate or not to participate will not affect your treatment at this center, or create any prejudice against you.

Procedure

The following description will be a typical procedure for fulfilling the requirements of the study. If you agree to do the study, we will discuss the possible times you have available for filling out the forms. After your first counseling session, you will stop at the receptionist’s desk and ask for an envelope. There will be no markings on this envelope. Enclosed will be the forms with your assigned code number. Upon agreement to do this study, I will also give you a color code which will be the color of your envelopes, thereby allowing the receptionist to locate your particular forms. There will be available space in the waiting room, if not another room in the center, in order for you to fill these out. When you are finished, seal the envelope, and hand it to the receptionist. He or she will place it in my mailbox for confidential materials. At the next scheduled time, you will repeat this process.

Questions

Please feel free to make any remarks about what you have just read and to ask any questions.
APPENDIX D

CONSENT FORMS SIGNED BY CLIENTS TO PARTICIPATE IN STUDY
I consent to participating in research entitled: **The Experience of Counseling Over Time**.

Don Dell, Ph.D. (Principal Investigator), has authorized a representative who has explained the purpose of the study, the procedures to be followed, and the expected duration of my participation. Possible benefits and the demands of the study have been described.

I acknowledge that I have had the opportunity to obtain additional information regarding the study and that any questions I have raised have been answered to my full satisfaction. Furthermore, I understand that I am free to withdraw consent at any time and to discontinue participation in the study without any affect upon the services I am receiving from this center, and without prejudice to me.

I understand that the personal information I provide for this study will be kept confidential. Also, any data or reports that are compiled will be anonymous and will not expose my identity.

Finally, I acknowledge that I have read and fully understand the consent form. I sign it freely and voluntarily. A copy has been given to me.

Date: _____________  Signed: __________________________________
(Participant)

Signed: __________________________________
(Principal Investigator or his/her Authorized Representative)

Witness: ___________________
I agree to be tape recorded during the wrap-up session for this study. I understand that the tape will be kept in a secured area and will remain confidential. Furthermore, the tape will be erased when the write-up for this study has been completed.

Date: ___________ Signed: ________________

(Participant)

Signed: _______________________________

(Principal Investigator or his/her Authorized Representative)

Witness: _______________________________
APPENDIX E

CLIENT MEASURES:
WAI-S, SEQ, GUIDED INQUIRY
 CLIENT AND COUNSELOR INTERACTION/RELATIONSHIP QUESTIONNAIRE

Please circle the response that best matches your belief. The blank refers to your counselor.

1. _______ and I agree about the things that I will need to do in therapy to help improve my situation.
   
   never 1 2 3 4 5 6 7 always

2. What I am doing in therapy gives me new ways of looking at the problem.
   
   never 1 2 3 4 5 6 7 always

3. I believe _______ likes me.
   
   never 1 2 3 4 5 6 7 always

4. _______ does not understand what I am trying to accomplish in therapy.
   
   never 1 2 3 4 5 6 7 always

5. I am confident in _______’s ability to help me.
   
   never 1 2 3 4 5 6 7 always

6. _______ and I are working towards mutually agreed upon goals.
   
   never 1 2 3 4 5 6 7 always

7. I feel that _______ appreciates me.
   
   never 1 2 3 4 5 6 7 always

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Interaction/relationship questionnaire continued.

8. We agree on what is important for me to work on.
   never  1  2  3  4  5  6  7  always

9. ________ and I trust one another.
   never  1  2  3  4  5  6  7  always

10. __________ and I have different ideas on what my problems are.
    never  1  2  3  4  5  6  7  always

11. We have established a good understanding of the kind of changes that would be good for me.
    never  1  2  3  4  5  6  7  always

12. I believe the way we are working with my problem is correct.
    never  1  2  3  4  5  6  7  always
**RESPONSE TO SESSION**

Please circle the number that most closely depicts your view.

In recalling the past session, it was:

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Excited
Afraid
Sleepy
Unfriendly
Fast
Peaceful
Detached
Aroused
GUIDED INQUIRY (CLIENT)

Most of the questions in the guided inquiry can be answered in a few sentences each. If you wish to write more than the space allows, you may continue on the back page. (This may look lengthy, but there are directions for skipping, in order to limit the number of questions you are asked to complete. Note that regardless of the possible skips, the last two pages must always be completed.) Thank you for your thoughtful responses.

1. Think about the two most important situations (important to you) that were stressful or which required some coping. Refer to those that have occurred since the last measurement point and outside of your counseling session. Address these one at a time in questions 1 and 2.

a. Please briefly describe the first stressful/coping situation below.

b. How positive or negative was this situation for you?

very negative

1 2 3 4 5 6 7

very positive

c. What degree of concern for yourself or another person accompanied this situation?

not at all concerned

1 2 3 4 5 6 7

very concerned

d. How well do you believe you coped with this situation?

not well at all

1 2 3 4 5 6 7

very well
e. Did you relate this situation to any aspect of your counseling experience, such as your session, your issue of concern, or your counselor? If so, how? (If not, please go on to question 2.)

f. Consider how you feel about going to your next counseling session and meeting with your counselor. Has the situation described above influenced your view toward the next session? If so, how? (If applicable, you may refer to how you feel about the next session and/or what you may want to get from it.)

g. Consider how you feel about yourself when interacting with your counselor. Has the situation described above influenced this view of yourself? If so, how?

h. How closely related is this stressful experience to the concerns you have discussed in past counseling sessions?

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2. a. If there was a second recent situation that required some coping or which was stressful for you, please briefly describe it below.

b. How positive or negative was this situation for you?

very negative 1 2 3 4 5 6 7 very positive

c. What degree of concern for yourself or another person, accompanied this situation?

not at all concerned 1 2 3 4 5 6 7 very concerned

d. How well do you believe you coped with this situation?

not well at all 1 2 3 4 5 6 7 very well

e. Did you relate this situation to any aspect of your counseling experience, such as your session, your issue of concern, or your counselor? If so, how? (If not, please go on to question 3 in the section titled: SCALES.)

f. Consider how you feel about going to your next counseling session and meeting with your counselor. Has the situation described above influenced your view toward the next session? If so, how? (If applicable, you may refer to how you feel about the next session and/or what you may want to get from it.)
g. Consider how you feel about yourself when interacting with your counselor. Has the situation described above influenced this view of yourself? If so, how?

h. How closely related is this stressful experience to the concerns you have discussed in past counseling sessions?

1 2 3 4 5 6 7
not at all related very much related

SCALES

3. How committed do you feel you are toward your counseling?

1 2 3 4 5 6 7
not at all committed highly committed

4. How satisfied are you with the counseling you have received thus far?

1 2 3 4 5 6 7
not at all satisfied very satisfied

5. How satisfied are you with the changes you have made since beginning counseling?

1 2 3 4 5 6 7
not at all satisfied very satisfied

6. Other than when you were specifically thinking about this research, how frequently did you think about your counselor, or some aspect of your counseling experience (since last measurement point?)

not at all: _______ now and then: _______ frequently: _______
7. If you did not have a counseling-related experience that you wrote about in Question 1 and 2 (that is, you did not answer 1 e-h and 2 e-h), but you did have some thoughts associated with your counseling experience, please briefly describe the topic or nature of these thoughts below.

8. Please Complete:

Day of the week: _________

Date: __________

Current time: _________

Approximately how long did it take you to complete the questionnaires today? _________ minutes

Thank you for your time and effort!! Your next scheduled measurement session is: _______________________.

Bruce Eaken

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APPENDIX F

COUNSELOR MEASURES:
WAI-S, SEG, GUIDED INQUIRY
# CLIENT AND COUNSELOR INTERACTION/RELATIONSHIP QUESTIONNAIRE

Please circle the response that best matches your belief. The blank refers to your client.

1. _________ and I agree about the steps to be taken to improve his/her situation.
   - never 1 2 3 4 5 6 7 always

2. My client and I both feel confident about the usefulness of our current activity in therapy.
   - never 1 2 3 4 5 6 7 always

3. I believe ________ likes me.
   - never 1 2 3 4 5 6 7 always

4. I have doubts about what we are trying to accomplish in therapy.
   - never 1 2 3 4 5 6 7 always

5. I am confident in my ability to help________.
   - never 1 2 3 4 5 6 7 always

6. We are working towards mutually agreed upon goals.
   - never 1 2 3 4 5 6 7 always

7. I appreciate __________ as a person.
   - never 1 2 3 4 5 6 7 always
Interaction/relationship questionnaire continued.

8. We agree on what is important for _______ to work on.
   never  1  2  3  4  5  6  7 always

9. _______ and I have built a mutual trust.
   never  1  2  3  4  5  6  7 always

10. _______ and I have different ideas on what his/her real problems are.
    never  1  2  3  4  5  6  7 always

11. We have established a good understanding between us of the kind of changes that would be good for _______.
    never  1  2  3  4  5  6  7 always

12. _______ believes the way we are working with her/his problem is correct.
    never  1  2  3  4  5  6  7 always
RESPONSE TO SESSION
Please circle the number that most closely depicts your view.

In recalling the past session, it was:

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GUIDED INQUIRY (COUNSELOR)

Most of the questions in the guided inquiry can be answered in a few sentences. If you wish to write more than the space allows, you may continue on the back page. Please reply to questions 1 and 2 during the immediate post-session measure only. (Questions 1 and 2 do not need to be completed twice per week.)

1. Briefly, what was the client's main concern he/she discussed with you this past session?

2. What, if anything, have you suggested the client do or think about regarding his/her concerns?

How implicit vs. explicit were these recommendations?

1  2  3  4  5  6  7

1 general implication
2 specifying a strategy
3 explicit request
3. Have you had any thoughts outside of session, that have related to some aspect of your counseling experience with this client? If you have had such thoughts since the last measurement point, please answer the following questions. Questions 3a-3g refer back to these thoughts. (If not, skip this question and continue with question 4.)

a. Describe these thoughts.

b. Why do you think these thoughts came to mind?

Given the main thoughts you have described above, regarding your counseling experience with this client:

c. How positive or negative were they?

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d. What degree of concern for the client or yourself, accompanied these thoughts?

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e. How influential do you believe these thoughts have been in forming your current impression of your client or your counseling experience with him/her?

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</table>
f. Consider how you feel about meeting with this client next time. Have the thoughts described above influenced your view toward the next session? If so, how? (If applicable, you may refer to your feelings and/or what you would like to do differently in session.)

g. Consider how you feel about yourself when interacting with this client. Have the thoughts described above influenced this view of yourself? If so, how?

**SCALES**

4. How committed do you feel you are in counseling this client?

   1 2 3 4 5 6 7

   not at all committed highly committed

5. How satisfied are you with your counseling of this client thus far?

   1 2 3 4 5 6 7

   not at all satisfied very satisfied

6. How satisfied are you with your client's progress thus far?

   1 2 3 4 5 6 7

   not at all satisfied very satisfied

7. Other than when you were specifically thinking about this research, how frequently did you think about this client, or some aspect of your counseling experience with him/her (since last measurement point?)

   not at all: _____ now and then: _____ frequently: _____

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8. Please complete:

Day of the week: __________
Date: ________________
Current time: __________

Approximately how long did it take you to complete the questionnaires today? __________ minutes

Thank you very much for your time and effort!! Your next scheduled measurement session is: ____________________________

Bruce

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LIST OF REFERENCES


