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THE EFFECTS OF COUNSELING PREPARATION ON THE OUTCOME
OF GROUP COUNSELING WITH INSTITUTIONALIZED
JUVENILE DELINQUENTS

By ALAN
LAURENCE LECKLING

A Dissertation
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fulfillment of the requirements for
the degree of Doctor of Philosophy

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Dean of the Graduate School
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. INTRODUCTION AND PURPOSE OF THE STUDY</td>
<td>1</td>
</tr>
<tr>
<td>Need and Relevance</td>
<td></td>
</tr>
<tr>
<td>Problem</td>
<td></td>
</tr>
<tr>
<td>Delimitations of the Study</td>
<td></td>
</tr>
<tr>
<td>Theory and Underlying Assumptions</td>
<td></td>
</tr>
<tr>
<td>Definition of Terms</td>
<td></td>
</tr>
<tr>
<td>II. REVIEW OF THE LITERATURE</td>
<td>15</td>
</tr>
<tr>
<td>Studies Concerned with the Preparation of Clients for Counseling/Psychotherapy</td>
<td></td>
</tr>
<tr>
<td>Studies Concerned with the Relationship of Client Expectations to the Counseling/Psychotherapy Process</td>
<td></td>
</tr>
<tr>
<td>Studies Concerned with the Use of Modeling Techniques in the Counseling Process</td>
<td></td>
</tr>
<tr>
<td>Studies Concerning Group Counseling or Group Psychotherapy with Juvenile Delinquent Males</td>
<td></td>
</tr>
<tr>
<td>III. METHODOLOGY</td>
<td>27</td>
</tr>
<tr>
<td>Design Overview</td>
<td></td>
</tr>
<tr>
<td>Hypotheses</td>
<td></td>
</tr>
<tr>
<td>Procedure</td>
<td></td>
</tr>
<tr>
<td>Apparatus</td>
<td></td>
</tr>
<tr>
<td>Subjects</td>
<td></td>
</tr>
<tr>
<td>Counseling Outcome Measures</td>
<td></td>
</tr>
<tr>
<td>Counselor</td>
<td></td>
</tr>
<tr>
<td>Statistical Analysis</td>
<td></td>
</tr>
<tr>
<td>IV. PRESENTATION AND ANALYSIS OF THE RESULTS</td>
<td>41</td>
</tr>
<tr>
<td>Presentation of the Results</td>
<td></td>
</tr>
<tr>
<td>Analysis of Results</td>
<td></td>
</tr>
<tr>
<td>Conclusions</td>
<td></td>
</tr>
</tbody>
</table>

Acknowledgments: 11
List of Tables: v
<table>
<thead>
<tr>
<th>Chapter</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>V. SUMMARY AND IMPLICATIONS</td>
<td>50</td>
</tr>
<tr>
<td>Summary</td>
<td>Implications for Future Research</td>
</tr>
<tr>
<td>APPENDIX</td>
<td>55</td>
</tr>
<tr>
<td>A. Index of Adjustment and Values</td>
<td></td>
</tr>
<tr>
<td>B. Counseling Evaluation Questionnaire</td>
<td></td>
</tr>
<tr>
<td>C. The Preparation Tape Recording</td>
<td></td>
</tr>
<tr>
<td>REFERENCES</td>
<td>64</td>
</tr>
<tr>
<td>VITA</td>
<td>70</td>
</tr>
</tbody>
</table>
LIST OF TABLES

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Mean Age, Mean Intelligence Quotient, and Mean Grade Placement for the Preparation-Counseling Group, the Counseling-Only Group, the Preparation-Only Group and the Control Group</td>
<td>33</td>
</tr>
<tr>
<td>2.</td>
<td>Types of Offenses and Number of Offenses for Each of the Experimental Groups</td>
<td>34</td>
</tr>
<tr>
<td>3.</td>
<td>Mean Scores for the Preparation Counseling Group and the Counseling-Only Group on the Counseling Evaluation Questionnaire</td>
<td>40</td>
</tr>
<tr>
<td>4.</td>
<td>Pre- and Post-Counseling Mean Self-Ideal Congruence Scores for the Preparation Counseling Group, the Counseling-Only Group, the Preparation-Only Group and the Control Group</td>
<td>41</td>
</tr>
<tr>
<td>5.</td>
<td>Analysis of Covariance of Post-Counseling Mean Self-Ideal Congruence Scores for the Four Experimental Groups</td>
<td>42</td>
</tr>
<tr>
<td>6.</td>
<td>Duncan's New Multiple Range Test Applied to the Differences Between the Mean Self-Ideal Congruence Scores of the Four Experimental Groups</td>
<td>43</td>
</tr>
<tr>
<td>7.</td>
<td>Pre- and Post-Counseling Mean Misconduct Reports for the Preparation-Counseling Group, the Counseling-Only Group, the Preparation-Only Group and the Control Group</td>
<td>44</td>
</tr>
<tr>
<td>8.</td>
<td>Analysis of Covariance of Post-Counseling Mean Misconduct Reports for the Four Experimental Groups</td>
<td>45</td>
</tr>
</tbody>
</table>
CHAPTER I

INTRODUCTION AND PURPOSE OF THE STUDY

In recent years there has been an overwhelming demand for counseling services. The press of this demand has focused attention on the supply of manpower that is presently available and that will be available in the future. It has been indicated that as the incidence of people requesting counseling services grows greater, the gap between the supply of and the demand for professional counselors is increasing (Lifton, 1966, pp. 1-5). The insufficient pool of professional manpower points to the growing need to examine our present practices. Our traditional treatment methods in the field of counseling must be re-evaluated and improved to deal with the present and future deluge of potential clients. A search for and examination of new methods for enhancing counseling process and outcome is required.

The purpose of this study was to evaluate the effects of vicarious counseling preparation on the outcomes of group counseling. The vicarious counseling preparation consisted of a tape-recording containing excerpts of actual group counseling interviews.

Although vicarious counseling preparation has been explored by other investigators (Truax & Carkhuff, 1965; Truax, 1966), there is a paucity of research concerning it. An attempt was made to correct some of the methodological deficiencies in the earlier studies while modifying its application in the counseling process.
One important aspect of the counseling process, which has been relatively neglected by researchers, is the client's initial entrance into the counseling process. There are few studies which are directly concerned with preparing the client for and introducing him to the therapeutic process. Many counseling and psychotherapy textbooks have, however, discussed the subject. It has been referred to by the terms "structuring" or "readiness". It appears, therefore, that this is an area of great concern to psychotherapists and counselors.

Several writers have suggested that some type of client preparation is necessary in the initial phase of the counseling process. Brammer and Shostrom (1965) point out that one of the concerns of counselors is developing what they refer to as "readiness" for counseling. This "readiness" refers to conditions which must be satisfied before the client can make full use of the counseling relationship. Of the factors mentioned, the client's knowledge of the counseling process, his expectations of his role and his expectations of the counselor's role are important determiners of this "readiness". They state that: "Lack of clear-cut understanding, on the part of the client, of the nature of counseling and psychotherapy is a widespread source of inadequate readiness to attack problems." They go on to point out that misconceptions about the counseling process are obstacles which interfere with the client getting off to a "good start." One reason for this being an obstacle is a "culturally based" fear that the counselor has the methods for invading a
person's mind and getting him to do and say things against his "better judgment" (pp. 183-185).

Patterson (1958) suggested that client expectations and preferences in counseling are learned as a product of social and cultural conditioning. A dependent relationship has become the "norm." This results from attitudes toward specialists which imply a complete reliance on authority. Thus, many therapists do not usually meet the preferences or expectations of the client. Patterson goes on to say that counseling is a learning process:

The counseling situation is thus an opportunity for the client to learn to be independent and to accept responsibility for himself. If it is agreed that this is the goal of counseling, then it would appear that it would be well to begin the learning in the counseling process itself. Experience indicates that clients can and do learn this during counseling when they are given the opportunity to do so (p. 138).

Bardin (1955) indicates a concern with the part that clients' expectations play in the counseling process. His observations indicate that a discrepancy often exists between what a client expects to happen in terms of personal involvement and what should happen if the relationship is to be beneficial for the client. He suggests that this discrepancy should be dealt with by the counselor. The counselor must communicate the idea that the client "should be concerned with and should communicate" his feelings. This factor of "client expectation" is referred to as being a research area of concern in the counseling process.

McGowan and Schmidt (1962) denote that clients' expectations are a particular concern of counselors in college counseling settings.
In these settings, the counselor is often viewed as a test selector and interpreter of tests. Often he is perceived as an expert in "vocational guidance." Clients enter the counseling situation with the expectations of receiving information with little personal involvement being required of them. It is pointed out, however, that "Fortunately for the field of counseling many clients seem to be quite flexible and are able to adapt quickly to the structure the counselor provides" (p. 243).

In a study by Overall and Aronson (1963), it was observed that a high rate of attrition in psychotherapy may be due to the client's "negative" evaluation of his initial interview in relation to his initial expectations of treatment. Lower class patients, in particular, tend to have a different conception of psychotherapy and the procedure involved. They expect the therapist to assume an active but permissive role. When these expectations are not fulfilled, they tend not to return to psychotherapy. It is pointed out that this expectation is "a cognitive factor in perceptual understanding based on experience and learning." This cognitive inaccuracy can be reduced, the writers claim, by reeducating the client in the initial phases of treatment. This involves education concerning their own role and the therapist's role in the treatment process.

In another study by Richardson and Borow (1952) it was suggested that success in counseling is not simply dependent upon the competence and methodology of the counselor. It is also dependent upon the client's set toward and understanding of the counseling process. The particular orientation of the client, his concept of
"role-playing" and expectations of counseling are important. Inappropriate sets, stereotypes and misconceptions operate as obstacles to "effective counseling."

Although the literature appears to reflect a need for client preparation, only a few writers specifically suggest how to do it. Nevertheless, there are some counselors and therapists who consider preparing the client for the therapeutic relationship to be of particular relevance to both the group and individual therapeutic process. Ornont (1957) deals with the subject in reference to group psychoanalysis. He indicates that little has been written about "preparing" clients for group psychotherapy except for many anecdotal reports.

These latter reports he summarizes into three main approaches: (1) educative; (2) reassurance; and (3) resistance. The educative approach is the most prevalent. However, he feels that it is almost impossible to accurately communicate the essence and feel of group therapy on just an educative level.

Brenner and Shectman (1965) note that "structuring" techniques define the nature, limits and goals of the general counseling process and the relationship at hand. For the counselor:

Structure, provides him with a counseling road map and with a dossier of his responsibilities for using the road map, thus reducing the ambiguity of the relationship. The client should know where he is, who the interviewer is and why he is there (p. 183).

They consider it unfair to the client, who has little notion concerning what counseling is all about, not to provide initial preparation. The value of orientation is in correcting early misconceptions about
the counseling process. Concentrating on "positive learnings" about
the client and counselor roles can augment the counseling process.

Drasgow (1956) relates that the client approaches the
initial counseling interview with "mixed feelings, anxieties and
fears." Structuring must be done, according to him, to "relieve"
these feelings and to clarify the type of service necessary. This
view is shared by Shortzer and Stone (1966). These authors conclude
that:

Since many students will not know what part they are to
play in the interview, the counselor should explain very early
in the interview the nature of the relationship, the role each
plays, the sort of help offered, the task ahead and the amount
of time available. This does not mean that the counselor deter-
mines the content of the interview; but, because many students
have little or no experience to draw on for guides, some defini-
tion and clarification of the counselor's and student's responsi-
bilities may be in order" (p. 158).

Truax (1966), in a research report entitled Counseling and
Psychotherapy: Process and Outcome, studied the use of "vicarious
therapy pretraining" as a means of introducing the clients to group
psychotherapy and counseling. He suggests that:

If counseling and psychotherapy are, in the main, learning
or relearning experiences, then one would expect that some
kind of vicarious therapy pretraining, whether cognitive or
experiential, should enhance client outcome. Certainly, the
structuring of learning tasks, and the provision for vicarious
experiencing in motor and verbal learning tends to maximize
both learning and performance (pp. 17-18).

This type of approach has also been used by Bach (1954).
He permits his clients to listen to old wire recordings of an
actual therapy situation to prepare them for psychoanalysis.

Patterson, in his review of counseling, suggests that vicari-
cous therapy pretraining is a useful innovation to the counseling
process (1966b, 85-96).
The use of vicarious experience in the counseling process is referred to by Magoon (1964). "Traditionally" trained school counselors and "traditional" treatment methods cannot, according to him, deal with the demand for counseling services. He proposes that clients should listen to the "vicarious" experience of other persons engaging in counseling. These experiences should, he suggests, include problems and feelings with which the observer can "identify." This can be accomplished either by films, tape-recordings or audio-visual aids. If effectively done, it will: reduce the number of clients seeking "traditional" counseling treatment; reduce the length of treatment for those individuals still requiring it; and, among the remainder, produce interview behavior judged to be more "problem solving" oriented than the usual client.

Bonney and Foley (1963) suggest that preparing the client for the roles involved and the types of problems that are discussed in therapy groups can decrease the number of sessions involved in group therapy. They point to the occurrence of a "transition" stage in the group process. This stage involves the realization that personal problems are discussed in the group situation. This realization results in an emotional climate involving "resistance, anxiety and ambivalence." Adequate structuring will, they feel, eliminate a large proportion of this stage and thus reduce the total treatment time in group therapy.

**Problem**

This study was designed to answer the following question: Does the use of a preparation tape-recording facilitate the outcome of group counseling?
The suggestion for this study was provided by the previously mentioned study of Truax (1966). In both that study and the present study, a tape-recording containing several excerpts of actual group counseling sessions was utilized as the independent variable. The tape is designed to introduce clients to the counseling process. This study, however, was unique in the following aspects: (1) the tape-recording was presented to the clients at the beginning of the first three group counseling sessions; (2) the same counselor was utilized for all the treatment groups; (3) there were only eight counseling sessions; (4) a group was included which listened to the tape-recording but did not engage in any group counseling; and (5) the group size was limited to a maximum of seven members.

Delimitations of the Study

In order to limit the scope of this study, the following delimitations were observed:

(1) The subjects were institutionalized juvenile delinquents.

(2) The subjects were white males.

(3) The minimum age of the subjects was fifteen.

(4) All subjects were present in the institution during the entire experimental procedure.

(5) None of the subjects were involved in any individual or group counseling or psychotherapy since their commitment to the institution.

Theory and Underlying Assumptions

In an effort to indicate the rationale underlying the study, this section will be divided into three parts. These parts will be
concerned with: (1) the theoretical foundation underlying the study; (2) assumptions related to the goals of group counseling; and (3) assumptions related to the nature of counseling outcome.

Theoretical Foundation Underlying the Study

There are two main suppositions upon which this study is based. First, the initial stage is of great importance in the developmental sequence of the group counseling process. Second, "preparing" clients for group counseling will facilitate the development of the process. By facilitating the group process, the outcome of group counseling will also be facilitated.

It has been suggested that the initial stage in the development of therapy groups is very uncomfortable for both the client and the counselor. It is mainly characterized by orientation behaviors. The group members attempt to discover the nature and boundaries of group therapy. They try to learn what is to be accomplished and how much cooperation is demanded. The searching for an orientation is often expressed by: (1) the discussion of irrelevant issues; (2) the discussion of peripheral concerns; (3) the discussion of immediate behavior difficulties; and (4) the complaints about the present institutional or environmental setting. The activity of the group is characterized by a search for the meaning of therapy, attempts to define the situation, and attempts to establish a relationship with the therapist. There is a suspiciousness and fearfulness of the new situation, and attitudes of resistance and hostility are often present. In general then, the initial stage in the developmental sequence of the group is a testing and
dependency stage. It is an attempt to discover the boundaries of the situation while depending on the therapist for guidance and support (Tuckman, 1965, pp. 386-388).

The way the counselor handles this initial stage will determine how the group develops. If the initial situation is very ambiguous many inhibiting emotions, expectations and behaviors may be reinforced. The clients may remain anxious and defensive throughout much of the treatment process. However, if the counseling situation is too rigidly defined by the therapist, the major responsibility for the counseling relationship is bestowed upon him by the client. The relationship is perceived in a distorted manner. A dependency results which may inhibit any future group progress or movement. Neither a very ambiguous nor a very structured atmosphere will be facilitative of group counseling outcome (Brammer and Shestros, 1965, pp. 183-185, 300-301).

However, the vicarious preparation of the group members during the early sessions of group counseling will be facilitative to the outcome of the process. By vicariously experiencing the actual counseling process of peers, the group members are prepared for the counseling process. Vicarious experience can be provided by means of a tape-recording or motion picture film of an actual group counseling session. This provides a means of communicating to the client what he can expect about the nature of the counseling relationship, his role in the relationship, and the role of the counselor in the relationship. It conveys to the client that all types of topics are discussed and that feelings are expressed. It also relates to some extent how these topics and feelings are expressed (Truax & Carkhuff, 1965, pp. 309-310).
This type of preparation will facilitate group counseling outcome. Much of the initial need for orientation will be reduced. Therefore, the initial stage in the group process will be either eliminated or considerably shortened in duration. With the omission of all or most of the initial stage, the potentially inhibiting effects occurring in this stage will, furthermore, be considerably decreased (Goldstein, Heller & Sechrest, 1966, pp. 261-262).

By providing a cognitive and experiential structuring of the counseling relationship, clients will be more quickly engaged in the self-exploration process (Truax & Carkhuff, 1965, p. 310). Studies have shown that, in general, depth of self-exploration on the client's part is positively correlated with "more successful counseling outcome" (Truax, 1966, p. 131).

In summary, vicariously preparing the clients for group counseling facilitates group counseling outcome by: (1) eliminating or reducing the initial stage of the group process; and (2) advancing the self-exploration process of the group members.

Assumptions Related to the Goals of Group Counseling

The viewpoint taken in this paper is that there is no essential difference between counseling and psychotherapy. This viewpoint is expressed by Patterson who concludes that these processes do not differ fundamentally in "the nature of the relationship, in the process, in the methods or techniques, in goals or outcomes (broadly conceived), or even in the kinds of clients involved" (Patterson, 1966a, p. 3). Group counseling and group psychotherapy
are interchangeable terms. They are both perceived as involving therapeutic relationships which enable individuals to more clearly perceive their needs and to modify their behavior. The group treatment process is oriented toward enabling the clients to clarify their self-concepts and to practice new methods of adjustment in a relatively secure setting. Change in the client's attitude toward himself can be considered as a change in the client's total personality (Lifton, 1966, pp. 12-13).

Assumptions Related to the Nature of Counseling Outcome

Following the self-theorist's point of view, a particularly useful index in evaluating counseling outcome is the congruency between the perceived-self and ideal-self. Accordingly, if counseling is successful, it will bring about various changes in the self-concept. One of these changes will be an increased congruency between the perceived-self and ideal-self (Wylie, 1961, p. 161). As a consequence of this change in the perception of the self, behavior will also change toward a more positive direction (Rogers, 1951, p. 186).

These criteria, the changes in self-ideal congruency and behavior, for judging counseling outcome have been extensively made use of in the studies of Carl Rogers and his associates (Rogers & Dymond, 1954).

Definition of Terms

Congruency.—The total of the differences between the self-concept ratings and ideal-self ratings on the Hill's Index of Adjustment and Values. The smaller the score is, the greater the congruency. The larger the score is, the smaller the congruency.
Discrepancy.—The total of the differences between the self-concept and ideal-self ratings on Bill's Index of Adjustment and Values. The smaller the score is, the smaller the discrepancy. The larger the score is, the larger the discrepancy.

Group-Centered Counseling.—This is a type of group counseling in which the group members assume most of the responsibility for the group process and content. The counselor acts as a catalyst but does not present the discussion topics or direct the group discussions.

Group Counseling.—This is a process in which one counselor is involved in a relationship with a number of clients at the same time. The aim of the process is to aid clients in clarifying their self-concepts and developing new methods of adjustment.

Ideal-Self.—The individual's concept of the type of person that he would like to be or the self-concept that the individual would like to possess (Patterson, 1966, p. 407).

Juvenile Delinquent.—This refers to an individual incarcerated in an institution that has been set up specifically for juvenile offenders.

Leader-Centered Group Counseling.—This is a type of group counseling in which the counselor assumes most of the responsibility for the group process and content. The counselor presents the discussion topics and directs the group discussions.

Misconduct Reports.—These are the reports of violations of institutional rules that are recorded in the files of the institution.

Perceived-Self (Self-Concept).—The total score of the self-concept column on Bill's Index of Adjustment and Values or the perceptions that the individual has of himself at any given moment.
Preparation.--The introduction to and initiation of the client into the counseling process.

Preparation-Tape.--A tape-recording containing excerpts of actual group counseling sessions.

Self-Acceptance.--The total score of the ratings on the ideal-self column on Bill's Index of Adjustment and Values; or, how satisfied the person is with the way he perceives himself (self-concept).
A survey of the literature reveals that there are few research studies which have been directly concerned with the subject of preparation for counseling. Thus, most of the studies cited in this section will be indirectly related to this topic. The studies mentioned will be divided into the following general areas:

1. Studies concerned with the preparation of clients for counseling/psychotherapy.
2. Studies concerned with the relationship of client expectations to the counseling/psychotherapy process.
3. Studies concerning the use of "modeling" techniques in the counseling process.
4. Studies concerning group counseling or group psychotherapy with juvenile delinquent males.

Studies Concerned with the Preparation of Clients for Counseling/Psychotherapy

Films have been utilized as a method for initiating and maintaining the therapeutic relationship. However, most of these studies have been evaluated by means of clinical observation. Prados (1951) explored the use of mental health films with psychotic patients receiving an "orthodox psychoanalytic" type of treatment. Cooper,
Kahne, and Merton (1956) utilized mental health films in a group therapy setting with twenty closed-ward psychiatric patients. The films were presented, prior to each group therapy session, as stimuli for discussion. Impressed by the utility of this technique, Behymer, Canida, Cooper, Faden, and Kahne (1957) also introduced mental health films to psychiatric patients engaged in the group therapy process. They were impressed by the rapidity with which "developmental trends" could be accelerated and occasionally "bypassed."

Harriman (1956) studied mental health films in group-centered therapy as a means for bringing about changes in attitudes of prisoners. He divided the subjects in his study into four groups: group therapy; film showing; film showing followed by group therapy; and no group therapy. The films, dealing with mental health subjects, were presented prior to the group therapy sessions "without" introduction or opportunity for discussion. The results indicated that there were no significant attitude changes apparent in any of the groups.

Malamud (1958) developed a "workshop" for self-understanding. This workshop was intended to provide outpatients in a mental hygiene clinic with a "useful preparatory" experience prior to their initiation into individual psychotherapy. Although no control group or follow-up studies were utilized, an analysis was conducted by means of pre- and post-therapy test data and clinical observation. The results suggested that this technique was very useful in lessening resistance, in reducing unrealistic expectations, and in increasing self-exploration.

Berkowitz (1966), in his dissertation, sought to evaluate the effects of a group-orientation method for preparing outpatients for
individual psychotherapy. His results suggested that the method tended to reduce anxiety, increase self-awareness, and maintain motivation.

Richardson and Borow (1952) tested the hypothesis that college freshmen receiving group orientation to education-vocational counseling could adopt a more effective and realistic role in counseling than an unprepared group. The preparation involved a lecture and a group discussion prior to the counseling. They found that the experimental group subjects had greater understanding of the counseling process than the control group subjects. Also, the experimental group subjects demonstrated feelings and behaviors judged to be "more appropriate" to the counseling process.

Munzer (1964) studied the effects of "warmup" procedures, within an analytically oriented approach, as a means of facilitating group interaction and cohesiveness in the early stages of group therapy. Five procedures were introduced to the treatment groups during the first five, in a series of ten, group therapy sessions with university students. These procedures consisted of: (1) role prediction; (2) shared memories; (3) shared dreams and fantasies; (4) drawing problems; and (5) life-space drawings. The results showed that the experimental groups made more frequent use of "group terms", had greater depth of content in discussions, were more "satisfied" with the meetings; and there was a significantly greater reduction of self-ideal discrepancy for the treatment groups than for the control groups.
Luchins (1950) utilized "audio-aids", consisting of tape-recordings, as an "added" technique in group therapy with male psychotic outpatients. The recordings consisted of actual or simulated individual therapy sessions dealing with a problem known or believed to exist for one or more members of the group. The purpose of the tape was to give the patients some idea of how the "character of group structure and activity varied in different sessions." Observation suggested that the group interaction became freer and more open in expression, that group interaction increased and that much initial anxiety was reduced.

As part of a study concerned also with the use of alternate group therapy sessions, Truax and Carkhuff (1965) studied the effects of vicarious therapy pretraining (VTP) in time-limited group therapy. This technique was suggested as a means of more quickly engaging patients in the self-exploration process of group psychotherapy. VTP is provided in order to give the client both "cognitive and experiential structuring of the role" of the patient involved in group therapy. The VTP consists of a thirty-minute tape-recording of excerpts of actual group therapy interactions of patients engaged in the exploration process. The tape was designed to indicate how clients express themselves, that clients explore feelings and the types of topics that occur in group therapy. This would allow for a "vicarious" experiencing of group psychotherapy prior to a client's initiation into the actual process. The subjects in the study were mental patients in a state mental hospital who engaged in a series of twenty-four group therapy sessions. The experimental procedure consisted of a two-by-two factorial design composed of both
the alternate sessions and the VTP as independent variables. The four groups were: (1) alternate-VTP; (2) alternate-non-VTP; (3) regular-only VTP; and (4) regular-only-non-VTP. In the VTP treatment groups, the group members listened to the VTP prior to the initiation of the first group meeting. The Minnesota Multiphasic Personality Inventory was used to determine personality change. The results of the study suggest that there were greater "constructive" personality changes for patients receiving VTP than those who did not receive VTP especially in "schizophrenic symptoms, social introversion and anxiety."

Truax (1966) undertook a similar study to evaluate the effects of VTP in relation to time-limited group psychotherapy with both juvenile delinquents and hospitalized mental patients. The dependent variable, however, was the change in self- and ideal-self-concepts. The subjects included forty male and female mental patients and forty male juvenile delinquents. In both studies, the therapists differed in orientation and represented the fields of psychology, psychiatry and social work. Except for the Q-sort criterion measure and the new subjects, the design of this study was similar to the previous study. The results indicated that patients exposed to the VTP experience showed improvement on five self-concept measures from pre- to post-therapy evaluation, while patients not receiving VTP showed deterioration on four out of five measures. However, only the ideal-expert measure of adjustment and the ideal-self-concept change measure reached significance.

Another study by Truax, Carkhuff, Wargo, Kodman, and Moles (1966) included four male and four female groups in the design.
Each group was composed of eight members. Six therapists conducted the therapy groups which lasted for twenty-four sessions. Several personality change criteria were employed: a Q-sort, the depth of Interpersonal Exploration Scale, the Minnesota Counseling Inventory, the Truax Anxiety Scale, the Palo Alto Group Therapy Scale, and the time spent out of the institution for one year subsequent to the end of therapy. In general, the results indicated that VTP did not produce any "benefit" for group therapy with juvenile delinquents.

Studies Concerned with the Relationship of Client Expectations to the Counseling/Psychotherapy Process

The client's expectations concerning the counseling relationship, the counselor's role and his role in the counseling process seem to be an important variable in research. The significance of this variable in the counseling process is pointed out by Goldstein (1962).

Overall and Aronson (1963), in a survey study of forty patients engaged in psychotherapy, related client expectations to attrition rates in psychotherapy. Their data suggested that lower class patients tend to expect a therapist to assume an active but permissive role. When this expectation is not fulfilled, these individuals tend not to return to therapy after the initial interview.

Lipkin (1954) examined clients' attitudes, in relation to therapeutic outcome, in client-centered therapy. His subjects were composed of nine veterans requesting vocational and educational counseling. The results of the study suggested that there was a positive relationship between the client's expectations regarding
his psychotherapeutic experience and the amount of personality change that occurred from pre-to post-therapy.

Heine and Trosman (1960), working with forty-six psychiatric outpatients, found that the "mutuality" of initial expectations, between the client and the therapist, is related to continuance in psychotherapy. It was suggested that if the client's set of expectations is accurate he is rewarded; whereas, if his set of expectancies is inaccurate, he is "in effect rejected."

Zerfas (1965) investigated the influence of induced expectancies upon the behavior of clients in group therapy. The group members were informed, previous to the actual counseling, that they could expect a certain type of therapeutic relationship. The independent variable consisted of the disconfirming or confirming of the client's initial expectations. The results showed that the average duration of the first therapy session varied with the expectancies of the group members. Also, the group members were more "satisfied" when their expectancies were confirmed.

Severinsen (1966) investigated clients' expectations and perceptions in educational counseling as related to satisfaction with counseling. College students indicated by means of a questionnaire the amount of empathy and lead they expected prior to counseling. After counseling, the clients indicated the degree of empathy and lead that they perceived to have occurred. The discrepancy between expected and perceived counselor behavior was then correlated with client satisfaction. It was found that there was a significant relationship between the difference in expected and perceived amounts
of counseling empathy and lead and the degree of client satisfaction. However, the direction was not a significant factor. This suggested that satisfaction is a function of the "closeness" of the client's expectations to the actual counseling interaction—not whether it is "fact" or "feeling" oriented.

Studies Concerned with the Use of Modeling Techniques in the Counseling Process

The general procedure involved in this study is similar to studies dealing with the phenomenon referred to as "vicarious learning" or "modeling." The basic paradigm involved includes three basic components: (1) an observer viewing, (2) a model behaving, (3) with reinforcement delivered systematically to the model when certain overt behavior is produced. Thus, "vicarious reinforcement" assumes that the observer perceives that the performer is reinforced for certain responses, according to Berger (1961).

A great deal of work has been done in this area by Bandura (1965). Most of this research, however, has been done with children and involves the modeling of social behaviors. Transmission of aggressive responses in children by means of film-mediated models has been a particular concern (Bandura, Ross, & Ross, 1963; Bandura, 1965). Also, there has been research dealing with the effects of reward and punishment on model behavior (Bandura & McDonald, 1963), with self-reinforcement (Bandura & Kupers, 1964), and with the comparison between live and symbolic models (Bandura & Mischel, 1965).

Very little research has been done in this area which directly concerns counseling. Two studies, however, directly
deal with model learning in the counseling process. Krumholz and Thoresen (1964) studied the use of vicarious reinforcement and direct reinforcement in both group and individual counseling situations. The dependent variable was the promotion of "independent" vocational and educational information-seeking behavior of high school students. Four treatment groups were involved in the study: (1) individual verbal reinforcement counseling; (2) group verbal reinforcement counseling; (3) individual model-reinforcement counseling; and (4) group model-reinforcement counseling. Both active and inactive control groups were also included. The model consisted of a fifteen-minute tape-recording involving a counselor and a boy with decision-making problems. The model counselor verbally reinforced the model client's educational and vocational information-seeking responses. This taped model was observed by subjects during the two counseling sessions. In addition, the subjects viewing the model were also reinforced verbally for information-seeking behaviors. Reinforcement consisted of agreement and approval, verbally and gesturally. The dependent variable consisted of the number of information-seeking statements emitted in the interviews and the number of information-seeking behaviors occurring between the interviews. The results of this study indicated an increase in the frequency and variety of information-seeking responses in both types of treatment groups. Both treatment groups were found to be more effective in noting this behavior than the control group.

Krumholz and Schroeder (1965) did a similar study to test the effectiveness of direct reinforcement and "model reinforcement"
counseling. Their results also indicated that model-reinforcement counseling is effective in increasing information-seeking behaviors occurring both within and outside of the counseling interview.

Both studies found that "model-reinforcement" was as effective as direct reinforcement. In addition, it was suggested by the data that model-reinforcement counseling was more effective for male than for female subjects; and, group model-reinforcement counseling was more effective than individual model-reinforcement counseling.

Studies Concerning Group Counseling or Group Psychotherapy with Juvenile Delinquent Males

Group counseling and group psychotherapy research studies dealing with juvenile delinquents are limited in number. However, the importance of work in this area has just recently been reflected in the research literature.

Caplan (1957) attempted to study group counseling in the framework of the "self-concept." The subjects were junior high school boys with a history of frequent conflicts with school regulations and authority. Using a Q-sort technique to evaluate the outcome of group counseling, he found a significant positive change in his experimental group but not in his control group. The treatment groups had a "more integrated self structure." O'Brien (1954) used a modified group therapy method, also in the school setting, with delinquent adolescent boys. The modification consisted of "didactic" experiences, such as information-giving, group therapy films and field trips to mental health agencies. These experiences were conducted for a total of eighteen hours followed by nine months of group psychoanalysis. The results were in the positive direction.
Snyder and Sechrest (1959) conducted one of the better experimental evaluations of group therapy. Their subjects were defective delinquent boys. The group therapy was verbal, structured and didactic in orientation. The experiment design consisted of two treatment groups, two placebo groups, and one control group. Group therapy was conducted for thirty meetings. Housing reports, behavioral violations and check lists were used to evaluate any behavior change. The results suggested that the treatment group made greater significant positive changes as compared to the other groups.

Shore, Massimo, and Mack (1965) utilized a vocationally-oriented type of group therapy with adolescent delinquents. The aim of the therapy was to improve interpersonal relationships while dealing with vocational difficulties. This study was further examined by Shore, Massimo, and Ricks (1965) using a factor analytic evaluation method. Both studies found significant positive changes in overt behavior, in the self-concept and in the perceptions of interpersonal relationships.

Friedland's study (1961) involved group counseling with institutionalized delinquents in an open treatment center. Group counseling was conducted as a means of changing runaway behavior, institutional adjustment, personality characteristics and the self-concept. An analysis of the results indicated that the treatment groups showed greater frustration tolerance, but runaway behavior and self-concept changes did not occur.

Persons (1966) studied the psychological and behavioral changes resulting from intensive group and individual psychotherapy with incarcerated delinquents. The Minnesota Multiphasic Personality
Inventory, the Taylor Manifest Anxiety Scale, the Delinquent Scale, and disciplinary reports were the outcome measures. Post-counseling results showed that the treatment groups, but not the control groups, significantly improved on all measures.

Some research has been done with the use of short-term group psychotherapy and its use with delinquent boys. Philip and Peixotto (1959) worked with juvenile delinquents for ten one-hour group sessions for a period of two and one-half weeks. The four treatment and one control groups were matched groups of ten members each. A revised version of the Thematic Apperception Test was the pre-and post-psychotherapy evaluation measure employed to measure personality change. The results indicated that only hostility characteristics significantly changed in a positive direction in the treatment groups. The control groups did not change on the test to any significant extent.

Feder's study (1962) investigated short-term "discussion" group therapy. The subjects were twenty-eight institutionalized delinquents. They were divided into two experimental and two control groups. The experimental groups met twice weekly for sixteen ninety-minute sessions. The Mooney Problem Check List, a therapy-readiness Q-sort, and several institutional behavioral measures were utilized as criterion measures. The results indicated that the only significant differences between the treatment and control groups was on the therapy-readiness Q-sort. The experimental groups showed a significant increase in readiness. There was no marked change in the control groups on any of the measures.
CHAPTER III

METODOLOGY

Design Overview

In order to investigate the effects of preparation-tapes on counseling outcome, the following design was utilized based on the recommendations of Kerlinger (1966, pp. 294-320). There were four groups: three treatment groups and one control group.

Group I: Preparation-Counseling

The group members listened to a preparation tape-recording at the beginning of each of the first three, in a series of eight, group meetings.

Group II: Counseling-only

The group members participated in eight group counseling sessions, but they did not listen to the preparation-tape.

Group III: Preparation-only

The group members listened to the preparation-tape but did not participate in any group counseling.

Group IV: Control

The group members were administered both pre- and post-counseling criterion measures. However, there was no additional contact with them by the experimenter.
The total counseling process consisted of eight group counseling sessions conducted over a period of three weeks. This period was chosen in order to parallel the existing time available in many institutions where time is at a premium. Each group counseling session lasted for a period of one hour. The groups were composed of seven members each. Also, the writer was the counselor in all the treatment groups.

Hypotheses

In order to evaluate the effects of preparation-tapes on the outcome of group counseling, the following hypotheses were tested. These hypotheses were presented in the null form in order to facilitate the statistical analysis. The hypotheses were as follows:

1. There will be no significant difference in the self-ideal congruency mean scores between the preparation-counseling group and the counseling-only group at the post-counseling stage.

2. There will be no significant difference in the self-ideal congruency mean scores between the preparation-counseling group and the preparation-only group at the post-counseling stage.

3. There will be no significant difference in the self-ideal congruency mean scores between the preparation-counseling group and the control group at the post-counseling stage.

4. There will be no significant difference in the mean frequency of misconduct reports between the preparation-counseling group and the counseling-only group at the post-counseling stage.
5. There will be no significant difference in the mean frequency of misconduct reports between the preparation-counseling group and the preparation-only group at the post-counseling stage.

6. There will be no significant difference in the mean frequency of misconduct reports between the preparation-counseling group and the control group at the post-counseling stage.

Procedures

The study was conducted as follows:

Phase I: Pre-counseling evaluation

The Bill's Index of Adjustment and Values was administered to all the subjects involved in the study. Utilizing a random numbers table (Edwards, 1960), the twenty-eight subjects were then randomly assigned to one of the four treatment groups or to the control group.

Phase II: Treatment

One week after the pre-test the treatment groups met with the counselor for the first group counseling meeting. All treatment groups met on the same day. The independent variable, the preparation tape-recording, was introduced to the groups in the following design:

Group I: Preparation-counseling group

The members of this group listened to the preparation tape-recording at the beginning of the first three of eight group counseling meetings. The tape-recording was introduced to the group members in this way:

I have here a tape recording containing three parts of actual group-discussion sessions between boys like you and a counselor.
like me. These boys were all in an institution like this, in another state. I would like you to listen to this tape to hear what happens in this type of a group. Listen to the tape.

A group counseling session followed the presentation of the tape-recording. Each of the counseling meetings lasted for approximately one hour and were conducted over a period of three weeks. In order to control for the variable of the time of the meeting, this group met in the mornings for the first four sessions and in the afternoon for the second four sessions.

**Group II: Counseling-only group**

This group met for eight one-hour group meetings over a period of three weeks. They met in the afternoon for the first four group meetings and in the morning for the last four group meetings.

**Group III: Preparation-only group**

The members of this group listened to the same tape-recording presented to Group I members. The tape was introduced in the same way as it had been to Group I. However, no group counseling followed the presentation of the tape-recording. This tape-recording was presented to the group on the same day as the first, fifth, and eighth meetings of Groups I and II.

**Group IV: Control group**

This group neither listened to the preparation tape-recording nor engaged in group counseling.

**Phase III: Post-counseling evaluation**

The members of both Group I and Group II were asked to fill out a counseling evaluation questionnaire prior to the last group meeting. Then, one week after the termination of the eighth meeting, the Bill's Index of Adjustment and Values was readministered to the total group
of subjects. In addition, one month after the termination of the counseling sessions, a tabulation was made of all misconduct reports acquired one month prior to the beginning and one month subsequent to the termination of all the experimental procedures.

The dependent variables included: (a) the post-counseling self-ideal congruence scores in each group; and (b) the post-counseling frequency of misconduct reports in each group.

Apparatus

A tape-recording was used in this study. It is referred to as a "preparation-tape." This tape-recording is composed of three excerpts of actual group counseling sessions. The total length of the recording is fifteen minutes, forty seconds with a five-second pause between segments. The first segment is taken from one group while the last two segments have been extracted from the same group counseling session of another group. The first segment lasts for seven minutes, thirty seconds. The second segment lasts for four minutes, forty seconds while the third lasts for three minutes, thirty seconds.

This tape-recording was utilized by Truax (1966) in his research involving vicarious therapy pretreatment. The members of the tape-recorded groups were institutionalized male juvenile delinquents. The counselor, participating in the group session, was judged by his colleagues to be oriented toward client-centered counseling techniques and attitudes in his counseling relationships. This judgment was based on a series of rating scales.

The tape-recording was chosen because it illustrated the group counseling relationships in which the clients were involved.
Also, this particular tape-recording has been used successfully with other groups of clients involved in group counseling.

Subjects

The subjects taking part in this study included twenty-eight institutionalized male juvenile delinquents from the Marianna training School for boys in Marianna, Florida. The general selection procedure was to select boys meeting the requirements for the study. Then, on the basis of a table of random numbers, the twenty-eight boys were selected and randomly assigned to the treatment and control groups. None of the boys were volunteers for the study.

The initial step in the selection procedure was to select all those subjects meeting four requirements. First, only white male delinquents were included. This was to eliminate race as a confounding variable. Second, all the subjects were admitted to the institution between December 1, 1966, and February 28, 1967. This was necessary in order to insure the presence of the boys for the entire length of the study. The average length of commitment for boys in this institution is six months. Third, the boys were fifteen years of age, or older. This age requirement was chosen on the recommendation of the training school's staff. They felt that this age group would be the most suitable and available for the study. Fourth, none of the boys engaged in any group or individual counseling since their commitment to the institution. All of this information was obtained from the institutional records.

The next step was the random selection of twenty-eight boys out of the thirty-five subjects who met the minimum requirements for
selection. These final twenty-eight subjects were randomly assigned either to one of the treatment groups, or to the control group.

This random selection and assignment of the subjects to the groups was accomplished with the aid of a table of random numbers (Edwards, 1960, pp. 332-336). Seven subjects were included in each of the four groups.

The mean age, mean intelligence quotient, and mean grade placement for each of the experimental groups are designated in Table 1.

TABLE 1.—Mean Age, Mean Intelligence Quotient, and Mean Grade Placement for the Preparation-Counseling Group, the Counseling-Only Group, the Preparation-Only Group, and the Control Group

<table>
<thead>
<tr>
<th>Groups</th>
<th>Means</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Age</td>
<td>I.Q.</td>
<td>Grade</td>
</tr>
<tr>
<td>Preparation-Counseling</td>
<td>15.75</td>
<td>97.0</td>
<td>9.1</td>
</tr>
<tr>
<td>Counseling-Only</td>
<td>15.89</td>
<td>98.1</td>
<td>9.5</td>
</tr>
<tr>
<td>Preparation-Only</td>
<td>15.50</td>
<td>94.6</td>
<td>8.8</td>
</tr>
<tr>
<td>Control</td>
<td>15.92</td>
<td>94.9</td>
<td>8.9</td>
</tr>
<tr>
<td>Total</td>
<td>15.77</td>
<td>96.0</td>
<td>9.1</td>
</tr>
</tbody>
</table>

*This IQ score is based on the Otis Quick Scoring Test of Mental Ability.

The intelligence quotient was obtained from the Otis Quick-Scoring Test of Mental Ability. This test was administered by the training school's staff to each new boy when he entered the institution.

The mean intelligence quotient obtained for the entire group of
subjects was 96.0. Also, the grade placement that is indicated on Table 1 is based on the last grade in which the boy was placed prior to his entrance into the training school. The mean grade placement of all the subjects was 9.1; and, the average age of the subjects was 15.7.

The types of offenses and the number of each type of offense committed by the subjects are indicated in Table 2. An inspection of this table shows that the predominant type of offense committed by the subjects was the violation of parole.

TABLE 2.--Types of Offenses and Number of Offenses for Each of the Experimental Groups

<table>
<thead>
<tr>
<th>Type of Offense</th>
<th>Group I</th>
<th>Group II</th>
<th>Group III</th>
<th>Group IV</th>
</tr>
</thead>
<tbody>
<tr>
<td>Auto Theft</td>
<td>3</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Breaking And Entering</td>
<td>0</td>
<td>1</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Delinquency</td>
<td>0</td>
<td>3</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Parole Violation</td>
<td>4</td>
<td>2</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>Runaway</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Sexual Violation</td>
<td>0</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>7</strong></td>
<td><strong>7</strong></td>
<td><strong>7</strong></td>
<td><strong>7</strong></td>
</tr>
</tbody>
</table>

Counseling Outcome Measures

Two measures of counseling outcome were included in this study: the Bill's Index of Adjustment and Values and the number of misconduct reports indicated on the boys' records.
The Bill's Index of Adjustment and Values (IAV) is a self-rating scale designed to evaluate the self-concept. It occurs in several forms. The Junior High School form was utilized in this study. This form was chosen because it is the most appropriate for the subjects in this study. The Junior High IAV is an adapted form of Bill's IAV (undated) for high school students and adults. It is designed for use in the sixth, seventh and eighth grades. The scale is made up of thirty-five trait words which were experimentally chosen from Allport and Odbett's list of 17,953 trait words. In the word selection procedure, only words which were judged to occur most frequently in client-centered interviews and "which presented clear examples of self-concept definitions" were chosen. Thus, the instrument was designed to measure variables of importance to client-centered therapists.

Basically, the person completing the form is required to check on a three-point scale, in reference to each of thirty-five trait words: (1) how he believes he is (self-concept); (2) how he feels about being that sort of person (self-acceptance); and (3) how he would like to be (ideal-self). Although there are three direct weighted scores, only two main weighted scores are utilized in evaluating the results of the instrument. There is a self-ideal (S-I) discrepancy score which is the result of the subtraction of the weighted self-concept score from the weighted ideal-self score. There is also a weighted attitude-toward-self score or self-acceptance score. Only the self-ideal discrepancy score was used in this study.

This instrument was chosen for several reasons. First, it is designed, as previously indicated, to measure variables of
importance to client-centered counselors. Thus, it is in accord with this counselor's philosophical orientation. Second, this instrument is relatively easy to complete. Third, it is considered one of the better paper-and-pencil self-concept measures (Wylie, 1961, pp. 69-72).

In order to administer the index to all of the subjects, the twenty-eight boys were divided into two groups containing fourteen subjects each. One group was tested in the morning and the other group was tested in the afternoon. The writer was the test administrator in both of the groups. Since some of the boys encountered difficulty in understanding the index, two procedures were adopted. First, in each of the groups, the writer read aloud the directions for the index prior to the boys filling in the answer sheet. Second, for all the boys who could not read the questionnaire, the writer read it to them individually and recorded their answers for them.

The second outcome measure was the frequency of misconduct reports recorded in the boys' institutional records. All incidents of institutional rule infractions are recorded in the boys' cumulative records including the date of occurrence. The number of misconduct reports were tabulated for each group member in the thirty-day period prior to the first counseling session and for the thirty-day period after the last counseling session. The mean number of misconduct reports was then derived for each group for both the pre- and post-counseling periods.

This outcome measure was intended to provide a direct external measure of behavior change. A reduction in the number of misconduct
reports is one of the criteria which determines when the boy is ready for release. Thus, the institutional personnel consider the reduction of misconduct reports as indicative of positive behavioral change.

Both outcome measures were scored after the termination of all the experimental procedures. This scoring method was intended to prevent any bias that could have resulted from the counselor's prior knowledge of this information while working with the group members.

Counselor

The counselor participating in the counseling groups was the writer. His experience includes: one year's training as a clinical psychologist, part-time employment as a group counselor in a smoking withdrawal clinic, and several practicums in individual counseling with both children and adults. In addition, he has a master of arts degree in psychology and has finished the required course work toward his doctoral degree in counseling and guidance.

The writer's philosophical orientation and general approach to counseling adheres most closely to the counseling philosophy and approach advocated by Carl Rogers and his associates (Rogers, 1951). In the final analysis, however, each counselor's approach is uniquely his own approach.

Since the Rogerian approach is covered adequately in several other sources (Rogers, 1951; Patterson, 1966a, pp. 403-437), its main points will be briefly summarized in this section. The primary operating principle is individual-centered or group-centered. The client has the ability to solve his own difficulties. Therefore,
the major responsibility in the counseling situation can be and should be the client's. This principle originates from viewing the client as uniquely organizing experience in relation to the concept he holds of himself. Within this frame of reference, behavior is a function of perception. Thus, an inadequately developed self-concept results in inadequate behavior. Therefore, the goal of counseling is to assist the client in changing his self-perceptions in the direction of a greater awareness and understanding of one's self or potential (Roger, 1951, pp. 481-524).

Within a group-counseling setting, the counselor acts as a catalyst. He seeks to create a relatively permissive atmosphere in which the members of the group can feel free to verbalize their feelings and thoughts while determining their own value systems. The security of, the acceptance of, and respect for the integrity of each member of the group are the components of a group-centered atmosphere. The counselor's primary responsibility is to help keep the self-exploration process moving. He does this by becoming a part of one group in the sense of being an honest, real individual. The majority of his responses are intended to clarify, reflect, to accept, and to understand the contributions of the group members. In other words, his attitude allows the group members to become independently functioning individuals who can accept and understand themselves and each other. He seeks to convey the attitude that each individual is capable of respect regardless of any particular behavior (Hobbs, 1951, pp. 278-318).
In an attempt to evaluate the relationship between the counselor's stated orientation and its implementation in the actual counseling situation, a questionnaire was utilized. This questionnaire is an adapted form of a twenty-four-item questionnaire developed by Gilbreath (1967). It was developed in order to determine whether group counseling was perceived by the group members as leader-structured or group-structured. The revision of the questionnaire, for use in this study, consisted of the elimination of three questions. These questions were judged by the writer to be unsuitable for the subjects involved in the present study. The adapted questionnaire consisted of twenty-one questions.

A scoring procedure is provided by the authors of this questionnaire. The questionnaire was scored in such a way that a high score is indicative of a group-centered method of counseling, whereas a low score is indicative of a leader-centered method of counseling.

This questionnaire was administered separately to the preparation-counseling group and the counseling-only group prior to the last group counseling session. The questionnaire was introduced to the group in the following manner:

"I am interested in obtaining your evaluations of me as a counselor and of the group meetings. So, I'm going to read aloud some statements. I want you to write down either a yes or no to these statements according to whether or not you agree or disagree with the statement."

Then, the counselor read the questionnaire aloud to both the groups' members since some of the boys had a reading handicap. The boys recorded their answers on blank sheets of paper. They were not required to put their name on their paper. Anonymity, it was
felt, would increase the validity of their answers. The results for the counseling questionnaire are given in Table 3.

**TABLE 3.**--Mean Scores for the Preparation-Counseling Group and the Counseling-Only Group on the Counseling Evaluation Questionnaire

<table>
<thead>
<tr>
<th>Groups</th>
<th>Counseling Questionnaire Mean Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation-Counseling</td>
<td>17.1</td>
</tr>
<tr>
<td>Counseling-Only</td>
<td>17.9</td>
</tr>
<tr>
<td>Total</td>
<td>17.5</td>
</tr>
</tbody>
</table>

Table 3 indicates that the members of the preparation-counseling group and the counseling-only group tended to perceive the counseling method as being group-centered in orientation. These data offer some support for the claim that the counselor was group-centered in his counseling approach.

**Statistical Analysis**

In order to decide whether to accept or reject the hypothesized relationships, an analysis of covariance was performed on the final data. This type of statistical analysis tests the significance of the differences between means of final experimental data by taking into account and adjusting initial differences in the data (Kerlinger, 1966, pp. 347-350). In addition, Duncan's New Multiple Range Test was utilized to determine how the post-counseling means of the experimental groups differed (Edwards, 1960, 138-139).
CHAPTER IV

PRESENTATION AND ANALYSIS OF THE DATA

Presentation of the data

In order to present the obtained data, this section will be divided into two parts. First, data will be presented which concern the self-ideal congruency measure. Second, data will be presented which concern the misconduct report measure.

The first dependent variable to be considered is the self-ideal congruence score. The pre- and post-counseling mean congruence scores for each experimental group are presented in Table 4. This table indicates that the two highest mean congruence scores, at the post-counseling stage, occurred in the preparation-counseling group and the counseling-only group. The lowest mean congruence scores, at the post-counseling stage, occurred in the control group and preparation-only group.

TABLE 4—Pre- and Post-Counseling Mean Self-Ideal Congruence Scores for the Preparation-Counseling Group, the Counseling-Only Group, the Preparation-Only Group and the Control Group

<table>
<thead>
<tr>
<th>Groups</th>
<th>Mean S-I Congruence Score</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Counseling</td>
</tr>
<tr>
<td>Preparation-Counseling</td>
<td>18.43</td>
</tr>
<tr>
<td>Counseling-Only</td>
<td>13.71</td>
</tr>
<tr>
<td>Preparation-Only</td>
<td>14.57</td>
</tr>
<tr>
<td>Control</td>
<td>14.29</td>
</tr>
</tbody>
</table>
An analysis of covariance was computed to determine whether a significant difference in mean self-ideal congruence scores existed between the preparation-counseling group, the counseling-only group, the preparation-only group and the control group at the post-counseling stage. This type of statistical analysis takes into account and adjusts for initial differences on the pre-test. Thus, it permits the consideration of final experimental data. The results of the analysis of covariance are summarized in Table 5.

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares of Errors of Estimate</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>953.08</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within Groups</td>
<td>619.13</td>
<td>23</td>
<td>26.91</td>
<td></td>
</tr>
<tr>
<td>Adjusted Means</td>
<td>333.95</td>
<td>3</td>
<td>111.31</td>
<td>4.13*</td>
</tr>
</tbody>
</table>

*Significant at the .05 level

Table 5 indicates that there was a significant difference obtained between groups when post-test mean scores were compared with one another. At the .05 level an F value equal to or greater than 3.03 is necessary for significance, and on F of 4.13 was obtained.

In order to determine how the four group means differ from each other, Duncan's New Multiple Range Test was used (Edwards, 1960).
This analysis of the differences between pairs of means is summarized in Table 6. An examination of the means in Table 6 indicates that a significant difference was obtained between the preparation-counseling group mean score and the control group mean score on the post-counseling congruence measure. At the .05 level a difference equal to or greater than 5.68 is necessary for significance; a difference of 6.33 was obtained. No significant differences were found between any of the other groups' mean congruence scores at the .05 or .01 levels. However, Table 6 does indicate that the difference between the mean congruence score for the preparation-counseling group and the mean congruence score for the preparation-only group approaches significance at .05 level. The resulting difference just slightly falls short of reaching significance. At the .05 level a difference equal to or greater than 5.68 is necessary for significance; a difference of 5.61 was obtained.

TABLE 6.--Duncan's New Multiple Range Test Applied to the Differences Between the Mean Self-Ideal Congruence Scores of the Four Experimental Groups

<table>
<thead>
<tr>
<th></th>
<th>A Preparation Counseling</th>
<th>B Preparation Only</th>
<th>C Control Only</th>
<th>D Shortest Significant Ranges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Means</td>
<td>7.53</td>
<td>9.43</td>
<td>13.14</td>
<td>13.66</td>
</tr>
<tr>
<td>P.C.</td>
<td>1.90</td>
<td>5.61</td>
<td>6.33* R2</td>
<td>5.68</td>
</tr>
<tr>
<td>C.O.</td>
<td>3.71</td>
<td>4.43</td>
<td>R3 5.98</td>
<td></td>
</tr>
<tr>
<td>P.O.</td>
<td>72</td>
<td>.72</td>
<td>R4 6.15</td>
<td></td>
</tr>
</tbody>
</table>

*Significant at the .05 level
The second dependent variable to be considered is the number of misconduct reports. The pre- and post-counseling mean number of misconduct reports for the preparation-counseling group, the counseling-only group, the preparation-only group and the control group are presented in Table 7. This table indicates that the lowest post-counseling mean frequency of misconduct reports occurred in the preparation counseling group, while the highest mean frequency of misconduct reports occurred in the control group.

**TABLE 7.---Pre-and Post-Counseling Mean Misconduct Reports for the Preparation-Counseling Group, the Counseling-Only Group, the Preparation-Only Group and the Control Group**

<table>
<thead>
<tr>
<th>Groups</th>
<th>Pre-Counseling</th>
<th>Post-Counseling</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preparation-Counseling</td>
<td>1.86</td>
<td>1.27</td>
</tr>
<tr>
<td>Counseling-Only</td>
<td>1.87</td>
<td>1.39</td>
</tr>
<tr>
<td>Preparation-Only</td>
<td>1.43</td>
<td>1.57</td>
</tr>
<tr>
<td>Control</td>
<td>1.43</td>
<td>2.00</td>
</tr>
</tbody>
</table>

An analysis of covariance was also computed to determine whether a significant difference in the mean frequency of misconduct reports existed between the four experimental groups. The results of this analysis are summarized in Table 8. This table indicates that a significant difference was not found between groups when the post-test mean number of misconduct reports are compared with one another. At the .05 level an F value equal to or greater than 3.03 is necessary for significance, and an F value of 1.34 was obtained.
Differences between the group means are therefore attributed to chance variation and not to the effects of experimental treatment. No further analysis of this data was conducted (Edwards, 1960, 138-139).

TABLE 8a--Analysis of Covariance of Post-Counseling Mean Misconduct Reports for the Four Experimental Groups

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares</th>
<th>df</th>
<th>Mean Square</th>
<th>F</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
<td>43.15</td>
<td>26</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Within Group</td>
<td>36.71</td>
<td>23</td>
<td>1.59</td>
<td></td>
</tr>
<tr>
<td>Adjusted Means</td>
<td>6.44</td>
<td>3</td>
<td>2.18</td>
<td>1.24a</td>
</tr>
</tbody>
</table>

Not significant at either the .01 or .05 levels

Analysis of the Data

The results of this study indicate that the use of vicarious counseling preparation is more effective than either counseling or vicarious counseling preparation alone in producing significant positive changes in self-ideal congruency when the subjects are juvenile delinquents.

An examination of the data presented in Table 6 indicated that a significant difference was found between the mean congruence score of the preparation-counseling group and the mean congruence score of the control group at the post-counseling stage. In view of these data, the following null hypothesis could not be accepted at the .05 level of significance.
Hypothesis 3: There will be no significant difference in the self-ideal congruency mean scores between the preparation-counseling group and the control group at the post-counseling stage.

However, these data also indicate that no significant difference was found between the preparation counseling group and the counseling-only group or between the preparation-counseling group and the preparation-only group. Therefore, the obtained data failed to reject, at the .05 level of significance, the following null hypotheses:

Hypothesis 1: There will be no significant difference in the self-ideal congruency mean scores between the preparation-counseling group and the counseling-only group at the post-counseling stage.

Hypothesis 2: There will be no significant difference in the self-ideal congruency mean scores between the preparation-counseling group and the preparation-only group at the post-counseling stage.

It appears, then, that vicarious preparation added to the initial stages of the group counseling process is effective in facilitating positive counseling outcome when the goal of counseling is greater congruence between self-ideal perceptions. However, the use of vicarious preparation in the counseling process only slightly increases the effectiveness of counseling without this type of preparation. The statistical difference between the mean self-ideal score of the counseling-only group and the mean self-ideal score for the counseling plus vicarious preparation group is very small. In fact, the difference between the groups does not reach significance even at the .10 level. Also, the data indicate that the statistical difference between the self-ideal mean scores of the preparation-counseling group and the preparation-only group falls just short of significance at the .05 level. It appears, therefore, that vicarious
counseling preparation presented alone in group counseling is not a very effective way of increasing self-ideal congruence. In fact, according to the data, it is only slightly more effective than non-systematic treatment.

The results indicate that using a tape recorded vicarious counseling experience increases the effectiveness of group counseling. Although this technique seems to only slightly increase the effectiveness of counseling, its addition makes a significant difference between treatment and non-treatment. It was also suggested that the use of a tape-recorded vicarious experience alone is not much more effective than non-specific treatment. Just playing a tape-recording of group-counseling to members of a group does not seem to aid in the clarification of self-concepts.

The results of some recent studies, however, differ somewhat from the results of the present study when the congruence between self-perceptions and ideal-self perceptions are considered. Truax et al., (1965; 1966) found that the use of a taped vicarious experience in the group psychotherapy process was more effective than group psychotherapy alone in increasing the congruence between self and ideal-self perceptions. The subjects were institutionalized mental patients. This result is in accord with the results of the present study. However, Truax (1965) and Truax et al., (1966) found that the use of a vicarious experience prior to group counseling with juvenile delinquents was not more effective than counseling alone in changing self-ideal perceptions. In fact, one study (Truax et al., 1966) found that mean changes in self-concept measures from pre- to posttherapy were in a negative direction for juvenile delinquents.
The data indicate also, however, that vicarious counseling preparation, with or without counseling, does not facilitate change in institutional behavior as judged by the frequency of misconduct reports. No significant difference was found between the treatment and control groups' means at the post-counseling stage. Therefore, the data fails to reject, at the .05 level of significance, the following null hypotheses:

Hypothesis 4: There will be no significant difference in the mean frequency of misconduct reports between the preparation-counseling group and the counseling-only group at the post-counseling stage.

Hypothesis 5: There will be no significant difference in the mean frequency of misconduct reports between the preparation-counseling group and the preparation-only group at the post-counseling stage.

Hypothesis 6: There will be no significant difference in the mean frequency of misconduct reports between the preparation-counseling group and the control group at the post-counseling stage.

It appears that the difference between the treatment and control groups relation to the post-counseling frequency of misconduct reports can be attributed to chance variation and not to the effects of experimental treatment. According to the obtained data, vicarious counseling preparation plus counseling is not more effective than counseling alone or vicarious counseling preparation alone in changing institutional adjustment. In fact, the data indicate that none of the three treatment conditions were able to produce a change in institutional behavior. However, in the writer's opinion, it is possible that the use of misconduct reports for this particular sample of delinquents was not an adequate dependent variable. An inspection of the data in Table 7 indicates that the mean numbers of pre-counseling misconduct reports were extremely small. Thus, there was little possibility of a significant decrease to occur at the post-counseling stage.
Conclusions

On the basis of the data presented in this chapter, the following conclusions were derived:

(1) The addition of vicarious preparation to group counseling with this particular group of institutionalized juvenile delinquents results in a greater increase in self-ideal congruence than with group counseling alone.

(2) Vicarious counseling preparation employed by itself is not sufficient to change the self-ideal congruence of institutionalized juvenile delinquents.

(3) Vicarious counseling preparation plus counseling, counseling alone, or vicarious preparation alone do not change the adjustment of institutionalized juvenile delinquents as measured by the frequency of misconduct reports.
CHAPTER V

SUMMARY AND IMPLICATIONS

SUMMARY

The purpose of this study was to evaluate the effects of vicarious counseling preparation on the outcome of group counseling. Vicarious counseling preparation consisted of a tape recording made up of three excerpts of actual group counseling sessions.

The need for such a study, it was pointed out, was suggested by several writers in the fields of counseling and psychotherapy. However, few studies were found which were directly concerned with preparing clients for the counseling process. Nevertheless, preparation is considered a very important part of the counseling process.

In order to investigate the effects of a preparation-tape on counseling outcome three treatment groups and one control group were utilized. These groups consisted of a preparation-counseling group, a counseling-only group, a preparation-only group and a non-treatment group. The subjects were twenty-eight white male juvenile delinquents each of whom was randomly assigned to one of the experimental groups. The writer was the counselor for both of the counseling groups, and the results of a counseling questionnaire suggested that he tended toward a group-centered counseling approach. The preparation-counseling group and the counseling-only group met for eight one hour sessions over a period of three weeks. The preparation-counseling group listened to a tape-recording prior to the first three
group counseling sessions. The counseling-only group did not listen
to the tape recording. The preparation-only group met three times
during the three week experimental period and just listened to the
tape. The control group did not meet with the counselor during the
experimental period.

There were two dependent variables. The Bill's Index of
Adjustment and Values (IAV) was utilized to measure the congruence
between the perceived-self and ideal-self concepts. Also, a fre-
quency count was made of the number of misconduct reports prior
to and subsequent to the experimental procedures. An analysis of
covariance and Duncan's New Multiple Range Test were utilized to
analyze the obtained data.

The results of the study indicated that: (1) vicarious
counseling preparation plus counseling was more effective than
counseling alone or preparation alone in increasing the self-ideal
congruence of juvenile delinquents; (2) neither
vicarious preparation plus counseling nor counseling alone nor vicarious preparation alone resulted in a change in the number of misconduct reports for the
subjects in the treatment groups.

Implications for Future Research

There are several aspects of this study which could be revised
and extended. These aspects can be grouped into treatment variables
and client-counselor variables.

Treatment Variables

1. The number of counseling sessions and the period of time
over which they were conducted in the present study were of a short-term
duration. It is possible that the effectiveness of vicarious counseling preparation varies according to the number of counseling sessions and/or the period of time over which they take place. Thus, future research could explore the possibility of using this technique in combination with different numbers of counseling sessions and/or in combination with longer periods of treatment time.

2. The particular tape-recording which was utilized in the present study could be improved. Certain portions of the tape recording were somewhat difficult to hear. This was primarily due to the confusion resulting from the group's verbal interaction. Also, the length of the tape recording seemed to be excessive for the subjects of this study. Therefore, other tape-recordings could be devised which vary the topics discussed, the type of group interaction, the members of the group, and the length of the excerpts.

3. The time of presentation of the tape-recording to the groups seems to be important. In this study the same tape-recording was used at the beginning of the first three sessions. The number of times that the tape-recording is presented to the groups could be varied in future studies.

4. Instead of utilizing a tape-recorded vicarious experience, an audio-visual vicarious experience could be provided. This would convey more adequately to the group the modus operandi of group counseling and illustrate non-verbal behavior.

5. The criterion of counseling outcome is at present a difficult problem to resolve. In this study the measure of overt behavioral outcome, misconduct reports, proved to be of questionable utility. Also, the other outcome measure, self-ideal congruency,
was immediate. It is possible that the usefulness of the tape recording in group counseling is to promote counseling outcomes which occur sometime other than immediately after the end of the counseling process. Future researchers could utilize different intervals during and following the counseling process.

6. Since this study is an outcomes study, it does not answer "why" vicarious counseling preparation is or is not effective. This would require a process study. It is possible that this technique affects the process of group counseling more than the outcome of group counseling.

Client-Counselor Variables

1. It seems probable that vicarious counseling preparation is not effective with all types of populations. This technique has been used only with mentally ill patients and institutionalized juvenile delinquents. These types of subjects do not usually represent the "average" person seeking counseling. Therefore, future studies could investigate the use of vicarious counseling preparation with other types of clients such as college students. Also, this study involved subjects who were non-voluntary. It is felt by most counselors that counseling is most effective with voluntary clients. Probably, motivation influences the effectiveness of counseling preparation.

2. Closely related to the type of client involved in counseling is the age of the client. In the present study the age range of the subjects was restricted to between fifteen-and seventeen-year-old subjects. The usefulness of vicarious counseling preparation may
increase with the age of the clients. This could explain the results of studies which found this technique to be more effective with mentally ill adult patients than with adolescent delinquents. Future experimentation could apply a cross-sectional approach in studying the usefulness of this technique.

3. One source of bias in the current study is the writer's presence in all of the treatment groups. The knowledge of which group received which treatment could have influenced the results. This bias could be eliminated by having more than four groups and utilizing several counselors as group leaders. These counselors should be unaware of the purpose of the experiment and unaware of the treatment variables.
APPENDIX A

INDEX OF ADJUSTMENT AND VALUES

Self Instructions for IAV, Grades 6, 7, & 8

There is a need for each of us to know more about ourselves, but seldom do we have an opportunity to look at ourselves as we are or as we would like to be. On the following page is a list of terms that to a certain degree describes people.

Column I

Take each term separately and apply it to yourself by completing the following sentence:

—I AM A (AN) ______________ PERSON.

The first word in the list is agreeable so you would substitute this term in the above sentence. It would read—I am an agreeable person.

Then decide HOW MUCH OF THE TIME this statement is like you by checking under one of the three possible answers.

1. Most of the time, I am like this.
2. About half of the time, I am like this.
3. Hardly ever, I am like this.

Place a check in the box under the term that suits you best.

EXAMPLE: Under the term AGREEABLE, check the first box—Most of the time I am an agreeable person.

Column II

Now go to Column II. Use one of the statements given below to tell HOW YOU FEEL about yourself as described in Column I.
1. I like being as I am in this respect.
2. I neither dislike being as I am nor like being as I am in this respect.
3. I dislike being as I am in this respect.

Place a check in the box under the term that suits you best.

EXAMPLE: In Column II beside the term agreeable, check the first block--I like being as agreeable as I am.

Column III

Finally, go to Column III: Using the same term, complete the following sentence:

I WOULD LIKE TO BE A (AN) __________ PERSON.

Then decide HOW MUCH OF THE TIME you would like this to be an example of you and rate yourself on the following scale.

1. Most of the time, would I like this to be me.
2. About half of the time, would I like this to be me.
3. Hardly ever, would I like this to be me.

EXAMPLE: In Column III beside the term AGREEABLE, place a check in the box under the term "Most of the time, I would like to be this kind of person.

Start with the word AGREEABLE and fill in Column I, II, and III before going on to the next word. There is no time limit. Be honest with yourself so that your description will be a true measure of how you look at yourself.
<table>
<thead>
<tr>
<th>I AM LIKE THIS</th>
<th>THE WAY I FEEL ABOUT BEING AS I AM</th>
<th>I WISH I WERE</th>
</tr>
</thead>
<tbody>
<tr>
<td>MOST OF THE TIME</td>
<td>ABOUT 1/2 OF THE TIME</td>
<td>HARDLY EVER</td>
</tr>
</tbody>
</table>

1. agreeable
2. alert
3. brave
4. busy
5. careful
6. cheerful
7. considerate
8. cooperative
9. dependable
10. fair
11. friendly
12. generous
13. good
14. good sport
15. happy
16. helpful
17. honest
18. kind
<table>
<thead>
<tr>
<th></th>
<th>I AM LIKE THIS</th>
<th>II THE WAY I FEEL ABOUT BEING AS I AM</th>
<th>III I WISH I WERE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>MOST OF THE TIME</td>
<td>ABOUT 1/2 OF THE TIME</td>
<td>HARDLY EVER</td>
</tr>
<tr>
<td>19.</td>
<td>loyal</td>
<td></td>
<td></td>
</tr>
<tr>
<td>20.</td>
<td>likeable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21.</td>
<td>obedient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>22.</td>
<td>patient</td>
<td></td>
<td></td>
</tr>
<tr>
<td>23.</td>
<td>polite</td>
<td></td>
<td></td>
</tr>
<tr>
<td>24.</td>
<td>popular</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25.</td>
<td>quiet</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26.</td>
<td>reliable</td>
<td></td>
<td></td>
</tr>
<tr>
<td>27.</td>
<td>sincere</td>
<td></td>
<td></td>
</tr>
<tr>
<td>28.</td>
<td>smart</td>
<td></td>
<td></td>
</tr>
<tr>
<td>29.</td>
<td>studious</td>
<td></td>
<td></td>
</tr>
<tr>
<td>30.</td>
<td>successful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>31.</td>
<td>thoughtful</td>
<td></td>
<td></td>
</tr>
<tr>
<td>32.</td>
<td>trustworthy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>33.</td>
<td>understanding</td>
<td></td>
<td></td>
</tr>
<tr>
<td>34.</td>
<td>unselfish</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35.</td>
<td>useful</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B

COUNSELING EVALUATION QUESTIONNAIRE

PLEASE MARK YES FOR THOSE ITEMS THAT DESCRIBE YOUR GROUP EXPERIENCE AND NO FOR THOSE ITEMS THAT DO NOT DESCRIBE YOUR EXPERIENCE IN THE GROUP.

1. The counselor determines the topics to be discussed for each meeting. Yes  No

2. The counselor would often remain silent until a group member would bring up a problem area to discuss. Yes  No

3. The counselor waited for the group to initiate its own topic of discussion. Yes  No

4. We talk often about problem areas not directly related to academic difficulties. Yes  No

5. The counselor seldom presented a topic for discussion at the beginning of the meeting. Yes  No

6. The group meetings seem organized around specific topics of discussion which the counselor initiates. Yes  No

7. The group meetings seem to start right off with something the counselor wants us to talk about. Yes  No

8. At times it was difficult for the meeting to get started because it was hard to find a topic to discuss. Yes  No

9. The counselor believes that the topics to be discussed should be brought up by the group members themselves. Yes  No

10. Each of the group meetings seems to have had a different subject for discussion. Yes  No
11. The group meetings often seem very similar to one another in the things we discuss.

12. Each meeting the counselor presented certain topics that he felt were possible causes of academic deficiency.

13. The group meetings generally seem to take a while to get started as the counselor waits for us to bring up the problem we want to discuss.

14. There was always something to talk about in the group meetings.

15. The group meetings do not seem to have any particular organization about a central topic.

16. The counselor usually described an area for discussion at the beginning of the meeting.

17. We most often discuss study habits and attitudes in the group meetings.

18. Sometimes the things discussed in the group meetings don't seem to have anything to do with my not doing well in school.

19. The counselor usually initiated a topic for discussion in the group meetings.

20. If the group was silent the counselor would often bring in new problem areas to discuss.

21. The topics we discuss in the group just seem to come up as we talk.
APPENDIX C

THE PREPARATION TAPE RECORDING

In this section the contents of the tape recording utilized in this study are briefly summarized. The following list contains the primary topics which were discussed by the group members on the preparation tape recording. Also, the main participants involved with each discussion topic are designated. These subject matters are presented in their order of occurrence on the tape recording.

Segment 1

a. What would happen if everybody had what they wanted?—(the group)

b. How do people obtain things?—(the group)

c. A question is presented concerning the limitations of freedom.—(the counselor and the group)

Segment 2

a. A boy discusses why some people think he is "crazy".—(two boys)

b. The group members react to the previous boys' discussion.—(group members)

c. Several boys comment on the "inkblot" test.—(two or three boys)

d. One boy describes his relationships with his parents.—(two boys)

e. There is a general ventilation about parental difficulties.—(three boys)
Segment 3

a. Some of the problems that arise when a boy goes home are discussed. (two boys)

b. Why does a boy commit an offense? (the counselor and two boys)

c. One boy comments on the reasons for his incarceration. (two boys)
REFERENCES


Berkowitz, B. Evaluating the effects of psychotherapy orientation in groups: an investigation of orientation for psychotherapy in small groups as a means of maintaining motivation and as preparation for psychotherapy. (Abstract.) Dissertation Abstracts, 1966, 26, 4070.

Bills, R. E. Index of Adjustment and values: adults and high school seniors. University of Alabama, undated. (Mimeographed manual.)

Bills, R. E. Index of adjustment and values: elementary, junior high school and high school. University of Alabama, undated. (Mimeographed manual.)


Friedland, D. M. Group counseling as a factor in reducing runaway behavior from an open treatment institution for delinquent and pre-delinquent boys: the evaluation of changes in frustration tolerance, self-concept, attitude toward parental figures, attitude toward maternal figures, attitude toward other authority and in reality testing of runaway delinquent boys. (Abstract.) Dissertation Abstracts, 1961, 22, 1250.


Maxer, J. The effect on analytic therapy groups of the experimental introduction of special warm-up procedures during the first five sessions. International Journal Group Psychotherapy, 1964, 14, 60-71.


Snyder, R., & Sechrest, L. An experimental study of directive group therapy with defective delinquent boys. American Journal of Mental Deficiency, 1959, 63, 117-120.


VITA

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