

INCREASING PERCEIVED INTERPERSONAL COMPETENCE WITH
NONPROFESSIONALS IN A HELPING ROLE:
A PRIMARY PREVENTIVE APPROACH

A Dissertation
Presented to
the Faculty of the College of Education
University of Houston

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Education

by
Richard J. Caramella

August 1972

685038

ACKNOWLEDGMENTS

I would like to take this opportunity to acknowledge those who supported me and provided assistance during this dissertation. I extend my appreciation to my chairman, Dr. G. Robert Ward, for his understanding and friendship during the dissertation and the past three years. I would like to thank Dr. John Cox for his assistance in the development of the design and analysis of the data. Special thanks to Dr. Gerald Osborne for his assistance in initiating the project and obtaining a population. Special appreciation is also extended to Dr. Barry Pelton for his critical analysis of my literary style. Appreciation is extended to Dr. Fred Proff for his support overall and at a critical period.

At this time, I would like to express a deep appreciation to my trainer, Mike Evans, Herb Williams, and the advisor trainees, without whom this dissertation could not have been possible. Finally, with deep affection to my wife, Nancy, for her patience and encouragement at those crucial and frustrating periods.

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ABSTRACT

Richard J. Caramella. "Increasing Interpersonal Competence With Nonprofessionals in a Helping Role." Doctoral Dissertation. The University of Houston, 1972.

Committee Chairman: G. Robert Ward

The purpose of this study was to investigate the effectiveness of an interpersonal communications model as a training procedure for nonprofessionals in a helping role. The theoretical assumptions underlying the training method were based on an interpersonal communications model developed by Ernest Beier.

Thirty male dormitory advisors were randomly assigned to an experimental and control group. The experimental group participated in a 12 hour training block, using Beier's model. The 12 hour block was divided into 3 weekly sessions of 4 hours and included: (a) a detailed presentation and discussion of Beier's model, (b) a video taped presentation of various types of communication processes, and (c) various role playing situations concerning typical dorm problems. During the following 2 weeks, the trainees participated in 2 follow up sessions. The control group participated in 3 weekly leadership training sessions of 4 hours each which included: (a) a discussion of various leadership theories, (b) training experiences which exemplified the different approaches, and (c) a

lecture and exercises concerning group decision making processes. Following the three sessions, two weekly follow up sessions were conducted.

Upon completion of the training, the advisors were administered the Barrett-Lennard Relationship Inventory Scale (RI) as a self perception instrument. Four weeks later, students rated their advisors using the RI scale and the Role Appropriateness Scale.

Findings

Results of the t-tests indicated that there were significant differences between the group means as to: (a) the self perceptions of the trainees as measured by the RI scale on the variables of Regard and Congruence, (b) the perceptions of students concerning their advisors as measured by the RI scale on the variable of Empathy, and (c) the perceptions of students concerning their advisors as measured by the Role Appropriateness Scale on the variable of Dormitory Living.

Conclusions

The assumption that an understanding of the communication process would enhance the interpersonal competence of nonprofessionals was verified for the variables of Regard, Congruence, and Empathy on the RI scale and for the variable of Dormitory Living on the Role Appropriateness Scale. Certain implications and questions were raised by these results.

The apparent inconsistency between the perceptions of the advisors and students may have been due to a more global relationship than that found in therapy. Consequently, the advisors were not able to discriminate between the behaviors involved in Regard, Congruence and Empathy. This suggested that the evaluation instruments used in therapy may not be appropriate for preventive programs.

The results concerning the Role Appropriateness Scale indicated the necessity for further research to determine what problems are relevant to the role of dormitory advisors. The purpose of the research would be to determine if perceptions of interpersonal competence are contaminated by role perception.

Recommendations

It was recommended that:

1. This study be replicated to test the viability of Beier's model as a training procedure in primary preventive programs.
2. Further research be conducted investigating the development of new evaluation criteria for preventive programs.

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Chapter I

INTRODUCTION

BACKGROUND OF THE PROBLEM

During the past decade there have been rapid changes in our society that are affecting the structure of our traditional institutions and models for understanding phenomena. The medical model and the roles of professionals engaged in helping services are undergoing a period of re-evaluation and change. As early as 1956, the American Psychological Association proposed a broader definition of counseling which demanded that the counselor ". . . follow the client from his office and work with other persons with whom the client has to deal (American Psychological Association, 1956, p. 284)." This notion of following a client into his environment has been extended to a trend in thought which suggests that individual counseling may not be enough (Patterson, 1969). Patterson (1969) further states that counselors are experiencing demands to become more socially responsible by developing new methods which solve social problems.

This re-evaluation of professional mental health roles has also brought about a revolution in the concept of mental health. According to Hobbs (1964) this revolution is moving away from the Freudian concept of the intrapsychic

and the passive oriented medical model towards a more promising public mental health model. The myth of mental illness as an individual disease has been used as a disguise and an amoral explanation for man's human conflicts and problems of living (Szasz, 1960). Attitudes towards mental illness are changing from a private, organic misery of an individual, to a social, ethical, and moral problem of the community and society in general. Personal difficulties are viewed as evolving due to the fact that social systems do not provide for the constructive emergence of the individual, but provide the lowest level of human nourishment in an individual's environment (Carkhuff & Berenson, 1967). The public mental health movement does not attempt to cure sickness, but to develop a reasonably functioning order to social systems. This movement accentuates the need for training in prevention and normal developmental patterns of living (Hobbs, 1964). Foulds and Guinan (1969) stated that:

More attention must be devoted to the developmental aspects of the healthy personality and to the preventive aspects of psychopathology. (p. 113)

Changing from the medical model to public mental health and preventive models requires that professionally trained personnel learn to work through social institutions. They must also increase their effectiveness in functioning with significant nonprofessionals (Hobbs, 1964). No matter what models and methods are used, the long standing assumption concerning the necessity of advance and credentialed

training as prerequisites for all those involved in assisting interactions should be questioned (Cowen, 1966).

The acceptance of the nonprofessional as a potential force in public mental health necessitates training procedures that depart from traditional theoretical lines. Theories, objectives, and processes should be put into simple vocabulary using everyday language. Beier (1966) states that theorists often explain change and growth as though these processes only occur during the setting of the therapeutic hour.

A theory that attempts to explain therapeutic changes should be based on principles that apply not only to those changes occurring during the hour but also those observed in the educational process, in interpersonal relations, and the social milieu. (Beier, 1966, p. 3)

NEED FOR THE STUDY

The demands for mental health services are growing to such an extent that an inadequate number of personnel will be available in the foreseeable future (Albee, 1959). The mode of providing treatment on a one-to-one basis consumes too much time and manpower for the benefit of a limited segment of society (Hobbs, 1964). The gap between needed services and available manpower necessitates the development of new conceptual models, the involvement of nonprofessionals, and innovations in training procedures (Cowen, 1967).

The social institution of the university has been questioned for not providing services which foster the individual psychological development of its students (Smith, 1968). Kysar (1966) reported that the large attrition rates from colleges may be due to a failure to provide safeguards against student disillusionment. Dropping out is not due to motivation since "Motivation is a dynamic concept subject to influences by psychological factors including faculty, parents, peers, institutional atmosphere, and morale (Kysar, 1966, p. 29)."

Preventive measures in mental health are particularly effective at crucial stages in an individual's life when the stresses on a person may be great and the vulnerability to breakdown may be high (Hauxhurst, 1967). The university campus and its dormitories may well be such a point in life. Kysar (1966) states that a major step in a preventive program is to train and sensitize key personnel, such as dormitory advisors, in the student's environment.

STATEMENT OF THE PROBLEM

The concept of the preventive model presents a challenge to mental health professionals to acquire competence in promoting normal mental health, to develop programs affecting social institutions, and to accept nonprofessionals as a potential mental health force. A university was selected as a primary social institution and dormitory advisors

identified as significant nonprofessionals in order to test the efficacy of a primary preventive approach in mental health. A training program was developed to enhance the advisor's potential to create an interpersonal climate conducive to the normal psychological development of students. The problem of this study was to investigate the effectiveness of an interpersonal communications model as a training procedure for nonprofessionals in a helping role.

HYPOTHESES

The research hypotheses in this study were:

- H₁: The experimental group was to perceive themselves as more interpersonally competent than the control group as measured by the Barrett-Lennard Relationship Inventory Scale.
- H₂: The experimental group was to be rated, by students, as more interpersonally competent than the control group as measured by the Barrett-Lennard Relationship Inventory Scale.
- H₃: The experimental group was to be rated, by students, as more appropriate sources for dealing with personal problems than the control group as measured by the Role Appropriateness Scale.

THEORETICAL MODEL

The theoretical assumptions underlying the training method were based on an interpersonal communications model developed by Ernest Beier (1966). According to Beier, people have learned how to behave according to appropriate roles and

to respond to others in socially acceptable ways. A person who is in a preventive role needs to gain a deeper understanding of social conventions, how they are used to convey hidden meanings and to manipulate others into conforming to expected patterns of behavior.

The messages communicated by a person are comprised of two components. The manifest component contains information which the sender consciously wants to communicate and for which he assumes responsibility. The covert component comprises ambiguous information that non-verbally creates an emotional climate in the receiver, and for which the sender does not assume responsibility (Beier, 1966).

To generalize, through the covert component of his message a person may code his information in a way that impedes another person's recognition of certain of his needs. Yet though he does not want to be held accountable for expressing those needs, he does not want to have an impact on other people, an impact that elicits a specific response. (Beier, 1966, p. 15).

The skill of the nonprofessional consists in his ability to disengage from the social demands of the covert message and to understand it for the meaning it is supposed to hide. If he does not understand the covert message, the nonprofessional may actually reinforce those behaviors he is trying to change. The preventive process consists of the helper refusing to reinforce the other's behaviors by responding in an "asocial" manner rather than to the social expectations of the message. This disengagement process

creates an uncertainty in the sender which provides a stimulus to explore his present behavior (Beier, 1966).

Beier's interpersonal communications model provides a deeper understanding of growth and change which is applicable to a wider variety of situations than the therapeutic hour. Using this model does not require reference to specific therapeutic approaches or sophisticated psychological jargon.

Instead of developing therapists, the purpose of Beier's model was to increase interpersonal competencies conducive to implementing preventive measures. The essence of Beier's approach is to establish a relationship by which the nonprofessional can communicate to the person that he is concerned about him, and that he is available to explore alternative modes of behavior or other sources of help. Beier (1966) describes this interpersonal process as "beneficial uncertainty." The uncertainty comes from the disengagement process. Beneficiality derives from the nonprofessional communicating to the other a sense of existential concern for him and that the helper is free from judgmental processes. The nonprofessional communicates that ". . . another person is with me, he is listening to me even though my social skills are of little value - 'I am meaningful to him' (Beier, 1966, p. 8)." Freedom from judgmental processes implies that the person is responsible, he need not blame the environment for his misfortune. "Another person can tolerate

me, I need not use all my energies to defend myself" (Beier, 1966, p. 9). Having this ability, the nonprofessional may intervene in behavior that may be expressing underlying problems. This allows early detection of emotional stress which may be treated by the nonprofessional or the appropriate referral source.

SUMMARY

During the past decade the role of the mental health professional has been undergoing a change from a private practitioner orientation to a more socially relevant approach. The re-evaluation of roles has brought about a change in the concept of mental health. Mental illness is moving from a private, organic misery of an individual, to a social, ethical, and moral problem of the community and society in general. The public mental health movement accentuates the need for training in prevention and normal developmental patterns of living. The public mental health model requires that professionals learn to work through social institutions and to increase their effectiveness in functioning with significant nonprofessionals as a potential force in mental health. Accepting nonprofessionals necessitates the development of training procedures which depart from traditional theoretical lines. This study selected the university as a primary social institution and dormitory advisors as significant nonprofessionals in a student's environment. Using an

interpersonal communications model developed by Beier, a training method was developed to increase advisors' ability to establish an interpersonal climate conducive to the normal psychological development of students.

The report of this study was organized to include: (a) a report of related literature in Chapter II, (b) a discussion of design and methodology in Chapter III, (c) an analysis of the results in Chapter IV, and (d) a summary and discussion of the results in Chapter V.

Chapter II

REVIEW OF RELATED LITERATURE

During the last twenty-five years there have been complex developments in the mental health field. Rather than struggling to legitimize the profession, as did Freud sixty years ago, the current problem is more often that of being oversold and unable to deliver (Cowen & Zax, 1967). Consequently, in 1955, the Joint Commission on Mental Illness and Health was established to survey current resources and to make recommendations for combating mental illness in the United States (Joint Commission Report, 1961). Since 1955, certain problem areas concerning traditional mental health services have been defined: (a) the need for mental health services exceeds available resources, (b) little progress has been made in the treatment of entire classes of disorders, (c) the effectiveness and impact of psychotherapy has been seriously over-estimated, and (d) the delivery of mental health services has been characterized by profound inequities with reference to variables such as race, social class, education, and geography (Cowen & Zax, 1967). In addition there would seem to be one more issue which is separate from the above but merges with all of them. Perhaps the central need in the mental health field is the development

of a new conceptual framework. Program definition, implementation, and research should logically rest on a conceptual base (Albee, 1967; Turner & Cummings, 1967; Reiff, 1967). The need for a conceptual base provides a framework around which the other issues may be discussed.

This review of literature is divided into the following main topics: (a) need and the manpower problem, (b) nonprofessional as they relate to the mental health field in general, (c) the medical model including theoretical assumptions, delivery systems, and the use of nonprofessional, and (d) the preventive model including theoretical assumptions, delivery systems, and the use of nonprofessionals. Throughout the review a rationale is developed favoring prevention as the model for the future and as providing effective emerging roles for the nonprofessional.

NEED AND MANPOWER

The projected need for mental health services over the next twenty years will be so far beyond the probable sources of supply that a national crisis will be inevitable (Albee, 1965). Schofield (1964) pointed to the subtle difference between the demand and the need for mental health services. He emphasized this difference through the phrases "the countable thousands" versus "the hidden millions." Demand, although easier to estimate, is a more conservative approximation than would be an estimation of need.

Recognizing the imprecision of approximating demand, Nichols (1963) found that, even with a minimal estimation, the total number of people who demand some sort of psychological services has reached at least three million per year. This inability to provide services derives largely from the defects in the conceptual model that dictates the kind of manpower needed. The shortage of manpower and the inability to provide services has brought into awareness a sense of urgency concerning the need for exploring new approaches in dealing with mental health problems (Cowen & Zax, 1967). Consideration of these issues has brought into focus the use of the nonprofessional as an innovative tactic employed to relieve the manpower shortage.

NONPROFESSIONALS

With an increase in the use of the nonprofessional in various mental health roles, the question can be raised as to the possibility of adversely affecting the quality of services. Berenson and Carkhuff (1966) and Martin and Carkhuff (1966) have indicated that following training nonprofessionals function at levels as high or higher than professionals on dimension of facilitative interpersonal variables that have been related to client change indices. In comparable studies of treatment, nonprofessionals demonstrated equal or greater changes in patients than did professional practitioners (Zunker & Brown, 1966; Poser, 1966; Magoon & Golann, 1966).

At a minimum, nonprofessionals are as effective as traditionally trained professionals and at a maximum, they may be more effective (Carkhuff, 1968). Some of these differences in effectiveness may be due to the training programs themselves. Carkhuff (1968) pointed out that nonprofessional training programs are simple and pragmatically directed toward people who can effectively relate to persons needing help. Professional programs are highly complex, cognitively oriented, and direct a large amount of time towards content areas unrelated to counseling itself.

Apart from the specialized training programs, the critical change agent functions of nonprofessionals may be their unique qualities such as interest, enthusiasm, fresh ideas, and flexible attitudes (Poser, 1966; Klein & Zax, 1965). Since nonprofessionals are not caught up in absolute knowledge, which often encumbers the professional, they may develop methods previously considered unsophisticated (Rioch, et al., 1963; Cowen, 1967). Nonprofessionals may also have the ability to break down role-distance problems since they are closer to the helpee in areas of social hierarchy (Riessman, 1965). Consequently, the nonprofessional can establish peer relationships and empathize with a life style that may be alien to a professional (Reiff & Riessman, 1965).

Even with all the positive signs, the introduction of the nonprofessional has threatened the status of the professional. Working with nonprofessionals has meant giving

up the omnipotence and power of being the only one who can cure in order to work in collaboration with a wide variety of people (Berlin, 1969). In view of these threats, the professional organizations have attempted to maintain dominance by allocating nonprofessionals to a subservient role and as being effective only when under professional supervision. Meyer (1969) stated that organizations which justify their existence as providers of protection to the public may be more accurately described as vehicles for the perpetuation of professional status and self interest. Therefore, the major issue facing mental health professionals is their ability to give up their attachment to guilds and credentials in order to work on a complimentary basis with nonprofessionals (Grosser, Henry & Kelly, 1969).

Related to the issues of threat, resistance and control, is the allocation of nonprofessionals to surrogate roles. The primary focus needs to be on improving services and seeing the use of nonprofessionals as more complex than filling unwanted or lower order jobs (Goldberg, 1969). To turn the program into an emergency manpower "numbers game" with an emphasis on quantity of jobs subverts the potential of the nonprofessional (Scheuer, 1969). Reiff (1967) concluded that unless the nonprofessional is used effectively they can become nurse maids or a "garbage heap" for dumping patients who are designated as hopeless.

Arguments concerning the acceptance of nonprofessionals and the problems of effective utilization cannot be dealt with adequately without reference to conceptual models of mental health. The use of nonprofessionals rests largely on the models, goals and programs devised to implement those objectives. Cowen (1967) has identified two models of mental health which deserve prime consideration - the medical model and the preventive or public mental health model. The role of the nonprofessional may be discussed in the light of these models and suggestions for the future given.

MEDICAL MODEL

Before discussing the medical model it may be desired to specify what is understood by the model as applied to mental health problems. On a broad basis, the medical model presupposes that emotional disorders may be regarded, structurally, in the same sense as a physical illness. Mental illness is viewed in the same manner as any other illness - a disease (Joint Commission on Mental Illness and Health, 1961). Psychopathological states are likened to physical ailments with clusters of symptoms termed syndromes, with each syndrome associated with specific underlying causes (Sahakian, 1970). This has lead to long lists and definitions of syndromes with the purpose of classifying specific treatments for each type of illness (World Health Organization, 1967). A cure, or the criteria for normality, is

viewed as the absence of mental illness (Redlick, 1957). Though these are basic principles, there may be differences in the level of literalness with which they are espoused. In a more narrow sense, emotional disorder may be viewed specifically as a disease with curative intervention involving chemicals, surgery, shock, and other forms of physically based therapies (Szasz, 1960). A broader view, while adhering to the basic principle that pathology be viewed as an illness, does not prescribe to the physical basis of etiology. Malfunctions are seen as psychological in nature and accessible to psychologically based cures such as psychotherapy (Szasz, 1960). In either case, the focus remains on pathology, with the assumption that pathogenic sources must be identified through diagnosis while remediation is directed towards elimination of underlying causes (Cowen, 1967). In order to understand the application of the model and its criticisms a brief discussion of theoretical assumption follows.

Theoretical Assumptions

One of the most prominent theories that has influenced the mental health field was developed by Freud. Levy (1970) categorizes Freud's theory as representing a closed system since the energy supply flows between the internal parts of the organism with little interaction in the environment. This system may be affected by the environment but it is only reactionary to it and not interactive with it. The

organizing principle governing the system's energy supply is the static process of homeostasis. Turner and Cumming (1967) state that the basic analogy to homeostasis is a quantitative economic distribution based on scarcity. Psychic energy can be redistributed and obstacles to its proper balance removed, but it cannot be enhanced. Using these basic assumptions, adherents of the medical model view human functioning as a closed, reactionary system whose basic well-being is determined by the static principle of homeostasis (Turner & Cumming, 1967). With these theoretical assumptions in mind an analysis of the medical model in practice can be presented.

In a discussion of the criticisms concerning the medical model, a qualitative distinction must be made between criticisms relevant to assumptions of the model and those pertaining to its scope of effectiveness. Cowen (1967) notes that criticisms which pertain to effectiveness are not a critique of the model itself but of the forms in which the model is implemented. Challenges concerning the model's basic assumptions lead to alternative ideologies which require the development of qualitatively different programs. With the previously discussed assumptions in mind, a critique relating the effectiveness of the medical model is followed by challenges to its basic assumptions.

Delivery Systems

The development of Freud's theory has lead to psychoanalysis and eventually to one of the primary delivery systems of the medical model - psychotherapy (Cowen & Zax, 1967). In view of evidence against the clinical effectiveness of psychotherapy (Eysenk, 1952), there have been many irrational reasons for the perpetuation of this delivery system in mental health. Among the more important of these are that psychotherapy provides for status and prestige, power and control, and economic gain (Berlin, 1969). Esinberg (1962) has warned that many initially liberating conceptualizations, once institutionalized, become barriers to progress. In the absence of evidence of its efficacy, rigid adherence to psychotherapy as a major tool in coping with mental disorder guarantees a lack of progress in mental health efforts (Caplan, 1961).

Besides its clinical inefficiency, criticism has been directed toward the limited scope and inability of psychotherapy to deal with categories of disorders such as schizophrenia (Carter, 1968). This is largely due to the fact that psychotherapy comprises a patient-therapist dyad which is primitive and inefficient in terms of organizational delivery systems (Kahn, 1968). In this dyad, the physician is seen as an authority who cures while the patient takes a passive-sick role. It is questionable whether the patient's role is appropriate and may even be the most damaging of roles for persons having psychological problems (Scheff, 1967; Ullmann

& Krasner, 1969). The major orientation of therapists has been passive-receptive and seeking to do the best remedial "patchwork" possible (Cowen & Zax, 1968). Since the troubled person must be sophisticated enough to initiate contact, symptomology may be well entrenched before the therapeutic process begins (Cowen, 1967; Kahn, 1968). Therefore, prolonged individual psychotherapy can be described as an impractical delivery system with limited utility (American Psychiatric Association, 1966).

The major alternative to individual psychotherapy has been large state mental institutions. As a delivery system, the mental hospitals take the responsibility for the vast number of patients and disorders which are resistant to the curative assaults of psychotherapy (Smith & Hobbs, 1966). Even without questioning the therapeutic concept of mental hospitals, their shortcomings as functional organizations contribute to the chronic overload of psychiatrists and widen the gap between their intended and actual product (Kahn, 1968). Perhaps the situation of mental hospitals can be summed up by Albee (1968) who described them as "human warehouses:"

A hundred years from now men may look back on the inhuman treatment of the mentally disordered today in bleak prisons we call hospitals with disbelief and horror (p. 174).

The overall inefficiency of the medical model's delivery systems becomes aggravated by their relative inequity

concerning major segments of society. Studies have shown that the poor and black populations more regularly receive unfavorable diagnosis, such as schizophrenia, than members of the middle and upper-middle class (Pasamanick, et al., 1964). Also, the implementations of the medical model are alien to the life styles of the poor and provide a double standard of care which gives preferential treatment to the middle class (Gardner, 1967; Weiphoefen, 1967). Data has indicated that a psychiatrist's patient is most likely to be white, upper-middle class, female, non-Catholic and between the ages of 30 and 40 (Ryan, 1967). Albee (1968) concludes that state mental hospitals have become a haven for the poor since they cannot afford private clinicians and do not have the hospital insurance to be admitted to a general hospital.

In view of these inefficiencies in delivery systems, Congress passed the Mental Health Study Act in 1955. After five years of study the Joint Commission (1961) recommended that no more large mental hospitals be constructed and that services be provided in the community of the patient. In 1963 Congress passed the Community Mental Health Act which provided funds for constructing community centers within the framework of the states' programs. The community mental health center represents a new strategy whereby the person remains in his own community and does not leave his home, family and friends (Smith & Hobbs, 1966). However, the development of the community mental health center has not

been without its criticisms. Arguments have been presented against solving the failure of state hospitals by setting up another institutionalized system that does not provide any services which haven't been done before (Kubie, 1967). The main problem with the Joint Commission's report and the community center is that no changes in values or basic assumptions were made - things are just done closer to the community (Cowen & Zax, 1967). Glasscote (1964) surveyed eleven centers that best represented the community concept. He found that individual psychotherapy was the usual method of treatment. Services for children were practically non-existent and only one of the centers had developed special community consultation programs. Rosenblum (1966) argues that this situation results from the fact that community psychologists are bound to the medical model and have attempted to expand the concept rather than depart from it. Perhaps the one thing the community centers have done is to heighten the problem of manpower shortages. Brown (1965) found that psychiatrists employed in state hospitals were eager to work full time in a center, but psychiatrists in private practice were willing to give only a few hours of consultation a week. Thus, the community program has enhanced the manpower problem by adding new local services while attempting to maintain existing commitments (Kolb, 1968). In describing the medical model and its delivery systems a full circle has been developed back to the opening statements concerning manpower

shortages. Some of the more open minded adherents to the medical model have begun the training of nonprofessionals to alleviate these shortages (Mandeville & Maholich, 1969). Following are some examples of the use of nonprofessionals while maintaining the integrity of the medical model.

Nonprofessionals

One approach to the use of nonprofessionals by adherents to the medical model has been to train them as auxiliary counselors and psychotherapists (Magoon & Golann, 1966). The emphasis has been on learning and performing the same competencies as professionals (Harvey, 1962). Rioch, et al. (1963) capitalized on a population of housewives to train over a two year period to deal with a selected population of patients. They were trained in a traditional medical model approach of theory and supervised counseling. After two years of training the women were employed as nonprofessional counselors in various out-patient clinics. A similar lay training program was developed in an out-patient community center (Felzer, et al., 1968). Carkhuff and Truax (1965a) trained lay hospital attendants with what was described as a more efficient method. This program differed from long term and intensive training methods in that the program involved less than 100 hours of training and 65 hours of supervision time.

A second, and more prevalent, approach has been the use of nonprofessionals to supplement the roles of professionals (Hart, et al., 1968). Nonprofessionals, such as Army enlisted men (Hartog, 1967), adult volunteers (Holand & Vass, 1968; Herlig, et al., 1968), and grandparents (Johnston, 1967) were trained to augment the duties of the staff psychiatrists. Primarily functioning in hospitals, their duties included answering telephones, conducting initial screening, writing case histories, and limited consultation. In a slightly different approach, Hunter & Ratcliff (1968) sought out nonprofessionals, such as clergy and youth workers, involved in working with individuals. Training and consultation was provided to help them deal with psychological, marriage, and behavior problems they encountered.

Perhaps one of the most widely used resources of nonprofessional manpower has been the student population (Greenblatt, 1961; Umbarger, et al., 1962). One approach has been to use students as companions and models for disturbed children (Reinherz, 1963) and adults (Holzberg, Knapp & Turner, 1967) in state mental hospitals. Attempts have been made to extend the potential of student volunteers beyond companionship programs (Poser, 1967). Carkhuff and Truax (1965b) used a similar approach as with lay hospital attendants to train graduates to be lay therapists in a mental hospital. Sander (1967) devised four theory courses for student volunteers to a mental hospital. The courses

were then followed by supervision in conducting milieu treatment activities. Fellows and Wolpin (1969) established a pilot project in a mental hospital which trained high school students to conduct group therapy, counseling and tutoring in basic skills, and to engage in pilot conditioning programs. Stollak (1969) attempted to train college undergraduates as play therapists according to client-centered principles. Kreitzer (1969) described a behavior therapy program in which 21 college students provided intense behavior therapy for seven seriously disturbed, hospitalized children.

Other relevant examples of the use of nonprofessionals are (Mitchell, 1964, 1966; Cytryn & Whleim, 1965; Huessy, 1966). However, the purpose of this review was not to present a long list of studies but to provide exemplars of how nonprofessionals are used under the concept of the medical model. Within this model, supplementation of professional roles comprised the major approach of using nonprofessionals. Rather than challenging the assumptions of the medical model, the above studies addressed themselves to meeting what is seen as the central short coming of the model - a lack of "manpower muscle" (Cowen, 1967). The question of the place of the nonprofessional includes, but must go beyond, manpower to reconceptualizations of the medical model and structural changes in practice (Grosser, Henry & Kelly, 1969). Avoiding the basic reality that at the base of the manpower problem is an ideological problem creates the tendency to feel that

everything can be solved with more bodies. This has lead mental health professionals to use the industrial model for solving manpower problems. Reiff (1967) described the industrial model as breaking up highly complex operations into simple tasks thus reducing training time and increasing manpower. Most of the studies reviewed, divided professional activities into higher and lower order functions and relegated nonprofessionals to the latter. Exceptions to this were the studies by Rioch, et al. (1963) and Carkhuff and Truax (1965a, 1965b) who trained nonprofessionals for higher order functions. The solving of manpower problems through the industrial model while failing to realize the ideological basis of mental health problems, has resulted in nothing more ". . . than old wine in new bottles" (Reiff, 1967, p. 79).

Thus far, the criticisms of the medical model have been in terms of the ineffectiveness of its delivery systems to meet the problems of mental health. The above statements point to the necessity of developing different ideologies and conceptual models to meet mental health problems. This is opposed to the view of increasing the quantity of services without changing basic assumptions of the medical model (Kahn, 1968). A challenge to the assumptions of the medical model can best be presented through a discussion of alternative ideologies. Through this approach, qualitatively different methods of practice and emerging roles for non-professionals may be brought out.

PREVENTIVE OR PUBLIC MENTAL HEALTH MODEL

The term prevention has begun to appear in the literature more frequently. This should not obscure the fact that prevention is an expansive concept covering many theories, objectives and functions. Cowen and Zax (1968) have defined three conceptions of the prevention model: (a) primary prevention implies re-doing the structure of social institutions, (b) secondary prevention attempts to curtail the duration and impact of a disorder through early detection and treatment, and (c) tertiary prevention is directed toward essentially irreversible pathology with the purpose of keeping the impairment minimal. A question may be raised as to whether tertiary prevention is properly defined as prevention. As with the medical model a discussion of theoretical assumptions is necessary before proceeding into delivery systems and nonprofessionals.

Theoretical Assumptions

Levy (1970) describes theories, such as Allport, Rogers, and Goldstein, as open system conceptions of personality. Being an open system, a person can reach higher differentiated end states through varied ways of interacting with the environment rather than only being reactive to it (Miller, 1955). According to these theories, the energy source is self actualization which emphasizes psychic abundance, increasing energy and the movement of the system

to higher levels of functioning (Turner & Cumming, 1967). Rather than explaining the sick personality, these theories maintain that the thrust of all human activity is toward growth, creativity, and developing one's capacity to the fullest (Levy, 1970).

This emphasis on normality and interaction with the environment is not restricted to the humanists but extends to many neo-Freudians designated as ego psychologists. Theorists such as Hartmann (1951), Erikson (1959), White (1963) and Loevinger (1966) depict the ego as rational and responsible for intellectual and social achievements. Although it may be correlated with them, the ego is seen as a single and holistic organ which can be distinguished from intellectual development, psychosexual development and adjustment (homeostasis) (Loevinger, 1969). Erikson (1959) conceptualizes personality growth as psychosocial and as occurring through the resolution of normative or developmental crises. The individual emerges from such crises not only with a new self perception but with new energies and skills to meet successive crises.

These, and other similar theories, provide basic assumptions for a qualitatively different model of mental health (Turner & Cumming, 1967). The implications of these theories are exemplified through the rationale and applications of the preventive model. Since the preventive model is new and not well defined (Cowen, 1967), challenges to the medical model, rationale and programs (delivery systems) are

presented together. More specific attention can then be focused on the place of the nonprofessional.

Rationale and Application

Using the preventive model implies the development of assumptions and programs which move away from pathology and towards preventing the creation and perpetuation of mental illness (Eisenberg, 1962; Carter, 1968). This requires not only changing delivery systems but questioning basic assumptions concerning the etiology of mental disorders and the goals or end states desired (Arsenian, 1965). The goals of the preventive model are directed toward competence, self-fulfillment and freedom as opposed to removing inflexible, neurotic behavior (Bower, 1963; Hobbs, 1968). In an effort to create a fundamental shift towards building psychological resources, Hollister (1965) coined a new word--"stren." He defined stren as those experiences in a person's life that build strength instead of devoting time to repairing the impact of trauma and maladjustment. Gardner (1961) has succinctly summarized the aims and process of the preventive model:

. . . the ultimate keys to the understanding of mental health will come not through exclusive preoccupation with the pathological, but with the broader understanding of the nature of life and growth. Perhaps the understanding of the nature of life and the joyful adaptation to life will help us to understand and formulate the issues regarding the prevention of mental disorders. (p. 115).

Focusing on the goals of growth, self-fulfillment and competence requires programs and processes dealing with normal day-to-day living problems (Fishman and McCormick, 1970). Preventive programs are directed toward the development of educative processes thereby capitalizing on normal life experiences (Sanford, 1959). Sanford (1959) went on to say that changes which had been attributed to only psychotherapy can be brought about by regular educative processes or events occurring in the normal course of life. Preventive programs which are educative and reality oriented have implications for solving the inequities of the medical model in reaching the poor (Raiff, 1967; Riessman, 1967; Gardner, 1967). Hunt (1968) noted that today technical incompetence, in a highly technological society, has contributed primarily to the alienation of many social and ethnic groups. With the preventive model, greater dignity is accorded to everyday problems such as providing decent and purposeful jobs to alleviate feelings of incompetence in the poor (Klein, 1967). By focusing on problem engaging, problem seeking, and normal educative processes, the preventive model has promise for breaking the vicious circle and for elevating our efforts in the mental health sphere (Cowen, 1967).

The question of what are the influences and primary variables involved in mental health logically follows from a definition of goals or end states. For a preventive practitioner, adaptive and maladaptive behavior is seen as a

manifestation of ecological systems composed of child, family, neighborhood, school and community (Kelley, 1968). In order for a person to develop a fully functioning self he constantly needs psychosocial supplies from these systems (Caplan, 1964). Prevention has to do with a society providing interactions and experiences which enhance the degree of psychological freedom of individuals (Bower, 1963). Adherence to the preventive model and the basic assumptions of psychosocial variables greatly increases the complexities of the profession. Dubas (1959) stated that creating health transcends specialized knowledge of remedies and treatment towards apprehending the complex relationships between living things and their total environment. Consequently, the preventive model extends mental health perspectives from the individual to concerns with the developmental processes of cultures, institutions and groups (Parrish, 1968).

If one assumes that emotional robustness is related to interactive processes of an organism with its environment, the translation of theories and programs into preventive possibilities needs to take place within the framework of key integrative systems in society (Sanford, 1959). That institutions can affect the development of its participants has been demonstrated by studies of the adverse impact of mental hospitals (Goffman, 1961), urban conditions (Duhl, 1963) and public schools (Sprinthall, et al., 1970). By intervening in primary institutions, preventive programs

reach out to the population at large who have not yet been separated from their normal social systems (Bower, 1963). Directing attention towards institutions requires a change in orientation from office, clinic, hospital and consulting room to engaging in psychosocial development in its natural habitat (Thoresen, 1966). However, the development of normal growth through the implementation of institutional forces is not a simple transplantation of programs as in community centers (Kelley, 1968). The preventive model provides qualitatively different assumptions and programs from the community center (Reiff, 1967).

The family and the school comprise the two primary institutions aimed at by prevention programs (Smith & Hobbs, 1966). Research has indicated that positive mental health is a process which depends on family interaction to maintain growth (Ackerman, 1961). The importance of the family has also been reflected by innovations in treatment methods such as conjoint family therapy (Satire, 1967) and filial therapy (Fidler, et al., 1969). Next to the family, the schools have been an attractive institution for prevention (Samler, 1960; Charles, 1964; Long, Morse & Newman, 1967). Zimiles (1967) views the schools as a primary form of psychological intervention which can promote normal emotional growth as well as the acquisition of skills. The central issue for the preventive approach is not to turn the school into a clinic, but how to develop an effective, just, and humanistic

socializing agency (Morse, et al., 1968). Developing such an agency depends on the concern the school systems have for the emerging personality of its participants and being able to fuse preventive concepts with other goals designed for that system (Biber, 1961; Jarvis & Nelson, 1966; Carmical, 1969).

By focusing on actually preventing problems as opposed to early recognition and treatment, primary prevention seems to be the most promising of the preventive approaches (Guerney, 1969a). Guerney (1969a) continues that primary prevention requires broad-based educational training programs that are non-existent today. In order for these programs to develop, more knowledge is needed concerning attitudes and conceptions concerning interpersonal relationships in other areas besides elementary schools and children. This deficit in knowledge and programs has arisen from the fact that primary prevention has been mainly directed towards young school age children (Smith & Hobbs, 1966). The future and impact of primary prevention depends on the development of programs which deal directly with older people and the institutions to which they belong (Caplan, 1964).

Primary and Secondary Programs

Before defining the roles on nonprofessionals, a few examples of primary and secondary prevention programs are presented in order to understand their difference from the

medical model. The following primary programs were developed at the systems level and directed toward normal development. Roen (1967) took the approach of integrating primary preventive programs into an elementary school curriculum by teaching the behavioral sciences as a formal academic course to fourth grade students. Morse (1967) attempted to enhance teachers' mental health functioning by increasing their knowledge in normal growth, group dynamics and classroom management. Brookover, et al. (1969) enhanced student's self concept concerning achievement by training parents and teachers to provide realistic evaluation of achievement and setting student goals. Lewis (1970) developed a child ecology model for schools which was to have an impact on the over-all school climate. Adamson (1968) implemented an educational-mental health team that functioned from the grass-roots of the classroom teacher to the school-board members. The purpose was to provide an educational-clinical team that would make teaching a more enjoyable and productive function.

Several secondary prevention programs comprised of early detection and diagnosis have been described in the literature (Cowen, et al., 1963; Zax, Cowen, Izzo, and Trost, 1964; Zax & Cowen, 1967; Beech, et al., 1968). In summary, social workers' interviews with mothers, classroom teachers, and classroom observation provided the materials for early detection. In these studies the designation of

"Red Tag" was used for those youngsters who had already manifested disorders ranging from moderate to severe. Prevention programs used professional staff as educative-consultants to teachers. Research evidence demonstrated that the children diagnosed early and provided preventive treatment showed positive increases in adjustment, achievement and sociometric measures (Cowen, Zax, Izzo, & Trost, 1966). A follow up study by Zax, et al. (1968) indicated that early diagnosed, "Red-Tag" children, left untreated evidenced continued poor development throughout their elementary schooling. These programs differed from primary prevention in that intervention was aimed at a specifically diagnosed group of children. However, secondary prevention differs from the medical model in that the programs promoted normal growth by augmenting the environment of a primary institution - the schools. The programs were based on the assumption that with early detection optimally normal educative programs are therapeutic (Cowen, 1967).

Nonprofessionals

The reformulation of basic assumptions in the preventive model towards normal development and psychosocial influences, requires conceptual changes concerning the place of nonprofessionals (Grosser, Henry & Kelly, 1969). The preventive approach recognizes the fact that parents, peers, and other nonprofessionals may be more important in bringing

about normal development than the professional (Thoresen, 1969). By view of their natural role in a person's environment, these "sybiots" have an emotional impact for the person that a professional could only duplicate after several months (Guerney, 1969a). The approach of the preventive model is to use nonprofessionals in their natural role with others and to capitalize on the normal psychosocial processes of which they are a part. Since the preventive model tends to be newer and less well articulated, defining the place of nonprofessionals involves the problem of conceiving new and foreign functions as opposed to simplifying old and specified roles (Cowen, 1967). The difficulty of defining roles for the nonprofessional is especially true in primary prevention since little is known about the etiology of disorders and primary methods for influencing psychosocial supplies (Caplan, 1964). Consequently, significantly fewer studies involving nonprofessionals in primary prevention appeared in the literature.

Primary Prevention. Due to the importance of family relationships for normal growth, primary prevention programs have been directed toward educating parents in child rearing practices (Brim, 1961; Richmond & Lipton, 1961). Moving from the family into the larger community, Riessman (1967) trained indigenous nonprofessionals for a neighborhood based community action program for minority groups. The

nonprofessionals' role was divided into five phases which moved from individual treatment to institutionally based community action programs. The workers developed skills in assessing community needs and resources, group dynamics, leadership, and relating neighborhood programs to larger city programs. Sprinthall, et al. (1970) implemented psychological education and growth courses into a high school curriculum. In the first program students were taught listening behaviors and the process of giving empathetic responses. Upon completing a semester course the students organized discussion group programs with junior high and elementary students. The second course consisted of a child development program with both cognitive and experiential input. While learning the theory students developed primary prevention programs for nursery school children.

Secondary Prevention. Filial therapy, which uses the parents as the primary source of change, has evolved as a logical extension of conjoint family therapy (Fidler, et al., 1969; Guerney, 1969b). Andronico (1969) trained parents in client-centered play techniques in order to provide normal psychosocial supplies to their children - empathy. Research findings indicated that following training, parents exhibited more listening and empathetic behaviors and children were able to express aggression more openly (Stover & Guerney, 1969). Another approach to filial

therapy has been teaching behavior modification techniques to parents (Walder, et al., 1969). The primary method was to use and train parents to develop behavior modification programs for their children in the home (Hawkins, et al., 1969; Shah, 1969). Research data presented by O'Leary, O'Leary and Becker (1967) demonstrated that the children's undesirable behaviors improved as a result of the behavior modification programs.

Following early detection and diagnosis, housewives (Zax, et al., 1966), undergraduates (Cowen, Zax & Laird, 1966) and retired persons (Cowen & Leibowitz, 1968) were used to implement preventive programs in the schools. The approach of these programs was to train nonprofessionals to meet the educational and emotional needs of disturbed children who could not receive individual attention from teachers. Klein (1967) presented a more comprehensive, three month, program for training young people as human service aides to be employed in child care centers. Nichtern (1967) devised a community education program for more severely disturbed children within their existing school. The conceptual model was based on the principle of the teaching-mother.

SUMMARY

A review of the literature revealed that the mental health field is faced with a severe manpower shortage.

Attempts have been made to alleviate existing shortages by employing nonprofessionals in mental health roles. Even with evidence demonstrating their effectiveness, there has been some resistance from professionals and frequent employment of nonprofessionals in dead end jobs. The literature indicated that the effective use of nonprofessionals depends on an understanding of the models, goals and procedures developed to implement objectives. The medical and preventive models have been identified as the two primary approaches to mental health problems.

The theoretical assumptions of the medical model have been influenced by Freud's theory of psychosexual development. His theory may be characterized as a closed-system with an emphasis on internal processes and the maintenance of a homeostatic balance of energy between internal parts. Using these principles, medical model practitioners focus on the internal pathology, diagnosis, and cure. The main delivery systems used to implement the model's goals are the passive-receptive modes of psychotherapy, state hospitals, and community centers. These delivery systems have been seen as ineffective in meeting mental health needs, treating large categories of illness, solving the inequities among social classes, and dealing with the manpower shortages. Within this model, an attempt was made to increase the potential of its delivery systems by employing nonprofessionals in lower order and supplementary roles. However,

opponents to the model view the problem as going beyond manpower into a need for ideological and conceptual changes.

According to the literature, an alternative to the medical model and its assumptions has been the preventive model. The theoretical assumptions of this model are based on theories viewing personality as an open-system with emphasis on psychic abundance and normal developmental processes. Neo-Freudians have contributed to this movement by not only emphasizing normal development but the interdependence between the system and its environment. Following these assumptions, the preventive model attempts to provide the necessary psychosocial determinants of growth through intervening in primary social institutions such as the family and schools. The two main approaches are primary prevention which aims at the actual prevention of problems and secondary, which reduces problems through early detection and treatment. Within the preventive model, nonprofessionals are used in their natural roles with others in order to capitalize on the normal psychosocial processes of which they are a part. Since the preventive model is not as articulated as the medical model, programs and roles for nonprofessionals are more difficult to develop. This is especially true in the case of primary preventive approaches.

This review supported the premise that the medical model has not been efficient in treating mental disorders or solving manpower problems. By focusing on decreasing the

flow of mental disorder through primary social institutions, the preventive model appears to be the most promising for the mental health field. The future of the preventive model would seem to be in the direction of primary prevention and an emphasis on developing broad-based programs directed at both children and older people.

Chapter III

METHOD OF PROCEDURE

This study was designed to test the efficiency of increasing interpersonal competence of nonprofessionals in a helping role. The training method was based on an interpersonal communications model. The first section of this chapter includes a description of the sample and instruments used in the study. The presentation of instruments includes a discussion of validity, reliability, scales, scoring methods, and assumptions. These topics are followed by a presentation of the procedure for selecting the sample, training method for the advisors and the collection of data.

SAMPLE

The sample included 30 male dorm advisors who were to begin employment at a university dormitory in the Fall of 1971. Each advisor had responsibility for 60 students on his floor. Responsibilities consisted of typical duties such as maintaining quiet hours, intramurals, social activities and ensuring a congenial atmosphere between roommates. Since the general dorm rules were limited, advisors did not maintain an authoritarian position. The advisors were asked to participate in the program as a part of their initial training and job functions.

INSTRUMENTS

The Barrett-Lennard Relationship Inventory Scale (RI) (1959) was selected to test hypotheses I and II. The RI measures the presence of certain conditions in an interpersonal relationship (empathy, congruence, warmth, unconditionality, willingness to be known) which have been related to client change. Although the RI has been primarily used in therapeutic situations, it has been found a useful instrument in other interpersonal relationships such as teaching (Emmerling, 1961).

Content Validity

To ensure that the items, on the original scale, represented positive or negative expressions of the desired variables, Barrett-Lennard (1962) had five client-centered judges classify each item as positive, negative or neutral indicators of the variable in question. There was perfect agreement between the judges except for four items. Three of these items were eliminated, the one being retained only having the inconsistency of a neutral rating by one of the judges. An item analysis was also run comparing the answers given to each item by the upper and lower half of the sample (N=40) divided in terms of the scores on the variable to which the item belonged. One additional item was eliminated as a result of this procedure.

Reliability

Barrett-Lennard (1962) assessed the internal consistency of the original five scales by the split half method. The two halves in each case were equal or nearly equal in proportion of positive and negative items and the items in one half were matched as nearly as possible with items in the other half. The reliability coefficients of each scale were estimated using the Spearman Brown formula. The results of the scales were: (a) Level of Regard (warmth), .93; (b) Empathy, .86; (c) Congruence, .89; (d) Unconditionality, .82; and (3) Willingness to be Known, .82. It was felt that these figures indicated satisfactory internal reliability warranting the use of the test for this study.

Present Form

The variable of Willingness to be Known was not found to be significantly related to the establishment of a relationship conducive to creating change in a client (Barrett-Lennard, 1962). Consequently, this variable was not included in this study, leaving an RI form consisting of 69 items with each variable represented by 16-18 items. The instrument was scored according to a six point scale. A score of 0 represented low presence of the variable while a score of five represented a high presence of the variable.

Assumptions

1. The RI was selected as a criterion measure of the efficacy of the training procedure based on the assumption that the RI provided variables which paralleled Beier's (1966) process of beneficial uncertainty (Appendix A).

a) Empathetic Understanding: As the nonprofessional engages in human relations, it is his awareness of the other person's feelings and behaviors which creates an experiential basis for change or preventive exploration. Beier's (1966) model provides a means for the nonprofessional to understand others at a deeper level than his overt behavior. Empathy is generated and communicated through the nonprofessional's understanding of experiences deeper than those communicated overtly by the other person, i.e., by understanding the consequences of the covert message.

b) Level of Regard: Regard refers to the affective aspects of one's response to another which may be positive or negative. In order for a helper to engage in beneficial uncertainty he must communicate a sense of existential concern for the other person. Using Beier's model the helper communicates that ". . . another person is with me, he is listening to me even though my social skills are of little value, I am meaningful to him" (Beier, 1966, p. 8).

c) Unconditionality: In contrast with the level of regard, this concept deals specifically with the

variability in one person's response to another. Unconditionality corresponds to Beier's process of the helper suspending all moral judgments and attitudes toward the other person in the relationship. Freedom from judgmental processes implies that the person being helped is responsible and he need not blame himself or the environment for his misfortune. This process of unconditionality communicates that ". . . another person can tolerate me, I need not give all my energies to defending myself" (Beier, 1966, p. 9).

d) Congruence: Congruence may be defined as the degree of integration between the awareness of one's feelings. Essential to the implementation of Beier's model is the helper's ability to become aware of his own feelings in the relationship and to use them to gain an understanding of the other person. By becoming aware of and understanding his own feelings the helper is more likely to establish a genuine relationship and remain congruent within it.

2. Based on the theoretical position of phenomenology, it was felt that criterion data should not only originate from the self report of the helper but also from the perceptions of those persons engaging in relationships with them. Phenomenologically, a person's world is always organized and made meaningful through the perceptions of the person himself. The perception of one person determines his behavior at any given instance (Snyggs & Combs, 1949). The fact that two persons are in the same situation does not

guarantee a common experience (Beck, 1963). For example, Barrett-Lennard (1962) found that clients' perceptions of their therapists were better predictors of success than the therapists' own perception of themselves. Therefore, the ultimate criterion of whether a helper is successfully establishing an atmosphere of beneficial uncertainty derives from the perception of the other person participating in that relationship. The RI provides a rating instrument which uses both self-report and perceptual data.

The Role Appropriateness Scale (Schroeder & Dowse, 1968) was used to test the third hypothesis. The scale consists of 50 items describing various problems a student might face and wish to discuss with his dorm advisor. The items were divided into six variables: (a) College Information, (b) Study Skills, (c) Dormitory Living problems, (d) Vocational Choice, (e) Social Adjustment, and (f) Family Problems. The category of family problems was delineated as the most critical problem area with college information being the least. The Role Appropriateness Scale was used to provide an external measure, i.e., one not directly related to the skills developed in the training. It was assumed that those advisors who established genuine relationships would be seen, by the students, as appropriate resources for solving critical problems. Each response was judged on a five point scale with 0 indicating the problem as being appropriate and 4 indicating the problem as being

inappropriate. Since the instrument was new and not well researched, a inter-rater reliability coefficient was calculated and reported in Chapter IV.

PROCEDURE

The sample of 30 male dormitory advisors were randomly assigned to an experimental group and control group. The experimental group received training using Beier's (1966) model (Appendix A) and the control group received leadership training (Appendix B). Both groups attended the other regular preservice orientation programs. They were told that an experiment was being conducted and not to talk to members of the other group. Throughout the training, the same trainer was used for both groups. The trainer had a masters degree in counseling and guidance and had studied under one of Beier's students for two years. The experimenter observed both groups and recorded the proceedings. He did not interact during the sessions.

Training

The Experimental group received a twelve hour intensive training block followed by two weeks of on the job training. The 12 hour block was divided into three sessions meeting once a week for four hours. The first session included a detailed presentation and discussion of Beier's communications model. Lecture, question and answer, and

group discussion were the primary processes used during this session. The purpose of this session was to provide an understanding of human behavior and the interpersonal communications process. In addition, the advisors began to understand how they could effect changes in behavior through the process of disengagement. At the end of the session specific behavioral objectives, to be used in subsequent sessions, were introduced.

During the remaining sessions the trainees were to: (a) be able to identify and describe the recurring patterns of behavior used as the evoking message, (b) be able to identify and state their own (trainees) emotional response to the evoking behavior, (c) be able to state how he has (or could have) reinforced the behavior in the past, (d) be able to state the action or behavior that would not reinforce the student's behavior, and (e) be able to state the anticipatory consequences of his action.

Session two was comprised of a video taped presentation of various types of covert messages which could be used to evoke emotions in another person. The emotional categories were anger, fright, sadness-crying, rejection, love, and gratitude. Prior to the training, the video tape was made by having volunteers role play, as realistically as possible, these emotional categories. Five students from the counseling and guidance department were used for each category. The trainees viewed two subjects in an emotional

category and were asked to react to each separately. A discussion followed the presentation of each subject concerning the trainees' feelings (how they would react and what they thought the person was trying to say). After the first two examples, the trainees followed the behavioral objectives, in written form, for the remaining three subjects. A discussion concerning the answers to the objectives followed the presentation of each subject. This procedure was carried out for each emotional category. The first goal of this session was to provide an experiential oriented process as to how messages can evoke emotions and control the behavior of the receiver. This objective was implemented by having the trainees simply react to the first two subjects. The second goal was to provide the experience of being able to disengage from the subject's evoking message and to analyze what were his covert messages thereby providing an understanding of the person beyond his overt behavior. This process was carried out through the use of the behavioral objectives.

The final session consisted of various role playing situations concerning actual problems originating with the trainees. The trainees themselves played the various roles in each situation. The problems consisted of typical dormitory situations (a student playing his stereo too loud, problems between roommates, students breaking study hour rules, narcotics and personal problems). Each trainee related

the problem to the trainer who then selected another trainee for the needed role. The situation was established by having the other trainee role play the student advisor and the person who initiated the problem role play the student. The remainder of the trainees observed the role playing and followed the behavioral objectives in written form. A discussion followed each role playing incident which lasted for about five minutes. After the discussion the observers either volunteered to play the part of the advisor and try out their solutions or a new problem was introduced. It was found that this process, including role playing, discussion, volunteer, and further discussion could be carried out for five situations in a four hour period. The purpose of these situations was to have the trainees practice and integrate the process of disengagement and provide preventive solutions to the problems. For instance, the dormitory advisor would learn to hypothesize that the student making noise is not only asking for punishment but may be desiring help with a deeper problem. Rather than punishment, which could perpetuate the behavior, a more beneficial procedure would be referral to the counseling center. The latter behavior meets the criteria of establishing a beneficial relationship and carrying out primary preventive solutions.

During the two weeks that followed the three training sessions, the dormitory advisors participated in two

weekly follow up sessions. These sessions followed the same format as in session three except that the time was limited to two hours. The purpose of these meetings was to provide on-going supervision and reinforcement of the implementation of Beier's model.

The Control group received a 12 hour block of training in leadership theory and practice (University of Toledo, 1971). The 12 hour block was divided into three sessions of four hours each. The first session included a lecture and discussion of leadership theory. This meeting contained concepts of different approaches to leadership such as charismatic, trait, and situational-functional. The second session included training experiences which exemplified the different approaches to leadership. One group was designated as an in-group and the other as an out-group. The in-group was presented with a problem and appointed a leader. The out-group observed the leader and the group's problem solving activity. The observers were guided by a hand out which exemplified specific behaviors of a situational-functional leader (Appendix B). A discussion followed the observation and the process was then reversed. Each group remained in the center for approximately fifteen minutes and were given three problems to solve. For each problem a different leader was chosen. The problems included typical dormitory leadership functions (how to organize committees, building

floats, social activities, and organizing intramural teams). Session three included a lecture and discussion concerning group decision making processes. Following the lecture the trainees participated in an "in basket" exercise (Appendix C). This exercise presents a person with various problems and decisions to make. Each person was to take the problem and develop their own solution separately. An in-group was formed and assigned to come up with a group decision concerning the problem. An out-group observed the decision making processes according to the concepts presented in the lecture. After a discussion the process was reversed. In order to provide the implementation of leadership skills to on-going dormitory activities, two weekly "rap" sessions of two hours each were conducted.

The training schedule presented above was revised, in process, from the original design. Originally, there were to be three block sessions during one week followed by four weekly follow up sessions. The three meetings were to comprise a total of ten hours rather than twelve. In the process, the sessions naturally evolved into four hours. This may have been due to meeting only once a week for three weeks as opposed to having three sessions in three days. The format for the sessions were the same except for meeting three. The original plan called for the trainer to bring in artificial role playing situations rather than using the problems of

the advisors. Problems originating with the advisors themselves were to be introduced in the follow-up sessions. However, the advisors had already started their job and had developed relevant problems at that time. The trainer decided to work with their problems instead of staying with the original format. Further problems were brought out in the subsequent follow-up meetings. It was thought that the change in format enhanced the impact of the training since the advisors were personally involved at that time. If the trainer had put off their problems he may have lost the trainees' involvement.

Due to circumstances, the number of advisors had dropped to 10 by the third session, in the experimental group, and to 12 in the control group. These advisors returned to participate in the two follow-up sessions. Their data were included to maintain an $N=15$ in each group. The advisors, as a group, were not able to maintain their commitment to the four follow-up sessions (see discussion, Chapter V). The training was terminated after the first three sessions and the two follow-up meetings. The last two sessions were to have the same format of role playing actual dormitory problems. Eliminating the last two meetings had the effect of reducing the total hours of training by four. Ultimately, it was felt that even with these structural changes the goals of the training were met. By the end of the two follow-up sessions most of the immediate concerns

of the advisors had been dealt with by the trainer. Any attempt at carrying out the last two sessions would not have been effective since trainee involvement may have dropped.

Collection of Data

Following the total training period, the dormitory advisors were given the RI scale to measure the perceptions of their interpersonal competence. Four weeks after the training, students rated their dormitory advisor using the RI and the Role Appropriateness Scale. Ten students out of 90 on each floor were randomly selected to rate their advisor. To ensure 100% return, the data were collected by contacting each student personally. The forms were left with the student for a week and then collected personally by the experimenter. In some instances alternate students had to be asked to rate their advisors (50 of an N=300). These were well distributed among the advisors.

Statistical Analysis

The statistical analysis of hypotheses I and II involved a comparison of the means of the four variables Regard, Empathy, Congruence, and Unconditionality on the RI scale. The analysis of hypothesis three involved a comparison of the means for the six variables Study Skills, College Information, Dormitory Living, Vocational Choice, Social Adjustment, and Family Problems on the Role Appropriateness

Scale. Ferguson (1966) suggested the use of a t-test to analyze the difference in means between two independent samples.

Chapter IV

ANALYSIS OF DATA

This chapter includes an analysis of the data for each hypothesis discussed in Chapter I. The analysis is organized to present each hypothesis in the null form. The data analysis includes: (a) a t-test of the mean difference between the control and experimental groups on the RI scale (advisor form), (b) a t-test of the mean difference between the control and experimental groups on the RI scale (student form), (c) a t-test of the mean difference between the control and experimental groups on the Role Appropriateness Scale, and (d) a split-half inter-rater reliability on the Role Appropriateness Scale.

RESULTS OF NULL HYPOTHESES TESTED

Hypothesis One

The first hypothesis involved a comparison of self-ratings of the experimental and control groups on the four variables of the RI scale. The null form of this hypothesis was as follows:

H_1 : There is no difference between the self-perceptions of the experimental and control groups as measured by the Barrett-Lennard Relationship Inventory Scale.

In testing this hypothesis, four separate analyses were conducted. A t-test was calculated between the groups for each mean of the variables Regard, Empathy, Congruence and Unconditionality. A summary of the data has been presented in Table 1.

TABLE 1
Analysis of Mean Differences Between the
Experimental and Control Groups
on the RI Scale: Advisor Form

Control Group (N=15)	Variables			
	Regard	Empathy	Congruence	Uncond.
M	65.79	45.57	57.21	46.43
SD	8.87	6.84	7.07	9.16
Experi- mental Group (N=15)	Variables			
	Regard	Empathy	Congruence	Uncond.
M	72.87	47.67	65.13	44.07
SD	6.77	5.82	9.02	8.08
t	2.387*	.875	2.586*	-.723

* $p < .05$

The results of the t-test indicated that the scores of Regard ($t=2.387$) and Congruence ($t=2.586$) showed a significant difference at $p < .05$ and in the predicted direction. On the scores Empathy ($t=.875$) and Unconditionality ($t=-.723$) the group means were not found to be significantly different.

In view of these results, the null hypothesis of no significant difference between groups was rejected for the variables of Regard and Congruence.

Hypothesis Two

The second hypothesis involved a comparison of student ratings of advisors in the experimental and control groups on the RI scale. The null form of this hypothesis was as follows:

H₂: There is no difference in the student ratings of interpersonal competence between the experimental and control groups as measured by the Barrett-Lennard Relationship Inventory Scale.

As with hypothesis one, four separate analyses were conducted. A mean student rating (N=10) on each RI scale was computed for each advisor. Then a t-test was calculated between the means of these scores for the groups on each of the variables Regard, Empathy, Congruence, and Unconditionality. The results were summarized in Table 2, page 59.

The results of the t-test indicated that on the Empathy scores ($t=2.050$) the group means were significantly different at $p < .05$ and in the predicted direction. There were no differences between group means on the variables of Regard, Congruence and Unconditionality. In view of these results, the null hypothesis of no difference between groups was rejected for the variable of Empathy.

TABLE 2

Analysis of Mean Differences Between the
Experimental and Control Groups on
the RI Scale: Student Form

Control Group (N=15)	Variables			
	Regard	Empathy	Congruence	Uncond.
M	52.88	43.49	53.72	49.28
SD	17.48	8.61	10.67	6.83
Experi- mental Group (N=15)	Variables			
	Regard	Empathy	Congruence	Uncond.
M	61.83	49.98	60.09	53.05
SD	12.87	8.19	9.57	7.63
t	1.540	2.050*	1.660	1.150

* $p < .05$

Hypothesis Three

The third hypothesis tested whether the advisors in the experimental and control groups were viewed by students as appropriate resources for help on the Role Appropriateness Scale. The null form of this hypothesis was as follows:

H₃: There is no difference between the students' perceptions between the experimental and control groups as being more appropriate resources of help as measured by the Role Appropriateness Scale.

In order to test hypothesis three, six separate analyses were conducted. A mean student rating (N=10) was computed for each advisor on every scale. Then a t-test was calculated between the means of these scores on College Information, Study Skills, Dormitory Living, Vocational Choice, Social Adjustment, and Family Problems. The results were summarized in Table 3.

TABLE 3

Analysis of the Mean Difference Between the
Experimental and Control Groups
on the Role Appropriateness Scale

Control Group (N=15)	Variables					
	College info.	Study skills	Dorm. living	Voca. choice	Social adjust.	Family problems
M	10.97	12.22	23.59	10.07	17.58	14.87
SD	4.18	4.49	7.97	6.81	5.93	5.03
Experi- mental Group (N=15)	Variables					
	College info.	Study skills	Dorm. living	Voca. choice	Social adjust.	Family problems
M	13.40	14.53	30.79	10.16	19.51	15.90
SD	4.40	6.21	8.23	6.85	7.86	5.62
t	1.460	1.130	2.350*	.030	.730	.120

* $p < .05$

The results presented in Table 3 indicated that on score of Dormitory Living ($t=2.350$) the group means were significantly different at $p < .05$ and in the predicted direction. No significant differences were found between the group

means on the other five variables. In view of these results, the null hypothesis of no difference between the groups was rejected for the variable of Dormitory Living.

INTER-RATER RELIABILITY

An inter-rater reliability coefficient was computed on the Role Appropriateness Scale. A split-half method was developed by dividing the 10 raters for each advisor. Five raters from each advisor formed group A while five raters from each advisor comprised Group B. The mean rating was computed for each advisor in group A and B. A product-moment correlation coefficient was computed between these two scores. A summary of the results was presented in Table 4.

TABLE 4

Inter-Rater Reliability Coefficient
for the Role Appropriateness Scale

Scales	r
College Information	.567*
Study Skills	.406*
Dormitory Living	.592*
Vocational Choice	.232
Social Adjustment	.530*
Family Problems	.453*

N=30; * $p < .05$

The above analysis showed that, except for vocational choice ($r=.232$), the reliability coefficients were significant at $p < .05$. The results suggested the coefficients were not high enough to make generalizations from the data.

SUMMARY

The test of the first hypothesis indicated that there were some significant differences between self-perceptions of the experimental and control groups on the RI scale. The experimental group was rated higher on Regard and Congruence than the control group. Results of the tests involved in the second hypothesis indicated that the experimental group had a significantly higher mean score on the variable of Empathy than did the control group. Finally, advisors in the experimental group received a significantly higher mean score on Dormitory Living on the Role Appropriateness Scale than did the control group.

A summary of the inter-rater reliability coefficients on the Role Appropriateness Scale was presented. The results of the reliability coefficients raised a question as to making generalizations from the data.

Chapter V

SUMMARY AND DISCUSSION OF THE RESULTS

SUMMARY

A university was selected as a primary social institution and dormitory advisors identified as significant non-professionals in order to test the efficacy of using a primary preventive model in mental health. A training program was developed to enhance the advisors' potential for creating an interpersonal climate conducive to the normal development of students. The problem of this study was to investigate the effectiveness of an interpersonal communications model as a training procedure for nonprofessionals in a helping role.

Theoretical assumptions underlying the training method were based on an interpersonal communications model developed by Beier (1966). According to Beier, people are social beings who have learned to behave in socially acceptable ways. The social messages communicated by a person are comprised of both an overt component and a covert component. The manifest component contains information which the sender consciously wishes to communicate and for which he assumes responsibility. The covert component includes ambiguous information that non-verbally creates an emotional climate in the receiver, and for which the sender does not assume responsibility. A

person who is in a helping role needs to gain a deeper understanding of these messages in terms of how they are used to convey hidden meanings and to manipulate others into conforming to expected patterns of behavior.

Beier's model provides an understanding of growth and change which is applicable to a variety of situations. Using this model does not require references to specific therapeutic approaches or sophisticated psychological jargon. The essence of Beier's approach is in the establishment of an interpersonal process of "beneficial uncertainty." The uncertainty comes from the disengagement process whereby the helper refuses to reinforce the helpee's maladaptive behavior. Beneficiality derives from the helper communicating to the other a sense of existential concern for him and that the helper is free from judgmental processes. This ability of the nonprofessional allows for early detection of emotional stress in others.

In order to test the effectiveness of training, the following research hypotheses were developed:

- H₁: The experimental group was to perceive themselves as more interpersonally competent than the control group as measured by the Barrett-Lennard Relationship Inventory Scale.
- H₂: The experimental group was to be rated, by students, as more interpersonally competent

than the control group as measured by the Barrett-Lennard Relationship Inventory Scale.

H₃: The experimental group was to be rated, by students, as more appropriate sources for dealing with personal problems than the control group as measured by the Role Appropriateness Scale.

The sample for this study contained thirty male dormitory advisors who were randomly assigned to an experimental and control group of 15 participants each. The experimental group received training using Beier's model while the control group received leadership training. Both groups attended the other regular pre-service orientation programs.

The experimental group received a twelve hour intensive training block followed by two weeks of on-the-job training. The 12 hour block was divided into three sessions which met once a week for 4 weeks. The first session included a detailed presentation and discussion of Beier's model. The purpose of this session was to provide an understanding of human behavior and the interpersonal communication process. Session two was comprised of a video taped presentation of various types of covert messages which could be used to evoke emotions in another person. The goals of this session were to provide an experientially oriented process as to how messages can control behavior and to learn methods of disengaging from those messages. The final session consisted of various role playing situations concerning actual problems encountered by the

trainees. The purpose of this session was to have trainees practice and integrate the process of disengagement. During the following two weeks, the trainees participated in two follow-up sessions. These sessions followed the same format as in session three except that the time was limited to two hours. The purpose of these sessions was to provide on-going supervision and reinforcement of the implementation of Beier's model.

The control group received a 12 hour block of training in leadership theory and practice. The 12 hour block was divided into three sessions of four hours each. The first session included a discussion and lecture of leadership theory. The second session consisted of training experiences which exemplified the different approaches to leadership. Session three included a lecture and discussion concerning group decision making processes. Following the lecture, the trainees participated in an "in basket" exercise as individuals and as a group. In order to provide the implementation of leadership skills to on-going dormitory activities, two weekly "rap" sessions of two hours each were conducted.

Following the total training period, the dormitory advisors were given the RI scale to measure perceptions of their own interpersonal competence. Four weeks later, students rated their advisors using the RI scale and the Role Appropriateness Scale. Ten students from each floor were randomly selected to rate their advisors.

FINDINGS

In order to test hypothesis one, four separate analyses were conducted. A t-test was calculated between the self-ratings of the experimental and control groups for each mean of the four variables on the RI scale. The results indicated that the experimental group's mean was significantly higher on the variables of Regard and Congruence than the control group. The null hypothesis of no difference between groups was rejected for Regard and Congruence.

The second hypothesis involved computing the mean student ratings (N=10) for the experimental and control groups on each of the four variables of the RI scale. Four separate t-tests were calculated using the means of Regard, Empathy, Congruence, and Unconditionality. The results indicated that the experimental group received a significantly higher mean rating on Empathy. The null hypothesis of no difference between the groups was rejected for the variable of Empathy.

The testing of hypothesis three involved computation of the mean student ratings (N=10) for the experimental and control groups for the six variables on the Role Appropriateness Scale. Six separate t-tests were calculated using the means of College Information, Study Skills, Dormitory Living, Vocational Choice, Social Adjustment, and Family Problems. The results indicated that the experimental group's mean rating was significantly higher on Dormitory Living than

that of the control group. The null hypothesis of no difference between groups was rejected for the variable of Dormitory Living.

The inter-rater reliability coefficient involved dividing the 10 raters for each advisor into two groups of five. The mean rating was computed for each advisor in groups A and B. A product-moment correlation coefficient was computed between these two scores. The results indicated that the data was not highly reliable for making generalizations.

CONCLUSIONS

The following conclusions have been drawn from the findings of this study:

1. The use of Beier's interpersonal communications model as a training method did enhance nonprofessionals' self-perception of their interpersonal competence in reference to Regard and Congruence.
2. The use of Beier's interpersonal communications model as a training method did enhance students' perceptions of their advisors' interpersonal competence in reference to Empathetic Understanding.
3. The use of Beier's interpersonal communications model did increase the students' perceptions of their advisors as appropriate resources for dealing with problems of Dormitory Living.

DISCUSSION

The use of Beier's model as a training method was based on the assumption that a deeper understanding of the communication process would enhance interpersonal competencies conducive to implementing preventive measures. By gaining the ability to understand human behavior and to develop nurturing relationships, the nonprofessional would be able to detect emotional stress early and provide appropriate sources of help. In order to test these assumptions, it was assumed that the training would enhance the trainees' self-perception and their students' perceptions of the advisors' interpersonal competence. Also, the students would view their advisors as appropriate resources for dealing with problems of daily living. These assumptions were verified for: (a) the advisors' self-perceptions concerning Regard and Congruence, (b) the students' perception of their advisors' in reference to Empathetic Understanding, and (c) the students' perceptions of their advisors as being appropriate resources in dealing with problems of Dormitory Living. These results raise certain questions and implications for further research.

The significance of the variable Dormitory Living is especially important in explaining the outcome of this study. The variable was third on the continuum from the least important variable of Study Skills to the most important variable of Family Problems. The assumption underlying

this continuum was that personal problems would be more difficult to discuss with an advisor. As the problem increased on the continuum, more interpersonal competence was required for the student to perceive the advisor as a resource in that area. The results seem to indicate that this assumption may not be true.

The results of the inter-rater reliability data indicated that the variables peripheral to Dormitory Living receive less consistent ratings. This suggests that the importance of problems may be based on whether the students perceive the role of the advisor as being relevant to that problem. Problems of dormitory living may be the most vital to those students living in the dormitory. Without a proper living environment, the development of normal study skills and social adjustment would be difficult to achieve. It seems that students did perceive the trainees receiving Beier's model as appropriate resources of help in an area important to their day-to-day living. It may be that the continuum should be revised to indicate dormitory living problems as the most important for dormitory students. These questions require further research since scores for Dormitory Problems had a low reliability. Since all scores from the Role Appropriateness Scale were low in reliability, failure to reject the null hypothesis, for the other variables, could be in error. Had the scale of Role Appropriateness been more reliable it might have indicated group differences not detected here.

If further research found problems of dormitory living to be the most vital to students, the importance and effectiveness of using Beier's model would be enhanced. It could be argued that, since both groups perceived the role of the advisor relevant to dormitory problems, changes in students' perceptions of interpersonal competence was not contaminated by role perception. In addition, training for interpersonal competence using Beier's model would meet an important criterion in preventive work. As Caplan (1964) noted, of primary importance for preventive approaches is providing nurturing interpersonal relations in those areas which are vital at particular developmental periods.

The results of the data involving the RI scale appear to be somewhat more complex. The results indicated that there was an inconsistency between the perceptions of the advisors and those of the students. The advisor's perceptions changed in reference to Regard and Congruence while the students' changed in reference to Empathetic Understanding. There are several possible explanations for these results. As Cowen (1967) stated, the problem of developing preventive training models for nonprofessionals involves more complex processes than simplifying old established roles. This situation is complicated by the deficit in knowledge concerning the variables involved in interpersonal relationships (Smith & Hobbs, 1966). The development of preventive programs

involves more intervening variables than in a more specific environment such as the therapeutic hour.

One of these intervening variables noticed in this study was the intensity of contacts between advisors and students. The nature of an advisors' role provided for a less intense relationship than that found in therapy. The relatively low inter-rater consistency on the Role Appropriateness Scale supports the notion that a more global situation was present here than in therapy. In contrast, Barrett-Lennard (1962) reported that clients' and therapists' perceptions were consistent by the fifth session. With this less intense relationship in the dormitory a longer period of time may be needed to affect the perceptions of students and advisors consistently. To determine what variables are influencing the perceptions of students is quite difficult. It may be that the contacts were not sufficiently intense for the students to discriminate between behaviors involving Regard and Congruence from Empathy. Carkhuff (1969) pointed out that many times the behaviors related to Regard and Congruence are found in communications involving Empathetic Understanding. Although elements of the three variables could be separated, they may all be present in the same response. This suggests, that in the more global situation of preventive roles, variables on the RI scale may be inappropriate and lack sufficient discriminatory power as criteria for measuring training outcome. The effective evaluation

of preventive programs may require new criteria rather than using those applied to therapy.

There is a possibility that increasing the impact of training would have altered the relationships found here. Increasing the emphasis on skill development and focusing on one primary variable may be appropriate methods for increasing the effectiveness of the model. Emphasis on one variable and skill development might provide a more intense consistency between the perceptions of the advisors as to what they learned and the perceptions of the students as to the behaviors presented by the advisors.

The need for skill development became especially evident when the training included experiences in the disengagement process. The assumption prior to training was that, by allowing the advisors to develop their own means of disengaging, a more personal integration of the model would occur. This was opposed to the approach of describing the specific disengagement responses discussed by Beier. The feeling was that a more explicit explanation of specific responses would have provided a more integrative experience for trainees. Learning specific skills would have presented concrete behaviors for trainees to develop during practice sessions. Without these skills, the trainees used a majority of time searching for responses that would disengage them from the evoking message. By using specific responses, trainees would experience the feeling of what the responses

accomplish and their consequences on the sender and respondent. This would provide an experiential process, beyond cognitive, for integration of the model into behavior.

Empathetic Understanding seems to be the variable most amenable to skill development. Carkhuff (1969) noted that increasing interpersonal competence has been most effectively accomplished by beginning with the dimension of empathy since without it, no interpersonal relationship is possible. He seems to imply that the development of Empathetic Understanding consists of learning more specific behavioral skills than Regard, Congruence and Unconditionality. Using Carkhuff's behavioral process for developing Empathetic Understanding corresponds to the specific responses of disengagement outlined by Beier (1966). He describes reflection as a specific asocial and disengagement response which corresponds to Carkhuff's (1969) description of an interchangeable response.

For the purpose of increasing effectiveness and replication, some further changes in design are suggested. The first change would be actual scheduling and sequencing of the training. At the time, changing the training from a 10 hour block during one week period to a 12 hour block over three weeks did not seem to effect the training. However, feedback from the advisors indicated that having the sessions closer together would have provided a more

meaningful experience. Grasping the "gestalt" of the training process over the three week period seemed to be difficult. The trainer's feelings and feedback coincided with that of the advisors'. He felt that it was difficult to maintain a continuity and intensity from week-to-week. The trainer stated that there was a constant need to review previous sessions before moving into the present session. As an observer, the researcher agreed that there was a stop-and-go experience rather than a smooth movement from topic to topic. Over all, this procedure seemed to reduce the impact of the training.

Along with scheduling and sequencing, the timing of the training seemed to reduce both effectiveness of the model and motivation for continuing. The first session occurred during the opening week of school. At this time, advisors were preoccupied with their administrative duties and had a difficult time becoming involved in the first session. This was compounded since the main process of this session was a lecture with little interaction from the advisors. Timing became progressively worse since the advisors had to function in their position while learning the model simultaneously. Rather than attempting to adapt the processes of training, the advisors sought quick solutions from their supervisors. This behavior would logically follow from the fact that the model had not yet been integrated by the advisors. Before the model could be

implemented fully by advisors, at least a minimal amount of the model needed to be integrated before beginning their functions.

RECOMMENDATIONS FOR FUTURE RESEARCH

Research findings suggest new research questions as well as suggesting possible answers to questions already posed. Therefore, the following recommendations for future research are presented:

1. This study should be replicated with a different sample of nonprofessionals to test the efficacy of Beier's model which would include the following modifications:
 - a) In order to provide continuity, proper scheduling is essential. It is recommended that the initial sessions be scheduled with a minimum of time lapse between sequences. Three to four sessions totalling five hours per day should be sufficient.
 - b) The time of the training program should allow for sufficient integration of the model before actual job functions begin. A minimum of time lapse between the initial training and on-the-job follow up sessions is recommended.

2. Since preventive roles of nonprofessionals are less intense and specific than in therapy, the development of more powerful evaluation instruments is needed.
3. Further study is needed to determine what variables in interpersonal relationships influence the perceptions of those participating in the relationship. Research is needed to investigate the effect of emphasizing one variable, such as empathy, and specific skill development.

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APPENDICES

APPENDIX A
OUTLINE
INTERPERSONAL COMMUNICATIONS MODEL

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INTERPERSONAL COMMUNICATIONS MODEL

I. Introduction

In interpersonal relationships verbal behavior may be the least important medium of exchange. Whether or not a person verbalizes is not an essential feature of exchange. Thus a person may be seen as providing information by merely behaving.

Certain information that is conveyed by the individual's behavior is of special interest to a person in an advisory or helping role. This is information which is not under conscious control. An advisor is interested in the information which is given without awareness by the person. Information or messages have two components. The manifest meaning is verbal content which is easily recognized. The covert component comprises ambiguous information which serves primarily to create an emotional climate in the respondent. It is this message which has interpersonal consequences for both the sender and respondent. It is the covert message and how it is used that will form the basis of our discussion and interpersonal model.

II. Motivation

A. Reward Function

1. It is unreasonable to assume that people create displeasure for themselves unless this displeasure has a rewarding function. This reward function is likely to be unconscious and gives the person some meaning and sense of existence. For example, a suicidal person may say that he attempted it because he was depressed. However, he may also have learned to obtain a reward from the fact that he can raise guilt for rejection or lack of love in a significant other. This person may have learned to create for himself situations that he can complain about but also get some sense of reward and sense of existence by controlling other people.

2. If a dormitory advisor doesn't understand the covert message of a student he may be actually reinforcing those behaviors which he is trying to change or stop.

3. By learning to disregard the manifest meaning of a message and beginning to understand the expectations inherent in the covert message he will help the person unlearn previous behavior and open up opportunities for new behavior.

III. Anatomy of a Message

A. Persuasive Message

<u>Sender</u>	<u>Message</u>	<u>Respondent</u>
Conscious Coding	Contextual and non-verbal coding	Choice made on the basis of emotional climate, not awareness

1. Sender codes his message consciously.
2. The purpose of the message is to create in the respondent an emotional climate favorable to the sender's intent.
3. The respondent should be persuaded to:
 - (a) make the choice desired by the sender
 - (b) believe that he made the choice on his own judgment.
4. The sender must establish a condition in the respondent under which he behaves as the sender wishes, without the respondent becoming aware that he has been led to a particular choice by the message. It is important that the respondent does not have any awareness of the sender's intent. The receiver must be made to feel, not to think. The sender literally does not allow the respondent to use his head. For example, a car salesman sells by using a particular color to create an emotional response in the buyer. If the buyer becomes aware of the devices, he can then use other criteria to make his choice.

B. Evoking Message

1. Same purpose as the persuasive message.
2. The difference is that the sender is unconsciously coding his message. For example, a person may complain that he is lonely and without friends. By examining his covert messages we find that he establishes a climate in which people feel negative and angry towards the person. Although he evokes

these responses he can feel victimized since he is not aware of his covert message.

3. Two additional differences:

(a) Since the sender is not aware of his covert message he feels no responsibility for the responses he obtains from others.

(b) Through the evoking message the sender can maintain his present state of adjustment and confirm his view of the world. Through these responses he elicits, he constantly obtains proof that the world is the place he thinks it is. The evoking is a basic tool used by individuals to maintain their consistency of personality. The person with emotional conflict creates a world in which he feels victimized and experiences unhappiness but has little awareness that he is often the creator of this world.

C. Summary Statement

1. Message components:

(a) The manifest cues of the message contain information which the sender consciously wants to give and for which he assumes responsibility. (He is willing to be held accountable for his expressed wish).

(b) The covert component may convey information for which he does not want to be held accountable. The respondent is then left without recognition of the covert message but is still subject to its emotional impact.

2. Consequences for the respondent:

(a) Separates emotion and reason: There is a negative relationship between recognition and emotional impact. Information that creates an emotional impact constricts recognition in the respondent. The respondent's behavior then is controlled; self awareness, cognitive processes and judgmental powers are constricted.

(b) Engagement: The respondent's rational choices become limited due to the engagement of his emotional processes. (It is easier to persuade through emotion than through reason).

IV. Development of Covert Cues

A. Children

Children learn to use language and messages to elicit the response they want and to control their environment. He begins to learn that crying or smiling at appropriate times will gain certain responses in others. Others then reinforce these behaviors by responding with appropriate responses. The child learns that sometimes covert messages such as being sick or pouting will gain the desired results where an overt message will not. He is beginning to learn the game of manipulation. When the child learns that certain desires are forbidden, he uses this tool to gain these desires by hiding them in the covert messages thereby avoiding responsibility for having those feelings.

B. Vulnerability: Need for the Covert Message

Child learns to be extra cautious in areas where he has experienced emotional pain. He then becomes vulnerable in this area. He may even try to deny the fact that he has these needs and wishes. The use of the covert message protects the child in these vulnerable areas.

C. On Being Misunderstood

People gain pleasure through covert messages by controlling other persons in order to expose his vulnerable wishes safely enough to sense pleasure but not enough to experience retaliation. In other words, we often gain pleasure by being successfully misunderstood. Through the reinforcement of particular behaviors people have developed the skill to communicate in a manner whereby we express our wishes but hide them from being recognized by either ourselves or the respondent. They have learned to avoid taking responsibility for the consequences of their messages and thus protect their vulnerabilities. Lack of awareness in the respondent as well as the sender is an important goal. The person can then settle for partial understanding or being successfully misunderstood. Coding of the wish is not in the awareness of the sender because he has repressed vulnerable wishes or areas where he hurts. So a person avoids being fully understood since he is afraid that he may obtain a response which does not fit into his self concept. he codes a message to cover up his real need but creates an

emotional impact in the respondent which partially gratifies his need and maintains his safety. The person then wants and needs to express his vulnerable wishes while protecting himself against any traumatic experiences. Vulnerability and protection are the principle components of the covert message. The greater the hurt and vulnerability, the greater will be the attempts to constrict and the greater will be the attempts to camouflage deeply vulnerable feelings. So the more deeply insecure individual will develop greater skills in constricting than the more secure person.

C. Summary

A person uses covert messages to hide his vulnerable wishes and to avoid taking responsibility for them. He thereby can be partially gratified by creating an emotional climate in the receiver which constricts his responses to those desired by the sender. The receiver protects himself by creating only those responses with which he can deal thus protecting his own vulnerability. The sender creates an ambiguous situation which allows him to be successfully misunderstood since the receiver does not know why he is responding in this way. The process is out of awareness for both the receiver and the sender. This process also reinforces his self image and adjustment or outlook on life.

V. Intervention and Disengagement

A. Intervention

In the social world the person skillfully uses his messages to be successfully misunderstood. Most individuals are easily engaged by the covert message and do not have the skills to decode the messages. As a dorm advisor you must learn to disengage from the social demands of the student's message and begin to understand that something else is being said. The process of intervention is one in which the advisor refuses to reinforce the person's behavior by not responding in the manner that the student's message demands. The advisor responds in an "asocial" manner rather than responding to the person's social expectations, thus disengaging from the emotional climate of the message. This gives the person a sense of uncertainty and the possibility of new choices.

B. Hurting

Although a person is manipulating, he may also be hurting. The advisor's job is not to find the source of the hurt (counseling) but to have the ability to know when a person may be hurting. Also, being able to let the other person know you feel that he is hurting becomes important. Listening to the manifest content of the message and behavior does not give information that a person is hurting. For example, a person comes and says he is depressed - this is not where he hurts but it is only a term and behavior used to alleviate the hurt. The depression is actually a state that permits him to act out some rewarding behaviors which he cannot accept in himself.

That a person is hurting then can only be discovered by analyzing the consequences of his depression by asking the question - what does he want you to do. An advisor is more likely to find that the person is hurting in what he unwaveringly demands from the advisor than in what he is saying to you. Ask yourself what does this person demand of me with his behavior.

C. Consistency of Behavior

Recurrence of behaviors or feeling evoked in an advisor appears to be a basic tool for obtaining evidence about whether behavior is being used for manipulation. If behavior doesn't consistently occur then it probably is not manipulative. During this period of checking-out, you may have to go along with the behavior until you determine its status. If you are uncertain, you need to look for more evidence. This may have to be done by allowing yourself to be engaged in the emotional climate.

VI. Advisor as the Instrument - The Key to the Process

What I am leading up to is that the advisor uses himself as an instrument to understand the covert message of the student.

A. Use of Own Feelings

In order to understand the student the advisor must first look at himself. You must first become aware of the responses in yourself toward the student (anger, tenderness,

ineffectiveness) and then discover what cues have created these feelings in you. Your skill consists in your ability to recognize these feelings in yourself and disengage from the demands of the emotional climate set up by the student. Therefore you have to know some of your own dispositions to respond in certain ways so as not to confuse them with those of the students.

B. Engagement

It may be unavoidable for you to learn about the student without first reacting to him emotionally - before disengaging and recognizing the covert meaning of the message. Don't feel bad if you get hooked but use this to learn what is happening and what you did.

VII. Disengagement and the Effect on the Sender

A. Beneficial Uncertainty

1. Uncertainty

In order for intervention to take place the student has to be uncertain about his behavior. When his expectations are not met he will begin to feel uncertain about them. Once the student begins to feel uncertainty he can begin to explore that his behavior has a purpose. He can then begin to take responsibility for what he is doing.

2. Beneficiality

Just uncertainty is not enough. The advisor must communicate a sense of concern to the student and that the

advisor is relatively free from judgmental processes. These two features are of essence to the model:

(a) Concern comes from communicating that another person is with me, he is listening to me even though my usual social skills are of little value - I am meaningful to him.

(b) Freedom from judgment implies that the student is responsible - he need not blame the environment for his misfortune. Another person can tolerate him, he need not use all his energies to defend himself. These two processes allow the student to interpret the "asocial" or disengagement process as beneficial rather than threatening.

B. Essence of the Model

This is the essence of disengagement and Beier's model - to use these as tools to get across to the student that you understand him beyond his overt behavior, that you are concerned and are a source to explore alternative behaviors or sources of help. Not that you are going to solve his problem (hurt) but that you are providing a medium for prevention by bringing to the student an awareness that his behaviors mean something on a deeper level. This process will allow you an alternative to reinforcing those behaviors you wish to stop.

VIII. Summary

People who feel vulnerable or who have experienced hurt in certain areas learn to code messages which allows them to protect their vulnerable areas. They have learned that

certain wishes, desires or needs when expressed openly may cause retaliation. Through the process of repression of these vulnerable areas they unknowingly code messages which will allow these areas to remain hidden but yet partially gratified. People do this by sending covert messages which are ambiguous in meaning which evoke emotional responses in the respondent. This emotional climate constricts the behavior of the respondent and allows the sender to control him. Both the covert message and the desired response remain out of the awareness of the sender and the respondent. The sender can subtly express his desire but allow them to remain hidden. The sender can engage in a process of being successfully misunderstood.

As an interventionist, you must learn to disengage from the emotional impact and decode the message. If you can respond asocially you can create an atmosphere of beneficial uncertainty. The student can then begin to take responsibility for his actions and begin to explore new choices of behaviors. He can come to realize that his behaviors have a purpose and are rewarding to him. Beneficial uncertainty provides a process where you can prevent deepening of problems without necessarily solving problems.

APPENDIX B

OUTLINE COVERING LEADERSHIP TRAINING AND GROUP DECISION
MAKING PROCESSES INCLUDING HAND-OUT COVERING
SPECIFIC LEADERSHIP BEHAVIORS

OUTLINE

LEADERSHIP TRAINING

I. Approaches to the Study of Leadership

A. Central Person Theory

1. Freud: Leader is the person around whom the group crystalizes (the father, leader of a horde or tribe).

2. Modern: Central person refers to the role limited to the original formation of a group (family, teacher in a classroom, new business).

B. Charismatic

1. Charisma: Usually viewed as a complex trait, almost bordering on the supernatural. The picture conveyed is one of a mysterious quality that defies meaningful analysis and exudes the type of charm implied by the word grace.

a) Some view charisma as a divine trait or power.

b) Practically, it is seen as a quality giving an individual influence, even authority, over large numbers of people.

2. Charismatic theory can be an extension of the central person theory since many groups are originally organized around a specific individual to meet a specific need in a specific situation - Revolution.

C. Trait or Characteristic

The oldest studies on the subject of leadership reflect attempts to consider the leader as a separate entity possessed of certain definable and describable traits or characteristics; he is a born leader.

1. Methodology

a) Studies were undertaken to determine the intellectual, physical, and personality traits of a leader as compared to followers.

b) The person studied was designated by the fact that he held the position or office at the time of the study.

c) Consequently, the leader may be seen only as occupying a status position relative to the other individuals whose relationships are not clear.

d) Concentration on the leader was done to the total exclusion of the followers.

2. General Findings

a) The studies resulted in lengthy lists of traits which leaders are supposed to possess - older, taller, heavier, more athletic, brighter than followers. Leaders are superior to followers in scholarship, knowledge, insight, originality, responsibility, etc. Naturally, leaders are more extroverted and show better adjustment on personality tests than followers.

3. Limitations

a) In the older approaches, the attention was given to "leadership as a personal quality" and a special combination of personal characteristics.

b) The basic problem in such approaches is that leadership per se was not always defined. Therefore, investigators were not always agreed as to what was being studied and the methods used sometimes bore little relationship to leadership as such.

c) Very few of the numerous lists of leadership traits have many items in common. The obvious point is that, despite extensive study, researchers have been unable to develop any meaningful lists of attributes of leaders.

4. Conclusions

Leadership does not seem to be a matter of specific traits or characteristics applicable at all times to all situations. A person does not become a leader merely because he possesses some combination of traits. The pattern of personal characteristics of the leader must bear some relevant relationship to the characteristics, activities, and goals of followers. An analysis of leadership should involve not only the study of the leaders as individuals but also of situations and groups involved in the specific situation.

D. Situational-Functional Theory

The situational approach emphasizes that leadership is always relative to the situation. Researchers appear to have come to the realization that even certain minimal abilities required of all leaders are widely distributed among leaders and non-leaders alike. Leadership traits necessary for effectiveness in one group or situation may be quite different from those necessary in other groups or situations.

1. Group Emphasis

The situational approach incorporates a most basic concern for leadership in the group context and allows for an analysis of leadership needs in relation to group dynamics and functions. As a student advisor you are concerned with leadership in a small group context. It is necessary, therefore, that you be considered as a leader of a small group on a rather specific situation in which goals may be discernable.

2. Non-Generalizable Leadership

The situational concept of leadership is not necessarily generalizable from situation to situation. The way an individual leads in one situation may or may not be applicable to another situation. It is not meaningful to speak of effective and ineffective leadership per se but rather to speak of techniques or of the leader himself as successful in one situation and not successful in another situation.

3. Description of Situation Leadership

a) A situational leadership approach necessitates some description of leadership in terms of acts or processes. Simply, leadership can be viewed as the performance of acts which assist a group in achieving its preferred outcome. Implicit in this approach is the leader's responsibility to help a group define its goals, assist in the selection of means to these desired ends, and direct activities along the lines selected as the best means for achieving objectives.

b) This is another way of saying that leadership as a functional processes consists of such actions as those which aid in (1) setting goals, (2) moving the group toward its goals, (3) improving the quality of interaction among members, (4) building cohesiveness of the group, and (5) making resources available to the group.

II. Functions of Leadership

A. Multiplicity of Leadership

Any member of a group could be a leader in the sense that he may engage in actions that serve the group in its efforts toward goal achievement. The so-called leader, as such, may be skilled at some of the functions but completely lacking expertise in others. Other group members may take up the slack as needed and exercise

varying types of leadership at particular times under specific circumstances.

B. Two General Functions

1. Goal Attainment, Initiating Structure or Task oriented behavior. These are considered behaviors which lead to getting the job done - behaviors which attempt to establish well-defined patterns of organization, communications and methods of procedure.

2. Group Maintenance Considerations. Those behaviors which lead to strengthening the cohesiveness of the group. Building morale, getting members committed to the group. Making the group a desirable place to be a member, meeting the emotional needs of members.

C. Coordination as Leadership

1. Any behavior in a group may be significant both for goal attainment (initiation of structure) and group maintenance (consideration). The two main classes of leadership functions may be performed by any group member. Usually, there are groups in which specialists in goal achievement and group maintenance emerge.

2. Perhaps there is one person who strives for task or goal accomplishment while another satisfies social and emotional needs of members. In such situations the group's effective performance depends upon the development of appropriate coordination between the specialists.

It is possible that this coordination becomes the responsibility of the person designated as leader even when the leader is playing the role of one of the specialists.

D. Conclusions

1. Leadership behavior high in both initiation of structures and consideration efforts should lend to increased group effectiveness. In other words, if task, structures, etc. are stressed in conjunction with morale building activities, the results should be an effective group.

2. The leader himself can provide both of these behaviors but also should utilize abilities of group members to perform these functions. Probably, a high priority of leadership behavior is the ability to coordinate these behaviors in and between members.

III. Differentiated Roles

A. Ascribed Status

As a student advisor your position of leadership has been imposed on the group (students). You have not emerged directly from the work of the group in a pure situational-functional fashion. Therefore, your leadership position has not yet been earned. Your status as a leader in the early formation of the group may be described in terms of the previously discussed central

person theory, charisma or trait theories. But as the group becomes established, you must demonstrate both initiating structure and group maintenance behaviors to provide and maintain your position as well as effecting an effective group.

B. Competency Demonstrations

1. Initiating Structures - Task Behaviors

a) Implicit in such actions by the leader is sufficient on-going communication from leader to member, member to leader, and meaningful feedback from various members to the leader.

b) Specific behaviors (see enclosed hand-outs)

2. Maintenance or Consideration behaviors (see enclosed hand-outs).

C. Differentiation and Collaboration

1. Much is to be done if the group is to succeed in its task. The leader as one individual will not be able to do all things. The leader's obligation to establish, develop, nurture, maintain, and support leadership activities by other members should be obvious. The leader must be competent in encouraging others to accept responsibilities for activities that might be construed as leadership acts. Members must take up the slack, as the needs of the situation indicates. Thus, the entire group becomes a reservoir of potential leadership.

2. Climate Fostering Competencies

The competency to foster a free climate in which leadership can be shared is imperative for the effective leader. Therefore, the consideration or morale building dimension of leader behavior should be emphasized. The effective leader must recognize and free the potential within his group. He must be willing to share the privileges and responsibility of leadership especially when shared leadership will be conducive to achievement of group activities and objectives. However, the final responsibility or accountability cannot be shared. It is recommended that a student advisor concentrate on group maintenance aspects of leadership.

IV. Group Experience to Demonstrate

- A. Collaborative Leadership
- B. Initiating Behaviors
- C. Group Maintenance Behaviors

Inner-Outer group: one person is designated as a leader of the inner group. The outer-group is assigned various role to observe - who takes them and what they are. One person is assigned to observe the leader's ability to differentiate roles and to develop them. The observers were aided by a hand-out designating initiating and maintenance behaviors. The process was then reversed.

GROUP DECISION MAKING AND PROBLEM SOLVING PROCESSES

I. Problem Solving Model

- A. Problem identification and formulation.
- B. Generating possible alternatives for solutions.
- C. Considering possible alternatives for solutions.
- D. Choosing (decision making) the most likely and useful alternatives.
- E. Planning action to carry out the alternatives chosen which includes, again, generating alternative action steps and sequences, and choosing those most likely to be effective.
- F. Carrying out the plan which includes receiving new, immediate data from each situation and making decisions to accommodate these immediate data.
- G. Evaluation of outcomes - comparing the plan and the action results.
- H. Starting the cycle again - constant recycling to avoid identifying symptoms rather than causes.

II. Decision Making Process

A. Methods

1. Lack of Response Method

Several members making suggestions one after another without discussion until finally several members clutch at a suggestion and it passes as the group decision. This generates feelings of desperation and inadequacy in those whose suggestions flopped.

2. Authority Rules

a) One person will make the decision after he has heard what he considers sufficient discussion. Although efficient, the effectiveness of authority rules depends on the authority's ability to determine relevant information from the discussion.

b) Also, this procedure produces low involvement of members which will effect the implementation of the method negatively.

3. Minority Rule

A minority which has agreed upon their objectives can manipulate the group by the very fact of their agreement and understanding of their objectives. This strategy is often supplemented by using lack of response to indicate agreement and/or support by authority and other members.

4. Voting or Polling: Majority Rule

This is the most conventional and, on the surface, the most rational method for decision. Its disadvantages become apparent during implementation.

a) Often minority members are left feeling their point of view has been misunderstood, and as a consequence, they feel resentful and frustrated - anything but committed to the decision.

b) Also this method emphasizes win-lose conflict with those who "lost" this issue resolved to demonstrate their influence by winning the next one.

5. Group Consensus

The most time consuming but the most effective in terms of group processes. The objective is to achieve a situation where everyone on the team feels that even though they may not favor the majority alternative, they understand it, feel they have had sufficient opportunity to influence the decision and are prepared to work actively to implement it.

6. Unanimous Consent

This is an ideal situation. In fact, however, achieving it may be an indication of member indifference rather than involvement.

B. Four Modes

The above methods are oriented towards group processes. It should be noted that we are not saying that all decisions must be made by the team as a whole. The leader should be flexible in modes used according to the situation.

1. One person makes the decision without prior discussion and reports his decision to the group.

2. The leader discusses alternatives with the group, but he makes the decision.

3. The group makes the decision with the leader participating as a member.

4. The group (without the leader) makes the decision.

III. Qualities of Effective Groups

A. Commitment

A group of persons become and remain an effective team to the extent that all members understand and feel personally committed to achieving common objectives.

Personal commitment is a function of:

1. The degree to which the members have participated in the decision making processes. Setting objectives and accepting them in terms of specific behavioral responsibility.

2. Shared Leadership: Each member is allowed to lead the group when his skills are the most pertinent to the achievement of group goals - initiating structure or group maintenance.

3. Norms: Norms are generated which reward individuality and that show respect and concern for the members' ideas and feelings that facilitate and maintain a sense of trust.

4. Reduction: Reduction of the gap between the leader and other members. This means that the leader must strive to become a participating member without giving up his responsibility or expertise.

B. Results

A positive climate fostering commitment results in member behaviors such as:

1. Ability to recognize the need for maintenance and task functions and the skills to perform them.

2. Willingness to work to establish norms of openness, trust and feedback which encourages expression of personal data relevant to the groups operation.

3. Achieving a problem-solving mode rather than a conflict mode of confronting and working with data.

IV. In Basket Exercise (Appendix C)

The trainees were asked to perform the in basket exercise individually. Two groups were then formed and a leader selected. An in-group and out-group was formed. The in-group was to come to a group decision concerning the solution to the exercise. The out-group observed the decision making process. The process was then reversed.

INITIATING STRUCTURE-TASK BEHAVIOR

1. Making opinions, attitudes, wishes, ideas, concerns, etc. clear to the entire group.
2. Trying out new ideas (his own and others) with group members.
3. Eliminating impressions of being a dogmatic and autocratic leader.
4. Criticize ineffective performance when necessary but doing so in as impersonal manner as possible (not attacking the person but only his performance).
5. Speaking in a manner not to be questioned when situation most obviously calls for such behavior.
6. Assigning group members to particular and specific tasks when such assignments seem appropriate for good attainment.
7. Working consistently with an overall, cooperatively developed, goal directed plan subject to modification as dictated by unique situational needs.
8. Maintaining definite, consistent standards of performance based upon demonstrated abilities and apparent potentialities of group members.
9. Emphasizing the meeting of deadlines when required for achievement of group goals.
10. Encouraging use of uniform, standard procedure but not at the expense of creativity and ingenuity on the part of group members.
11. Making certain that leader's role is understood by group.
12. Requiring that group members follow standard rules and regulations, again, not at the expense of creativity and ingenuity required for the accomplishment of group goals.
13. Letting group members know the leader's expectations for them based upon thorough knowledge of capabilities and potentialities of individual group members.

MAINTENANCE-CONSIDERATION COMPETENCIES

1. Endeavoring to make it as pleasant as possible to be a group member.
2. Communicating in a way that makes it possible for all group members to understand the leader.
3. Finding time to listen to group members no matter what the problem.
4. Mixing with fellow group members but still preserving some air of leadership capability when needed.
5. Looking out for the personal welfare of individual group members.
6. Explaining in explicit detail, when needed, the leader's actions (by means of the total communications network).
7. Acting only after consultation with group members.
8. Being quick to consider new ideas in consultation with group members.
9. Treating all group members as equals.
10. Being receptive to change, particularly when need for change is perceived by group members.
11. Being as friendly and approachable as specific circumstances allow.
12. Making group members feel at ease when talking to the group leader.
13. Putting group suggestions into operation whenever feasible.
14. Obtaining group approval on important matters before going ahead.

APPENDIX C
IN BASKET EXERCISE

PARTICIPANT'S GUIDE TO THE IN-BASKET METHOD

You are about to take part in a training exercise called the In-Basket method. It's really a kind of case study; however, all of the information you'll get will be presented in a series of letters, memos, notes, and other data which might come into the mail box of a teacher or principal. All of your classmates will be working on the same materials presented in the same way.

What's Being Taught Here?

Taking part in an In-Basket exercise is a chance to sharpen your decision making and problem solving skills. The situations and kinds of problems differ in terms of actual details. On the other hand, they are alike in that you are required to do these things.

1. Identify the facts in the situation, separate them from your biases and snap decisions, and relate the facts into a meaningful whole. Your time, however, is limited.
2. Identify the key problems which are presented in the case materials and the facts. You'll have to decide what is important and what is trivial; to identify which problems are long range and which require immediate action.

3. You should make brief notes about proposed solutions AND actions and write out notes or memos to aid in discussion later.
4. You'll explain your decisions and answers to the group in a critique session. Be prepared to role play your decision with a person involved.

The trainer will help during the critique by asking some probing questions about your process of arriving at your definition of problems and your solution.

Really what's being taught here doesn't call for a "text-book solution to the case." There isn't any. There are, however, good and bad ways of tackling problems. You'll see the limitations of the bad methods because your solutions won't stand up as well as those of your fellows, who may have applied more rigorous methods of analysis.

The key to a good solution for the discussion is that it should be defensible action. Be sure to respond to the materials either as a principal or a teacher, according to which of these roles you were assigned.

The Setting

Your name is Cynthia Blake and you have been working at Lowell Junior High School for the past 6 months; just long enough for the newness of the job to wear off, and to become well acquainted with the staff. You like the job very much and inwardly have the feeling you will be at this school for

a large part of your career. You feel that you do your job well and the staff seems to be generally impressed with your work. The students also like you and seem enthusiastic about the informal "After School Discussion Group" which you have set up to begin next week.

You are unusually young for your position and relatively inexperienced, however, you graduated from one of the best schools in the nation. You were recruited specifically for this job because of your strong qualifications and leadership training in advanced education. This special post-graduate program was only offered to 50 students across the nation and you were given intensive training by some of the best educators in the field. The program included extensive work in administration, organization analysis and experimental teaching methods. Thus far, you have found this training invaluable to your job; however, some of the older staff members seem resentful of you and your dynamic approach to school problems.

The Staff

James Burns, social science teacher, is the only black member of the staff. James is an excellent teacher who is admired by most of the students in the school. He is very active in various civil rights groups and has added this dimension to his curriculum along with a good deal of American Negro history. James likes you very much and has

expressed his appreciation for your support of his approach to teaching history. Although he initially seems prejudice against all whites, you have come to find out that he judges each individual on his own merit, and once he trusts you he is a warm friend.

Martha Thompson, English teacher, is the oldest member of the staff. She has taught English to most of the parents of the present student body. Martha can be best described as the typical "old maid school teacher." She conducts her classes in a traditional manner. The brighter students seem to like Martha better than those who have trouble with English. The openly negative students refer to her as "Tiger Thompson." Martha does a good job despite her old-fashioned approach to teaching. However, she seems somewhat resentful of you and your methods.

George Watson, industrial arts instructor, is also an older teacher who has taught shop courses at various schools for almost 15 years. The students respect George despite the lingering rumor that he had been fired from his last teaching job for physically striking a student. George is a strong person, both in physical stature and in his opinions which center around the philosophy: "These kids will learn if you keep 'em in line."

John Benson, science teacher, is a studious, quiet person who is seldom heard from in staff meeting. He is a young, attractive, single man and also he seems to be attracted to you. You have often had the feeling that he would like to ask you out, but seems too shy to even begin a personal conversation with you. John is a good teacher, well liked by the students and very efficient in his job. You personally like John and would like to know him better. There seems to be a very warm, gentle person underneath that boyish shyness.

Linda Finstein, history teacher, is the only person you had known before coming to this job. You and Linda were classmates in college and, in fact, you had personally recommended her for hire which brought her here from New York City. Linda was one of the brightest members of her graduating class. Outside of being somewhat sensitive about being Jewish, she is an outgoing, dynamic person both in and out of the classroom. Her students are very close to her and she often puts in a 10-hour day giving individual help to them. Linda is a close personal friend who agrees with your liberal philosophy about education. You are grateful that she decided to take this job in the same school with you.

The Situation

This is Friday morning, the last day of school before the Spring vacation. You are looking forward to the vacation,

as you feel you have earned it. This pleasant feeling is abruptly changed when a secretary informs you that there has been a mix-up in the mail and several items addressed to you were found in a storage cabinet. The secretary further reports that this probably happened on Monday and some of your mail is four days old. In view of the vacation coming up, you realize that you must respond to this mail immediately. You have a heavy schedule today which means you will have a limited time to respond to any of the persons from whom the mail is coming. You will only have time to personally interact with one of these persons, make one phone call, and write two memos. This will mean responding to those items which require immediate attention. Now, turn to the following pages and read the mail.

Item 1

"NOTE"

Monday
March 20th

Dear Miss Blake,

I realize we haven't taken the time to really get to know each other but I thought you might be able to help me in this matter. Since I'm going to be gone until Friday, I decided I'd better drop you a note so you could take care of this while I'm away.

I am very upset with the appearance of the colored students in my classes; mainly it's the length of their hair. Now, I know they call it "natural" but it seems about as natural as a wild bush! Since there isn't a school rule against this, I thought you might be able to talk to Mr. Burns to see if he, in turn, would talk to these students. I know that he respects your opinion more than anyone else around here, and we all know his influence with the colored students.

I certainly will appreciate any assistance you can give me in this matter, and look forward to talking to you about it on Friday. Thanks,

Sincerely,

Martha Thompson

Item 2

"NOTE"

Tuesday, March 19th

Miss Blake:

I have been informed by several of my students that you plan to hold discussions with them after school. I'm sure that you are aware of my Voluntary Skill Workshop which meets from 3:30 to 5:00 P.M. each day, so I don't understand why you are causing this conflict of interest for my students. It seems to me that my workshops take precedence over your group counseling since they have been going on for the past year.

I realize that the "new freedom" for students is taking precedence over everything else at this school, but how are those kids going to get a job when they leave here? Everybody can't go to college, you know.

I hope I won't have to make an issue out of this.


George Watson

Item 3

"NOTE"

Thursday

March 21st

Cynthia,

Missed you at lunch today, so I thought I'd better give you this note to let you know there is a rumor going around among both the students and faculty that Jim Burns and I are secretly dating each other. Really wild, huh? I'm sure you have already heard about it, but thought I'd better drop a note in case you haven't. I have to run to a meeting after school so I won't have a chance to get this straightened at the staff meeting this afternoon. You had better advise the rest of the staff at the meeting that Jim and I are just good friends. You know how these things can get out of hand.

Oh, I almost forgot the most important part: the rumor seems to have started in John Benson's class. I know he has a problem with blacks, but he wouldn't do anything this stupid. . . would he?

One more thing. I did attend a Civil Rights meeting with Jim last week and John Benson was there, too. Thanks for any help you can give me.

Your persecuted friend,

Linda

Item 4

"NEWSPAPER CLIPPING"

Monday, March 20

Dear Miss Blake:

This is part of an article I clipped from the Sunday paper. Thought you might be interested.

(continued from front page)

Miss Martha Thompson went on to tell the large group of Independence Party workers that the "administration of my school is also condoning the new liberal views which contribute to the moral decay of our youth." She also said, "We cannot continue to staff our schools with outsiders, and expect our students to meet community standards."

(unsigned)

Item 5

"LETTER"

Tuesday, March 21st

Dear Miss Blake:

Although I have never met you, I feel that I know you because of the many nice things my son has told me about you. Also, because he seems to trust you more than any other person at the school, I am writing you for help.

Yesterday (Monday), my son, Michael, came home with a sore lip. He told me that this injury resulted from a "run in" with that Mr. Watson who apparently pushed him into a chair. The incident apparently took place after Voluntary Skill Workshop which my son attends daily. It appears that Michael was disrespectful and probably out of line, but Watson has a legal obligation to avoid physical confrontation with his students, and I am determined to see that obligation is met!

Now I realize I can formally protest this matter, but in view of Mike's warm regard for you I would rather try to work it out through you. Watson clearly needs to be straightened out and Mike and I think you are the one to do it.

I will deeply appreciate any help you can give me in this situation.

Mrs. J. Sheene

P.S.

If I don't hear from you by Friday, I will be forced to pursue other channels.

Item 6

"NOTE"

Monday, March 20th

Miss Blake:

Having heard your enthusiastic remarks about Shakespeare in our staff meeting, I thought you might be interested in seeing the local production of "Othello" at the Community Theatre. I have two tickets to the 8:00 P.M. performance this Saturday night and would consider it a great pleasure to escort you. That is, if you are interested.

Could you please let me know by Wednesday, so I can plan appropriately.

Sincerely,

A handwritten signature in cursive script, appearing to read "John Benson".

John Benson

Item 7

"MEMO"

TO: All Staff Members
FROM: Mr. James Burns
SUBJECT: Race Relations

I am very upset, in fact I'm angry, with the reports I have been receiving from the black students of this school who feel they are being discriminated against. I have been informed that some teachers are referring to Black students as "colored." Aside from wanting to know what color these teachers are talking about, I would also like to inform every staff member that these students are BLACK! They want to be referred to as BLACK! And, if they are not referred to as BLACK, they will begin calling teachers "HONKIES."

I have brought this matter to every staff member's attention without administrative approval, because this is not an administrative problem. . . it is a human being problem.

James Burns

Item 8

"ANONYMOUS NOTE"

Dear Miss Blake:

Mike Sheene told me that his mother wrote to you about a problem with Mr. Watson. I thought you ought to know that Mike is making a big thing out of nothing. I saw the whole thing and what happened was that Mike was mad and was going to smash his workshop project because it didn't come out right. When he started to break it up, Mr. Watson grabbed him and pushed him into a chair. Mike hurt his lip. Mr. Watson wanted him to come in the office and talk about it, but Mike was mad and stomped out. Please don't try to trace this note, Mike would kill me if he knew about it.

(Unsigned)

Item 9

"NOTE"

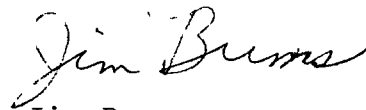
Wednesday, March 22nd

Miss Blake:

I just wanted to remind you that the next meeting of the Community Civil Rights Committee is this coming Saturday night. The group will meet in the basement of the Community Theatre at 8:00 p.m. I have received a good deal of positive feedback about your participation in the last meeting; most of my friends felt that your representation of the school really added a great deal of enthusiasm to the work of the committee.

As you know, the work of this committee may be the most important step toward solving the problems of minority groups in this community. I know how important you feel these problems are, so if at all possible, please attend.

Also, I would be personally grateful if you continue to support this committee.



Jim Burns

P. S.

If you need a ride, I'd be glad to drive you. That is,
if you feel comfortable being seen with a black man, Ha!

Item 10

"LETTER"

March 20th

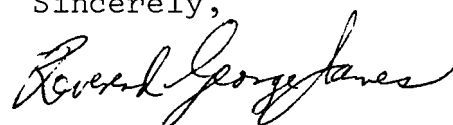
Dear Miss Blake:

I realize that this may not be the proper way to approach this situation; however, under the circumstances, I thought it would be worth a try. It is in regard to Miss Finstein. I understand that you know her personally and I thought you might be able to help.

Myself and several members of my church are somewhat concerned about Miss Finstein's Jewish interpretation of history. Not that we have anything against the Jews, you understand, but we were concerned about how she is teaching history to our children. Many of the so-called "historical facts" she has been giving to our children are directly contradictory to our religious beliefs. This information is not in the history textbook of the school, so it seems to originate with Miss Finstein.

I thought you might be able to talk the matter over with Miss Finstein and tell her of our concerns, before I take this up with the school board next week. I know how sensitive these people can be about such matters, and felt she might react better to the advice of a friend. Your help will be appreciated. Thank you.

Sincerely,

A handwritten signature in cursive script, appearing to read "Robert G. Jones".

APPENDIX D

BARRETT-LENNARD RELATIONSHIP INVENTORY

SCALE: ADVISOR AND STUDENT FORMS

VARIABLES ARE INDICATED NEXT TO EACH ITEM

STUDENT FORM

(Please do not write your name on this form. It will be coded anonymously and your answers used for research purposes only).

Below are listed a variety of ways that one person could feel or behave in relation to another person. Please consider each statement with respect to whether you think it is true or not true in your present relationship with your student advisor.

Mark each statement on the answer sheet according to how strongly you feel it is true or not true. Mark from 0 to 5 to stand for the following answers.

0: I strongly feel that it is true.

1: I feel it is true.

2: I feel that it is probably true, or more true than untrue.

3: I feel that it is probably untrue, or more untrue than true.

4: I feel it is not true.

5: I strongly feel that it is not true.

1. He respects me.
2. He tries to see things through my eyes.
3. He pretends that he likes me or understands me more than he really does.
4. His interest in me depends partly on what I am talking to him about.

5. He disapproves of me.
6. He understands my words but not the way I feel.
7. What he says to me never conflicts with what he thinks or feels.
8. He always responds to me with warmth and interest--or always with coldness and disinterest.
9. He is curious about "the way I tick," but not really interested in me as a person.
10. He is interested in knowing what my experiences mean to me.
11. He is disturbed whenever I talk about or ask about certain things.
12. His feeling toward me does not depend on how I am feeling towards him.
13. He likes seeing me.
14. He nearly always knows exactly what I mean.
15. I feel that he has unspoken feelings or concerns that are getting in the way of our relationship.
16. His attitude toward me depends partly on how I am feeling about myself.
17. He is indifferent to me.
18. At times he jumps to the conclusion that I feel more strongly or more concerned about something than I actually do.
19. He behaves just the way that he is, in our relationship.
20. Sometimes he responds to me in a more positive and friendly way than he does at other times.
21. He appreciates me.
22. Sometimes he thinks that I feel a certain way, because he feels that way.
23. I do not think that he hides anything from himself that he feels with me.
24. He likes me in some ways, dislikes me in others.
25. He is friendly and warm toward me.

26. He understands me.
27. If I feel negatively toward him he responds negatively to me.
28. He cares about me.
29. His own attitudes toward some of the things I say, or do, stop him from really understanding me.
30. He does not avoid anything that is important for our relationship.
31. Whether I am expressing "good" feelings or "bad" ones seems to make no difference to how positively--or negatively--he feels toward me.
32. He feels that I am dull and uninteresting.
33. He understands what I say, from a detached, objective point of view.
34. I feel that I can trust him to be honest with me.
35. Sometimes he is warmly responsive to me, at other times cold or disapproving.
36. He is interested in me.
37. He appreciates what my experiences feel like to me.
38. He is secure and comfortable in our relationship.
39. Depending on his mood, he sometimes responds to me with quite a lot more warmth and interest than he does at other times.
40. He just tolerates me.
41. He is playing a role with me.
42. He is equally appreciative--or equally unappreciative--of me, whatever I am telling him about myself.
43. He does not really care what happens to me.
44. He does not realize how strongly I feel about some of the things we discuss.
45. There are times when I feel that his outward response is quite different from his inner reaction to me.

46. His general feeling toward me varies considerably.
47. He seems to really value me.
48. He responds to me mechanically.
49. I don't think that he is being honest with himself about the way he feels toward me.
50. Whether I like or dislike myself makes no difference to the way he feels about me.
51. He dislikes me.
52. I feel that he is being genuine with me.
53. Sometimes he responds quite positively to me, at other times he seems indifferent.
54. He is impatient with me.
55. Sometimes he is not at all comfortable but we go on, outwardly ignoring it.
56. He likes me better when I behave in some ways than he does when I behave in other ways.
57. He feels deep affection for me.
58. He usually understands all of what I say to him.
59. He does not try to mislead me about his own thoughts or feelings.
60. Whether I feel fine or feel awful makes no difference to how warmly and appreciatively--or how coldly and unappreciatively--he feels toward me.
61. He regards me as a disagreeable person.
62. What he says gives a false impression of his total reaction to me.
63. I can be very critical of him or very appreciative of him without it changing his feeling toward me.
64. At times he feels contempt for me.
65. When I do not say what I mean at all clearly he still understands me.
66. He tries to avoid telling me anything that might upset me.

67. His general feeling toward me (of liking, respect, dislike, trust, criticism, anger, etc.) reflects the way that I am feeling toward him.
68. He tries to understand me from his point of view.
69. He can be deeply and fully aware of my most painful feelings without being distressed or burdened by them himself.

STUDENT ADVISOR FORM

(Please do not write your name on this form. It will be coded anonymously and your answers will be used for research purposes only. This inventory in no way has any influence on your present position).

Below are listed a variety of ways that one person could feel or behave in relation to another person. Please consider each statement with respect to whether you think it is true or not true in your present relationship with the students on your floor. Respond as though you were referring to the group of students on your floor rather than to specific individuals.

Mark each statement on the answer sheet according to how strongly you feel it is true or not true. Mark from 0 to 5 to stand for the following answers.

- 0: I strongly feel that it is true.
- 1: I feel it is true.
- 2: I feel that it is probably true, or more true than untrue.
- 3: I feel that it is probably untrue, or more untrue than true.
- 4: I feel it is not true.
- 5: .I strongly feel that it is not true.

- 1. I respect them.
- 2. I try to see things through their eyes.

3. I pretend that I like them or understand them more than I really do.
4. My interest in them depends partly on what they are talking to me about.
5. I disapprove of them.
6. I understand their words but not the way they feel.
7. What I say to them never conflicts with what I think or feel.
8. I always respond to them with warmth and interest--or always with coldness and disinterest.
9. I am curious about the way they "tick," but not really interested in them as a person.
10. I am interested in knowing what their experiences mean to them.
11. I am disturbed whenever they talk about or ask about certain things.
12. My feeling towards them does not depend on how they are feeling towards me.
13. I like seeing them.
14. I nearly always know exactly what they mean.
15. They feel that I have unspoken feelings or concerns that are getting in the way of our relationship.
16. My attitude toward them depends partly on how they are feeling about themselves.
17. I am indifferent to them.
18. At times I jump to the conclusion that they feel more strongly or more concerned about something than they actually do.
19. I behave just the way I am, in our relationship.
20. Sometimes I respond to them in a more positive and friendly way than I do at other times.
21. I appreciate them.

22. Sometimes I think that they feel a certain way, because I feel that way.
23. They do not think that I hide anything from myself that I feel with them.
24. I like them in some ways, dislike them in others.
25. I am friendly and warm toward them.
26. I understand them.
27. If they feel negatively toward me I respond negatively toward them.
28. I care about them.
29. My own attitudes toward some of the things they say, or do, stop me from really understanding them.
30. I do not avoid anything that is important for our relationship.
31. Whether they are expressing "good" feelings or "bad" ones seems to make no difference to how positively--or how negatively--I feel toward them.
32. I feel that they are dull and uninteresting.
33. I understand what they say, from a detached, objective point of view.
34. They feel that they can trust me to be honest with them.
35. Sometimes I am warmly responsive to them, at other times cold or disapproving.
36. I am interested in them.
37. I appreciate what their experiences feel like to them.
38. I am secure and comfortable in our relationship.
39. Depending on my mood, I sometimes respond to them with quite a lot more warmth and interest than I do at other times.
40. I just tolerate them.
41. I am playing a role with them.
42. I am equally appreciative--or equally unappreciative--of them, whatever they are telling me about themselves.

43. I do not really care what happens to them.
44. I do not realize how strongly they feel about some of the things they discuss.
45. There are times when they feel that my outward response is whate different from my inner reaction to them.
46. My general feeling toward them varies considerably.
47. I seem to really value them.
48. I respond to them mechanically.
49. They don't think that I am being honest with myself about the way I feel toward them.
50. Whether they like or dislike themselves makes no difference to the way I feel about them.
51. I dislike them.
52. They feel that I am being genuine with them.
53. Sometimes I respond quite positively to them, at other times I seem indifferent.
54. I am impatient with them.
55. Sometimes I am not at all comfortable but we go on, outwardly ignoring it.
56. I like them better when they behave in some ways than I do when they behave in other ways.
57. I feel deep affection for them.
58. I usually understand all of what they say to me.
59. I do not try to mislead them about my own thoughts or feelings.
60. Whether they feel fine or feel awful makes no difference to how warmly and appreciatively--or how coldly and unappreciatively--I feel toward them.
61. I regard them as disagreeable persons.
62. What I say gives a false impression of my total reaction to them.
63. They can be very critical of me or very appreciative of me without it changing my feelings toward them.

- 64. At times I feel contempt for them.
- 65. When they do not say what they mean at all clearly
I still understand them.
- 66. I try to avoid telling them anything that might upset
them.
- 67. My general feeling toward them (of liking, respect,
disliking, trust, criticism, anger, etc.) reflects the
way they are feeling towards me.
- 68. I try to understand them from their own point of view.
- 69. I can be deeply and fully aware of their most painful
feelings without being distressed or burdened by them
myself.

APPENDIX E

ROLE APPROPRIATENESS SCALE

VARIABLES ARE INDICATED NEXT TO EACH ITEM

APPROPRIATENESS SCALE:

Everyone faces problems throughout life. Sometimes it is helpful to talk over these problems with someone else. We are interested in your feelings about problems that dorm residents might talk over with their student advisors. Read over the following list of problems. For each decide to what extent you think it would be appropriate for a student to discuss it with your student advisor. Please respond to each item whether or not you have had direct experience with a student advisor.

Mark your answer sheets to correspond to the following statements, using answers 0 to 4.

- 0: If the problem is Most Appropriate for discussion with a student advisor.
- 1: If the problem is Appropriate, but there are resources that would be just as appropriate.
- 2: If you are Uncertain or Undecided.
- 3: If the problem is probably Inappropriate for discussion with a student advisor.
- 4: If the problem is Definitely Inappropriate for discussion with student advisor.

- 1. Want information about student activities.
- 2. Trouble with my roommate.
- 3. Ineffective use of study time.
- 4. Doubting the wisdom of my vocational choice.

5. Want to be more popular.
6. Unable to study because of noise on floor.
7. Going in debt for college expenses.
8. Am I qualified for the vocation I'm considering?
9. Being in love.
10. Feel rejected by the guys on my floor.
11. Not knowing how to study effectively.
12. Want to know what I'm suited for.
13. Parents making too many decisions for me.
14. Unable to get along with my roommate.
15. Not getting as much out of my studying as I put into it.
16. Am I in the proper curriculum?
17. Having trouble with one or both parents.
18. Something missing from my room.
19. Want some sort of scholarship to help on expenses.
20. Considering many fields but not certain about any one.
21. Unable to discuss certain problems at home.
22. Have no close friends in dorm.
23. Not getting studies done on time.
24. Want to learn more about my chosen profession.
25. Difficulty in forming new friendships.
26. Problem about dorm rules.
27. Getting back in college after dismissal.
28. What type of job would be best for me?
29. Confused on some moral questions.
30. Roommate borrows things without asking.

31. Want to achieve better study habits.
32. Want information about different vocations.
33. Parents old-fashioned in their ideas.
34. Trouble with head resident.
35. Not happy with present major but no alternative in mind.
36. Want a career in which my personality won't clash with the field.
37. Parents expecting too much of me.
38. Unable to get along with the guys on my floor.
39. Not having enough time for study.
40. Need to decide on an occupation.
41. Ill at ease with other people.
42. Want a new roommate.
43. Want assistance in learning proper study methods.
44. Want interest tests to clarify vocational goals.
45. Not getting along with a member of my family.
46. Feel timid in presence of guys in dorm.
47. Need a part-time job now.
48. Want information about different curricula.
49. Feeling inferior.
50. Roommate makes noise when I am trying to study.

APPENDIX F

FREQUENCY ANALYSIS:

RI SCALE: ADVISOR FORM; STUDENT FORM

ROLE APPROPRIATENESS SCALE: ADVISOR FORM; STUDENT FORM

RI Scale: Advisor Form
Control Group

Interval	Regard		Empathy		Congruence		Uncondi- tionality	
	F	P	F	P	F	P	F	P
0- 0	0	.0	0	.0	0	.0	0	.0
1- 1	0	.0	0	.0	0	.0	0	.0
2- 2	0	.0	0	.0	0	.0	0	.0
3- 3	0	.0	0	.0	0	.0	0	.0
4- 4	0	.0	0	.0	0	.0	0	.0
5- 5	0	.0	0	.0	0	.0	0	.0
6- 6	0	.0	0	.0	0	.0	0	.0
7- 7	0	.0	0	.0	0	.0	0	.0
8- 8	0	.0	0	.0	0	.0	0	.0
9- 9	0	.0	0	.0	0	.0	0	.0
10-10	0	.0	0	.0	0	.0	0	.0
11-11	0	.0	0	.0	0	.0	0	.0
12-12	0	.0	0	.0	0	.0	0	.0
13-13	0	.0	0	.0	0	.0	0	.0
14-14	0	.0	0	.0	0	.0	0	.0
15-15	0	.0	0	.0	0	.0	0	.0
16-16	0	.0	0	.0	0	.0	0	.0
17-17	0	.0	0	.0	0	.0	0	.0
18-18	0	.0	0	.0	0	.0	0	.0
19-19	0	.0	0	.0	0	.0	0	.0
20-20	0	.0	0	.0	0	.0	0	.0
21-21	0	.0	0	.0	0	.0	0	.0
22-22	0	.0	0	.0	0	.0	0	.0
23-23	0	.0	0	.0	0	.0	0	.0
24-24	0	.0	0	.0	0	.0	0	.0
25-25	0	.0	0	.0	0	.0	0	.0
26-26	0	.0	0	.0	0	.0	0	.0
27-27	0	.0	0	.0	0	.0	0	.0
28-28	0	.0	0	.0	0	.0	0	.0
29-29	0	.0	0	.0	0	.0	0	.0
30-30	0	.0	0	.0	0	.0	1	7.1
31-31	0	.0	0	.0	0	.0	0	.0
32-32	0	.0	0	.0	0	.0	0	.0
33-33	0	.0	1	7.1	0	.0	1	7.1
34-34	0	.0	0	.0	0	.0	0	.0
35-35	0	.0	1	7.1	0	.0	0	.0
36-36	0	.0	0	.0	0	.0	1	7.1
37-37	0	.0	0	.0	0	.0	0	.0
38-38	0	.0	1	7.1	0	.0	0	.0
39-39	0	.0	0	.0	0	.0	0	.0
40-40	0	.0	1	7.1	0	.0	0	.0

F = frequency

P = percentage

RI Scale: Advisor Form
Control Group (continued)

Interval	Regard		Empathy		Congruence		Uncondi- tionality	
	F	P	F	P	F	P	F	P
41-41	0	.0	1	7.1	0	.0	0	.0
42-42	0	.0	0	.0	0	.0	0	.0
43-43	0	.0	0	.0	0	.0	0	.0
44-44	0	.0	0	.0	0	.0	4	28.6
45-45	0	.0	1	7.1	0	.0	0	.0
46-46	0	.0	0	.0	1	7.1	2	14.3
47-47	1	7.1	0	.0	1	7.1	0	.0
48-48	0	.0	2	14.3	0	.0	0	.0
49-49	0	.0	2	14.3	0	.0	0	.0
50-50	0	.0	1	7.1	1	7.1	0	.0
51-51	0	.0	0	.0	0	.0	1	7.1
52-52	0	.0	1	7.1	1	7.1	0	.0
53-53	1	7.1	0	.0	0	.0	1	7.1
54-54	0	.0	1	7.1	1	7.1	0	.0
55-55	0	.0	0	.0	1	7.1	0	.0
56-56	0	.0	1	7.1	0	.0	0	.0
57-57	0	.0	0	.0	0	.0	0	.0
58-58	1	7.1	0	.0	3	21.4	0	.0
59-59	1	7.1	0	.0	1	7.1	2	14.3
60-60	0	.0	0	.0	1	7.1	0	.0
61-61	1	7.1	0	.0	0	.0	1	7.1
62-62	0	.0	0	.0	0	.0	0	.0
63-63	0	.0	0	.0	0	.0	0	.0
64-64	1	7.1	0	.0	0	.0	0	.0
65-65	0	.0	0	.0	1	7.1	0	.0
66-66	0	.0	0	.0	0	.0	0	.0
67-67	0	.0	0	.0	0	.0	0	.0
68-68	1	7.1	0	.0	0	.0	0	.0
69-69	1	7.1	0	.0	1	7.1	0	.0
70-70	1	7.1	0	.0	1	7.1	0	.0
71-71	1	7.1	0	.0	0	.0	0	.0
72-72	0	.0	0	.0	0	.0	0	.0
73-73	2	14.3	0	.0	0	.0	0	.0
74-74	0	.0	0	.0	0	.0	0	.0
75-75	1	7.1	0	.0	0	.0	0	.0
76-76	0	.0	0	.0	0	.0	0	.0
77-77	0	.0	0	.0	0	.0	0	.0
78-78	0	.0	0	.0	0	.0	0	.0
79-79	0	.0	0	.0	0	.0	0	.0
80-80	1	7.1	0	.0	0	.0	0	.0

F = frequency
P = percentage

RI Scale: Advisor Form
Experimental Group

Interval	Regard		Empathy		Congruence		Uncondi- tionality	
	F	P	F	P	F	P	F	P
0- 0	0	.0	0	.0	0	.0	0	.0
1- 1	0	.0	0	.0	0	.0	0	.0
2- 2	0	.0	0	.0	0	.0	0	.0
3- 3	0	.0	0	.0	0	.0	0	.0
4- 4	0	.0	0	.0	0	.0	0	.0
5- 5	0	.0	0	.0	0	.0	0	.0
6- 6	0	.0	0	.0	0	.0	0	.0
7- 7	0	.0	0	.0	0	.0	0	.0
8- 8	0	.0	0	.0	0	.0	0	.0
9- 9	0	.0	0	.0	0	.0	0	.0
10-10	0	.0	0	.0	0	.0	0	.0
11-11	0	.0	0	.0	0	.0	0	.0
12-12	0	.0	0	.0	0	.0	0	.0
13-13	0	.0	0	.0	0	.0	0	.0
14-14	0	.0	0	.0	0	.0	0	.0
15-15	0	.0	0	.0	0	.0	0	.0
16-16	0	.0	0	.0	0	.0	0	.0
17-17	0	.0	0	.0	0	.0	0	.0
18-18	0	.0	0	.0	0	.0	0	.0
19-19	0	.0	0	.0	0	.0	0	.0
20-20	0	.0	0	.0	0	.0	0	.0
21-21	0	.0	0	.0	0	.0	0	.0
22-22	0	.0	0	.0	0	.0	0	.0
23-23	0	.0	0	.0	0	.0	0	.0
24-24	0	.0	0	.0	0	.0	0	.0
25-25	0	.0	0	.0	0	.0	0	.0
26-26	0	.0	0	.0	0	.0	0	.0
27-27	0	.0	0	.0	0	.0	0	.0
28-28	0	.0	0	.0	0	.0	0	.0
29-29	0	.0	0	.0	0	.0	1	6.7
30-30	0	.0	0	.0	0	.0	0	.0
31-31	0	.0	0	.0	0	.0	0	.0
32-32	0	.0	0	.0	0	.0	0	.0
33-33	0	.0	0	.0	0	.0	0	.0
34-34	0	.0	0	.0	0	.0	0	.0
35-35	0	.0	0	.0	0	.0	0	.0
36-36	0	.0	0	.0	0	.0	0	.0
37-37	0	.0	1	6.7	0	.0	0	.0
38-38	0	.0	0	.0	0	.0	1	6.7
39-39	0	.0	1	6.7	0	.0	1	6.7
40-40	0	.0	0	.0	0	.0	2	13.3

F = frequency
P = percentage

RI Scale: Advisor Form
Experimental Group (continued)

Interval	Regard		Empathy		Congruence		Uncondi- tionality	
	F	P	F	P	F	P	F	P
41-41	0	.0	1	6.7	0	.0	3	20.0
42-42	0	.0	0	.0	0	.0	1	6.7
43-43	0	.0	1	6.7	1	6.7	0	.0
44-44	0	.0	0	.0	0	.0	2	13.3
45-45	0	.0	0	.0	0	.0	0	.0
46-46	0	.0	2	13.3	0	.0	0	.0
47-47	0	.0	1	6.7	0	.0	0	.0
48-48	0	.0	3	20.0	0	.0	0	.0
49-49	0	.0	0	.0	0	.0	1	6.7
50-50	0	.0	0	.0	0	.0	0	.0
51-51	0	.0	0	.0	0	.0	0	.0
52-52	0	.0	1	6.7	0	.0	0	.0
53-53	0	.0	0	.0	0	.0	0	.0
54-54	0	.0	3	20.0	0	.0	1	6.7
55-55	0	.0	0	.0	0	.0	0	.0
56-56	1	6.7	0	.0	0	.0	1	6.7
57-57	0	.0	0	.0	2	13.3	0	.0
58-58	0	.0	1	6.7	0	.0	0	.0
59-59	0	.0	0	.0	0	.0	0	.0
60-60	0	.0	0	.0	0	.0	0	.0
61-61	0	.0	0	.0	1	6.7	0	.0
62-62	0	.0	0	.0	2	13.3	0	.0
63-63	0	.0	0	.0	0	.0	1	6.7
64-64	1	6.7	0	.0	3	20.0	0	.0
65-65	0	.0	0	.0	0	.0	0	.0
66-66	0	.0	0	.0	1	6.7	0	.0
67-67	1	6.7	0	.0	0	.0	0	.0
68-68	0	.0	0	.0	0	.0	0	.0
69-69	1	6.7	0	.0	0	.0	0	.0
70-70	0	.0	0	.0	0	.0	0	.0
71-71	2	13.3	0	.0	0	.0	0	.0
72-72	0	.0	0	.0	1	6.7	0	.0
73-73	1	6.7	0	.0	1	6.7	0	.0
74-74	2	13.3	0	.0	0	.0	0	.0
75-75	0	.0	0	.0	0	.0	0	.0
76-76	2	13.3	0	.0	0	.0	0	.0
77-77	0	.0	0	.0	2	13.3	0	.0
78-78	1	6.7	0	.0	1	6.7	0	.0
79-79	0	.0	0	.0	0	.0	0	.0
80-80	1	6.7	0	.0	0	.0	0	.0
81-81	1	6.7	0	.0	0	.0	0	.0
82-82	0	.0	0	.0	0	.0	0	.0
83-83	1	6.7	0	.0	0	.0	0	.0
84-84	0	.0	0	.0	0	.0	0	.0

F = frequency; P = percentage

RI Scale: Student Form
Control Group

Interval	Regard		Empathy		Congruence		Uncondi- tionality	
	F	P	F	P	F	P	F	P
0- 0	0	.0	0	.0	0	.0	0	.0
1- 1	0	.0	0	.0	0	.0	0	.0
2- 2	0	.0	0	.0	0	.0	0	.0
3- 3	0	.0	0	.0	0	.0	0	.0
4- 4	0	.0	0	.0	0	.0	0	.0
5- 5	0	.0	0	.0	0	.0	0	.0
6- 6	0	.0	0	.0	0	.0	0	.0
7- 7	0	.0	0	.0	0	.0	0	.0
8- 8	0	.0	0	.0	0	.0	0	.0
9- 9	0	.0	0	.0	0	.0	0	.0
10-10	0	.0	0	.0	0	.0	0	.0
11-11	0	.0	0	.0	0	.0	0	.0
12-12	0	.0	0	.0	0	.0	0	.0
13-13	0	.0	0	.0	0	.0	0	.0
14-14	0	.0	0	.0	0	.0	0	.0
15-15	0	.0	0	.0	0	.0	0	.0
16-16	0	.0	0	.0	0	.0	0	.0
17-17	1	.7	0	.0	0	.0	0	.0
18-18	0	.0	0	.0	0	.0	0	.0
19-19	1	.7	0	.0	0	.0	0	.0
20-20	2	1.3	0	.0	0	.0	0	.0
21-21	4	2.6	0	.0	0	.0	0	.0
22-22	6	4.0	0	.0	0	.0	0	.0
23-23	4	2.6	0	.0	0	.0	0	.0
24-24	2	1.3	0	.0	0	.0	0	.0
25-25	3	2.0	0	.0	0	.0	0	.0
26-26	1	.7	0	.0	0	.0	0	.0
27-27	2	1.3	1	.7	0	.0	0	.0
28-28	0	.0	1	.7	0	.0	0	.0
29-29	0	.0	3	2.0	0	.0	0	.0
30-30	2	1.3	5	3.3	0	.0	1	.7
31-31	0	.0	2	1.3	0	.0	0	.0
32-32	0	.0	2	1.3	4	2.6	0	.0
33-33	1	.7	3	2.0	2	1.3	0	.0
34-34	0	.0	8	5.3	3	2.0	1	.7
35-35	0	.0	7	4.6	1	.7	0	.0
36-36	0	.0	5	3.3	0	.0	3	2.0
37-37	0	.0	6	4.0	2	1.3	1	.7

F = frequency
P = percentage

RI Scale: Student Form
(Control Group, continued)

Interval	Regard		Empathy		Congruence		Uncondi- tionality	
	F	P	F	P	F	P	F	P
38-38	0	.0	9	6.0	0	.0	2	1.3
39-39	2	1.3	3	2.0	1	.7	4	2.6
40-40	1	.7	2	1.3	1	.7	3	2.0
41-41	1	.7	9	6.0	5	3.3	3	2.0
42-42	0	.0	5	3.3	5	3.3	10	6.6
43-43	4	2.6	5	3.3	6	4.0	6	4.0
44-44	6	4.0	8	5.3	3	2.0	8	5.3
45-45	3	2.0	7	4.6	8	5.3	3	2.0
46-46	7	4.6	8	5.3	12	7.9	1	.7
47-47	3	2.0	6	4.0	2	1.3	9	6.0
48-48	0	.0	7	4.6	3	2.0	10	6.6
49-49	1	.7	2	1.3	2	1.3	13	8.6
50-50	1	.7	2	1.3	0	.0	10	6.6
51-51	6	4.0	4	2.6	0	.0	5	3.3
52-52	4	2.6	5	3.3	2	1.3	5	3.3
53-53	0	.0	1	.7	2	1.3	10	6.6
54-54	3	2.0	3	2.0	5	3.3	15	9.9
55-55	0	.0	4	2.6	7	4.6	3	2.0
56-56	4	2.6	7	4.6	5	3.3	8	5.3
57-57	2	1.3	3	2.0	5	3.3	2	1.3
58-58	3	2.0	3	2.0	4	2.6	1	.7
59-59	6	4.0	2	1.3	5	3.3	1	.7
60-60	3	2.0	0	.0	11	7.3	5	3.3
61-61	3	2.0	0	.0	2	1.3	1	.7
62-62	3	2.0	2	1.3	5	3.3	1	.7
63-63	2	1.3	0	.0	8	5.3	3	2.0
64-64	4	2.6	0	.0	5	3.3	1	.7
65-65	2	1.3	0	.0	5	3.3	1	.7
66-66	5	3.3	0	.0	4	2.6	0	.0
67-67	6	4.0	0	.0	6	4.0	1	.7
68-68	3	2.0	0	.0	5	3.3	0	.0
69-69	4	2.6	1	.7	0	.0	0	.0
70-70	2	1.3	0	.0	2	1.3	0	.0
71-71	5	3.3	0	.0	0	.0	0	.0
72-72	5	3.3	0	.0	1	.7	0	.0
73-73	8	5.3	0	.0	0	.0	0	.0
74-74	4	2.6	0	.0	0	.0	0	.0
75-75	1	.7	0	.0	0	.0	0	.0
76-76	4	2.6	0	.0	1	.7	0	.0

F = frequency
P = percentage

RI Scale: Student Form
Experimental Group

Interval	Regard		Empathy		Congruence		Uncondi- tionality	
	F	P	F	P	F	P	F	P
0- 0	0	.0	0	.0	0	.0	0	.0
1- 1	0	.0	0	.0	0	.0	0	.0
2- 2	0	.0	0	.0	0	.0	0	.0
3- 3	0	.0	0	.0	0	.0	0	.0
4- 4	0	.0	0	.0	0	.0	0	.0
5- 5	0	.0	0	.0	0	.0	0	.0
6- 6	0	.0	0	.0	0	.0	0	.0
7- 7	0	.0	0	.0	0	.0	0	.0
8- 8	0	.0	0	.0	0	.0	0	.0
9- 9	0	.0	0	.0	0	.0	0	.0
10-10	0	.0	0	.0	0	.0	0	.0
11-11	0	.0	0	.0	0	.0	0	.0
12-12	0	.0	0	.0	0	.0	0	.0
13-13	0	.0	0	.0	0	.0	0	.0
14-14	0	.0	0	.0	0	.0	0	.0
15-15	0	.0	0	.0	0	.0	0	.0
16-16	0	.0	0	.0	0	.0	0	.0
17-17	0	.0	0	.0	0	.0	0	.0
18-18	0	.0	0	.0	0	.0	0	.0
19-19	0	.0	0	.0	0	.0	0	.0
20-20	1	.7	0	.0	0	.0	0	.0
21-21	0	.0	0	.0	0	.0	0	.0
22-22	1	.7	0	.0	0	.0	0	.0
23-23	1	.7	1	.7	0	.0	0	.0
24-24	1	.7	0	.0	0	.0	0	.0
25-25	0	.0	0	.0	0	.0	0	.0
26-26	2	1.3	0	.0	0	.0	0	.0
27-27	0	.0	0	.0	0	.0	0	.0
28-28	0	.0	1	.7	0	.0	0	.0
29-29	0	.0	1	.7	0	.0	0	.0
30-30	0	.0	1	.7	0	.0	0	.0
31-31	0	.0	0	.0	0	.0	0	.0
32-32	0	.0	0	.0	1	.7	0	.0
33-33	1	.7	0	.0	0	.0	0	.0
34-34	0	.0	2	1.3	0	.0	0	.0
35-35	1	.7	1	.7	1	.7	0	.0
36-36	1	.7	2	1.3	0	.0	1	.7
37-37	0	.0	1	.7	0	.0	3	2.0
38-38	0	.0	3	2.0	0	.0	3	2.0
39-39	0	.0	1	.7	3	2.0	0	.0
40-40	0	.0	8	5.3	0	.0	0	.0

F = frequency
P = percentage

RI Scale: Student Form
Experimental Group (continued)

Interval	Regard		Empathy		Congruence		Uncondi- tionality	
	F	P	F	P	F	P	F	P
41-41	1	.7	3	2.0	2	1.3	3	2.0
42-42	2	1.3	2	1.3	0	.0	1	.7
43-43	2	1.3	3	2.0	3	2.0	7	4.7
44-44	3	2.0	4	2.7	2	1.3	1	.7
45-45	0	.0	7	4.7	0	.0	2	1.3
46-46	0	.0	5	3.3	4	2.7	5	3.3
47-47	2	1.3	6	4.0	3	2.0	4	2.7
48-48	2	1.3	7	4.7	4	2.7	15	10.0
49-49	2	1.3	2	1.3	3	2.0	12	8.0
50-50	0	.0	3	2.0	3	2.0	9	6.0
51-51	2	1.3	14	9.3	4	2.7	2	1.3
52-52	1	.7	7	4.7	2	1.3	4	2.7
53-53	2	1.3	14	9.3	2	1.3	8	5.3
54-54	4	2.7	13	8.7	2	1.3	4	2.7
55-55	5	3.3	6	4.0	0	.0	10	6.7
56-56	3	2.0	8	5.3	5	3.3	8	5.3
57-57	4	2.7	3	2.0	3	2.0	5	3.3
58-58	2	1.3	1	.7	6	4.0	6	4.0
59-59	2	1.3	6	4.0	5	3.3	3	2.0
60-60	2	1.3	1	.7	5	3.3	6	4.0
61-61	6	4.0	2	1.3	8	5.3	2	1.3
62-62	8	5.3	3	2.0	9	6.0	4	2.7
63-63	9	6.0	1	.7	8	5.3	7	4.7
64-64	6	4.0	1	.7	7	4.7	4	2.7
65-65	7	4.7	1	.7	7	4.7	2	1.3
66-66	6	4.0	1	.7	11	7.3	1	.7
67-67	9	6.0	3	2.0	4	2.7	6	4.0
68-68	3	2.0	0	.0	4	2.7	1	.7
69-69	5	3.3	1	.7	7	4.7	1	.7
70-70	4	2.7	0	.0	6	4.0	0	.0
71-71	3	2.0	0	.0	5	3.3	0	.0
72-72	1	.7	0	.0	3	2.0	0	.0
73-73	6	4.0	0	.0	3	2.0	0	.0
74-74	2	1.3	0	.0	1	.7	0	.0
75-75	5	3.3	0	.0	1	.7	0	.0
76-76	5	3.3	0	.0	1	.7	0	.0
77-77	5	3.3	0	.0	0	.0	0	.0
78-78	5	3.3	0	.0	0	.0	0	.0
79-79	3	2.0	0	.0	0	.0	0	.0
80-80	0	.0	0	.0	0	.0	0	.0
81-81	1	.7	0	.0	0	.0	0	.0
82-82	0	.0	0	.0	2	1.3	0	.0

F = frequency
P = percentage

Role Appropriateness Scale
Control Group

Interval	College informa- tion		Study skills		Dormi- tory living		Voca- tional choice		Social adjust- ment		Family problems	
	F	P	F	P	F	P	F	P	F	P	F	P
0- 0	0	.0	0	.0	0	.0	1	.7	0	.0	0	.0
1- 1	0	.0	0	.0	0	.0	2	1.3	0	.0	1	.7
2- 2	1	.7	0	.0	0	.0	6	4.0	0	.0	1	.7
3- 3	2	1.3	1	.7	1	.7	5	3.3	0	.0	2	1.3
4- 4	3	2.0	1	.7	0	.0	12	8.0	0	.0	2	1.3
5- 5	3	2.0	3	2.0	0	.0	13	8.7	1	.7	6	4.0
6- 6	11	7.3	3	2.0	0	.0	21	14.0	1	.7	3	2.0
7- 7	11	7.3	16	10.7	1	.7	11	7.3	2	1.3	1	.7
8- 8	14	9.3	7	4.7	0	.0	11	7.3	0	.0	1	.7
9- 9	21	14.0	12	8.0	2	1.3	7	4.7	2	1.3	4	2.7
10-10	7	4.7	19	12.7	1	.7	5	3.3	4	2.7	7	4.7
11-11	9	6.0	14	9.3	3	2.0	6	4.0	8	5.3	4	2.7
12-12	15	10.0	9	6.0	7	4.7	5	3.3	9	6.0	6	4.0
13-13	13	8.7	8	5.3	4	2.7	3	2.0	14	9.3	11	7.3
14-14	14	9.3	15	10.0	1	.7	4	2.7	11	7.3	14	9.3
15-15	9	6.0	8	5.3	3	2.0	9	6.0	15	10.0	8	5.3
16-16	4	2.7	9	6.0	6	4.0	5	3.3	4	2.7	13	8.7
17-17	4	2.7	8	5.3	6	4.0	4	2.7	13	8.7	24	16.0
18-18	2	1.3	5	3.3	7	4.7	2	1.3	11	7.3	9	6.0
19-19	1	.7	4	2.7	3	2.0	7	4.7	8	5.3	7	4.7
20-20	3	2.0	3	2.0	6	4.0	2	1.3	8	5.3	9	6.0
21-21	0	.0	0	.0	6	4.0	2	1.3	3	2.0	6	4.0
22-22	2	1.3	1	.7	13	8.7	0	.0	7	4.7	4	2.7
23-23	0	.0	1	.7	7	4.7	0	.0	6	4.0	3	2.0
24-24	0	.0	0	.0	7	4.7	0	.0	4	2.7	4	2.7
25-25	0	.0	1	.7	6	4.0	2	1.3	3	2.0	0	.0
26-26	0	.0	0	.0	10	6.7	0	.0	2	1.3	0	.0
27-27	1	.7	1	.7	9	6.0	2	1.3	2	1.3	0	.0
28-28	0	.0	1	.7	3	2.0	0	.0	1	.7	0	.0
29-29	0	.0	0	.0	4	2.7	0	.0	2	1.3	0	.0
30-30	0	.0	0	.0	4	2.7	0	.0	2	1.3	0	.0
31-31	0	.0	0	.0	0	.0	0	.0	2	1.3	0	.0
32-32	0	.0	0	.0	9	6.0	0	.0	3	2.0	0	.0
33-33	0	.0	0	.0	4	2.7	1	.7	2	1.3	0	.0

F = frequency
P = percentage

Role Appropriateness Scale
Control Group (continued)

Interval	College informa- tion		Study skills		Dormi- tory living		Voca- tional choice		Social adjust- ment		Family problems	
	F	P	F	P	F	P	F	P	F	P	F	P
34-34	0	.0	0	.0	5	3.3	1	.7	0	.0	0	.0
35-35	0	.0	0	.0	3	2.0	0	.0	0	.0	0	.0
36-36	0	.0	0	.0	2	1.3	0	.0	0	.0	0	.0
37-37	0	.0	0	.0	0	.0	0	.0	0	.0	0	.0
38-38	0	.0	0	.0	1	.7	0	.0	0	.0	0	.0
39-39	0	.0	0	.0	1	.7	1	.7	0	.0	0	.0
40-40	0	.0	0	.0	1	.7	0	.0	0	.0	0	.0
41-41	0	.0	0	.0	0	.0	0	.0	0	.0	0	.0
42-42	0	.0	0	.0	1	.7	0	.0	0	.0	0	.0
43-43	0	.0	0	.0	1	.7	0	.0	0	.0	0	.0
44-44	0	.0	0	.0	2	1.3	0	.0	0	.0	0	.0

F = frequency
P = percentage

Role Appropriateness Scale
Experimental Group

Interval	College informa- tion		Study skills		Dormi- tory living		Voca- tional choice		Social adjust- ment		Family problems	
	F	P	F	P	F	P	F	P	F	P	F	P
0- 0	1	.6	1	.6	0	.0	4	2.6	0	.0	0	.0
1- 1	0	.0	0	.0	1	.6	2	1.3	0	.0	0	.0
2- 2	0	.0	0	.0	0	.0	6	3.9	0	.0	0	.0
3- 3	1	.6	0	.0	0	.0	3	1.9	0	.0	1	.6
4- 4	2	1.3	8	5.2	0	.0	19	12.3	1	.6	2	1.3
5- 5	0	.0	4	2.6	1	.6	9	5.8	0	.0	0	.0
6- 6	4	2.6	3	1.9	1	.6	12	7.8	2	1.3	7	4.5
7- 7	6	3.9	8	5.2	1	.6	13	8.4	3	1.9	2	1.3
8- 8	6	3.9	5	3.2	0	.0	10	6.5	3	1.9	7	4.5
9- 9	4	2.6	6	3.9	0	.0	6	3.9	4	2.6	5	3.2
10-10	12	7.8	8	5.2	0	.0	7	4.5	3	1.9	7	4.5
11-11	12	7.8	11	7.1	1	.6	9	5.8	7	4.5	7	4.5
12-12	20	13.0	11	7.1	0	.0	7	4.5	13	8.4	11	7.1
13-13	20	13.0	8	5.2	2	1.3	6	3.9	11	7.1	5	3.2
14-14	5	3.2	8	5.2	1	.6	7	4.5	4	2.6	6	3.9
15-15	15	9.7	3	1.9	1	.6	7	4.5	11	7.1	13	8.4
16-16	7	4.5	4	2.6	2	1.3	3	1.9	6	3.9	10	6.5
17-17	11	7.1	14	9.1	0	.0	4	2.6	6	3.9	4	2.6
18-18	8	5.2	4	2.6	1	.6	3	1.9	5	3.2	5	3.2
19-19	9	5.8	4	2.6	1	.6	1	.6	5	3.2	9	5.8
20-20	5	3.2	11	7.1	2	1.3	1	.6	1	.6	12	7.8
21-21	2	1.3	12	7.8	4	2.6	2	1.3	5	3.2	7	4.5
22-22	0	.0	9	5.8	1	.6	1	.6	4	2.6	14	9.1
23-23	1	.6	4	2.6	4	2.6	1	.6	4	2.6	8	5.2
24-24	2	1.3	2	1.3	7	4.5	4	2.6	3	1.9	11	7.1
25-25	0	.0	0	.0	5	3.2	4	2.6	6	3.9	0	.0
26-26	0	.0	2	1.3	5	3.2	0	.0	10	6.5	1	.6
27-27	0	.0	1	.6	3	1.9	0	.0	7	4.5	0	.0
28-28	1	.6	2	1.3	7	4.5	1	.6	7	4.5	0	.0
29-29	0	.0	1	.6	4	2.6	1	.6	9	5.8	0	.0
30-30	0	.0	0	.0	5	3.2	0	.0	3	1.9	0	.0
31-31	0	.0	0	.0	10	6.5	0	.0	1	.6	0	.0
32-33	0	.0	0	.0	7	4.5	0	.0	4	2.6	0	.0
33-33	0	.0	0	.0	8	5.2	0	.0	0	.0	0	.0

F = frequency
P = percentage

Role Appropriateness Scale
Experimental Group (continued)

Interval	College informa- tion		Study skills		Dormi- tory living		Voca- tional choice		Social adjust- ment		Family problems	
	F	P	F	P	F	P	F	P	F	P	F	P
34-34	0	.0	0	.0	8	5.2	0	.0	2	1.3	0	.0
35-35	0	.0	0	.0	16	10.4	0	.0	0	.0	0	.0
36-36	0	.0	0	.0	11	7.1	0	.0	3	1.9	0	.0
37-37	0	.0	0	.0	5	3.2	0	.0	0	.0	0	.0
38-38	0	.0	0	.0	6	3.9	0	.0	0	.0	0	.0
39-39	0	.0	0	.0	7	4.5	0	.0	1	.6	0	.0
40-40	0	.0	0	.0	5	3.2	1	.6	0	.0	0	.0
41-41	0	.0	0	.0	3	1.9	0	.0	0	.0	0	.0
42-42	0	.0	0	.0	3	1.9	0	.0	0	.0	0	.0
43-43	0	.0	0	.0	1	.6	0	.0	0	.0	0	.0
44-44	0	.0	0	.0	3	1.9	0	.0	0	.0	0	.0

F = frequency
P = percentage