THE TRAINING OF PARAPROFESSIONAL STREET YOUTH COUNSELORS: EVALUATION OF A PROGRAM

A Dissertation

Presented to

the Faculty of the Department of Psychology

University of Houston

In Partial Fulfillment

of the Requirements for the Degree

Doctor of Philosophy

By

Pedro R. Choca

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The training of Street Youth Counselors (SYC's), performed by the Consultation and Education Division of a Community Mental Health Center was evaluated. The Ss were a group of 44 indigenous paraprofessionals assigned to work in economically deprived areas. The program consisted of training in Empathic Listening Skills, Values Clarification and Crisis Intervention techniques. Training methods included didactic presentations, role-playing and small group exercises, and demonstrations. Criterion measures were comprised of an objective measure of content assimilation as well as an instrument using simulated videotape recorded counseling situations as a stimulus in order to assess the learning of specific skills. They were administered pre-, post-, and as a 3-month follow-up. Ss were also interviewed at the time of follow-up in order to obtain their subjective evaluations.

In addition, measures of Empathic Tendency (Mehrabian) and of Interpersonal Anxiety (IPAT) as well as demographic questionnaire were also administered in order to investigate their use as future predictors of performance.

The training failed to produce significant differences pre-, post-, and at follow-up. Interview data, on the other hand, indicated a moderate degree of success in the achievement of training goals and objectives and trainee satisfaction. The relatively short duration of the training and a possible cultural bias in the instruments were offered as

explanations for the lack of significant results in the criterion measures.

Predictive results were obtained by correlating the criterion measure scores for all three observation times with the results of the predictive instruments and the demographic questionnaire. These results indicated that Interpersonal Anxiety was not useful as a predictor. Other predictors were also ruled out due to their limited value: Sex, Marital Status, extent of Experience prior to the training, Job Satisfaction, and Counseling vs. recreation orientation. Considerable predictive value was observed in the relationship between Education and the criterion measures, while moderate results were obtained for Empathic Tendency and Age for specific measuring times.

Implications for future training evaluation were noted, emphasizing induction into training and research roles by means of activities designed to facilitate the development of trust between trainers and trainees and to ensure meaningful training content and methods. A variety of training and research techniques expected to be more consonant with the social and cognitive styles of the many indigenous workers, and of the Ss specifically, was also suggested.

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CHAPTER I

INTRODUCTION AND BACKGROUND

Introduction: The Concept

One of the long-lasting effects of the community psychology, or community mental health movement, has been the training and employment of community workers outside of the academic setting. Various reasons are offered to explain the "paraprofessional revolution" (Cowen, 1967). One thing seems clear, however, and that is that multiple and widespread conditions occurred at the time and in such a way as to make possible a revolution without a fight. If particular events are to be singled out, one could point to Albee's (1959) history-making report on projected mental health manpower needs of the United States and the subsequent passing by Congress of the Community Mental Health Act in 1961. Later anti-poverty legislation by the Federal Government provided an additional boost to the new trend.

The use and training of paraprofessionals, then, has constituted a response to the felt shortage for mental health manpower. These workers are seen as freeing the professionals from service and clerical demands permitting them to devote themselves to matters requiring more extensive training and experience, thereby extending their service capabilities. Hollingshead and Redlich's (1959) significant study of the types and quality of mental health care offered to those of

low income, pointed to a particular need. It was felt by many that the lack of diversity and ineffectiveness of the care given to low socioeconomic (SES) clients and to special groups (such as drug addicts and ghetto youth) was in part due to the interpersonal distance of professionals of middle and upper class backgrounds (Gruver, 1971; Rieff, 1967; Zax & Specter, 1974). It was thought that paraprofessionals indigenous to the low SES community and trained to perform service functions would be able to bridge the gap between the professionals who plan and administer programs and the community they purport to serve. The inspiration for this came perhaps from psychological peer self-help groups (Zax & Specter, 1974): analogous functions were being performed by untrained individuals with remarkable apparent success; to wit, members of Alcoholics Anonymous and Synanon for some time had been counseling substance abusers by making use of their previous experiences as reformed users.

An additional advantage noted as well in the peer self-help organizations, has been what Riessman (1964) has termed the "helper therapy principle." Riessman has pointed out that giving help often is as much benefit to the helper as it is to the helpee. This contention has been corroborated by a number of investigators who have used paraprofessionals in mental health programs. Holzberg and Knapp (1965) have shown that the participants of their companion program undergo quasi-therapeutic personality changes (e.g. greater moral

tolerance, increase in self-acceptance and introspection) as well as a greater understanding of mental illness. A parallel advantage is that of providing greater opportunity for economic and personal development on the part of a population of individuals who before were faced with limited resources for mobility. In fact, the programs utilizing paraprofessionals select them for the role they are to play, with most of them falling into one of two categories: those that represent primarily an extension of the professional, and therefore, answer only to the shortage of manpower, and those that believe the paraprofessional to be especially effective with the population they are to serve by virtue of being indigenous to it.

It is important, at this point, to provide a definition. The paraprofessional is commonly defined as any individual who is recruited to provide mental health services without having completed customary professional training in one of the traditional mental health disciplines (Sobey, 1970). Two surveys by Grosser (1969) and Sobey (1970) taken together, provide important information relevent to the distinction noted above. Grosser elucidates four types of service responsibilities assigned to paraprofessionals along the continuum of direct-indirect service functions: direct service to clients, services ancillary to the professional services provided a client, service involving establishing ties with the target community, and services offered to

clients. He observed that paraprofessionals most often serve ancillary or supportive functions such as clerical work, administrative functions, transportation services, and in some cases, intake work. More important, he found that the paraprofessionals who were providing direct services to clients tended to be middle class individuals, while the indigenous, low SES paraprofessionals were more frequently involved in recruitment and follow-up functions in the target community.

Sobey (1970), on the other hand, found the opposite to be true: almost all of the paraprofessionals in the programs she surveyed were engaged in providing direct services. While the professionals in these programs did more individual and group therapy as well as intake work, the paraprofessionals participated more in tutoring, caretaking and activity groups.

The discrepancies between these two surveys, as Zax and Specter (1974) pointed out, reflect the nature of the programs they surveyed: Grosser's work included programs sponsored by the Labor Department with funds provided by the Manpower Development and Training Act--generally proposed by more typical, established agencies, funded by local and national sources and in need of manpower. Sobey's study, on the other hand, was compiled while she was working for the National Institute of Mental Health (NIMH) and was restricted to programs sponsored by the Institute precisely because of their innovative and experimental qualities.

To summarize, a combination of factors seems to have made possible the appearance of two types of mental health paraprofessionals: the indigenous worker, frequently employed in relatively innovative programs, and the middle class worker, more often employed in more traditional agencies.

Selection and Training

Selection. For the purpose of this paper, this review will be limited only to those studies describing programs where paraprofessionals provide direct services to clients for psychotherapeutic purposes and reporting data gathered through experimental or quasi-experimental procedures.

Many programs employing paraprofessionals seem to rely on very simple methods for selection. Others make no effort to select, equating the act of volunteering for such a program with a basic fitness for the task. The point of view expressed by Holzberg, Knapp and Turner (1967) very effectively epitomizes the rationale for this type of approach:

> All interested students are allowed to sign up for the program without further screening. Criteria for effective screening are frankly unknown. While our research may ultimately yield predictors of success, neither the predictors nor the criteria have as yet been delineated. The commitment for a full year screens out the obviously unmotivated student. Emphasis upon friendship rather than therapeutic services serves to exclude some students with the wrong motivation. The students screen themselves informally and effectively; they do not commit themselves to the program until they have made three visits to the hospital. During this period a student can, and occasionally does withdraw gracefully from the program. (p. 93)

Schnelle, McNess, Huff, Marshall and Hanna (1975) for example, trained volunteer college students to collect data, and conduct and evaluate behavior therapy programs in a community mental health center. Goldstein and Goedhart (1973) recruited 74 volunteer student nurses for psychotherapy training. Similarly, Sinnet and Niedenthal (1968) also trained volunteer college students to function in a "coeducational rehabilitation living unit within a university residence hall."

Cowen, Zax and Laird (1966), who were using this type of selection, became interested in finding out what type of students volunteer for paraprofessional programs (specifically, a big brother program for primary school-age children). Accordingly, as part of their design, they recruited students to participate in the study but who had not volunteered for the program. Selection was limited to weeding out "the few students who seemed flagrantly maladjusted or grossly unsuited for the purposes of the program" (p. 343). They used a semantic differential to compare attitudes of volunteers and non-volunteers toward various mental health and school-related topics. The volunteers represented "an enthusiastic, overidealistic, 'see-no-evil' group" who viewed "institutional concepts in a stereotypically positive way" (p. 326). These results closely resemble those of Holzberg and his colleagues (Holzberg & Knapp, 1965; Holzberg et al., 1967) who compared a group of volunteers with a randomly

selected sample of non-participating students on a variety of standard psychological tests. They found the volunteers to be:

> ...more idealistic in temper, more capable of generosity, less concerned with personal gain, and more responsive to religious values than their associates who have not elected to join this program. (Holzberg et al., 1967, p. 98)

The interview method is also frequently used as a screening device. Jacobson, Roman and Kaplan (1970) used a combination of individual and group interviews following minimal screening for adequate reading ability in recruiting indigenous mental health workers for the Lincoln Hospital Community Mental Health Center project. The interviews explored attitudes toward various social phenomena and institutions as well as the life-experiences of the candidates. Sincerity, understanding, the ability to relate to others, competence, the ability to handle emotions, a proper attitude toward authority, personality and an awareness of both the self and the community were considered important screening variables. (It should be mentioned, however, that most of the Lincoln program paraprofessionals were not trained to provide therapeutic or quasi-therapeutic services.) Cowen, Dorr, and Pockracki (1972) became interested in the internal validity of this method of screening. To this purpose, they devised an 18-item, 7-point scale to be filled out by 5 two-person professional teams (1 Ph.D., 1 M.S.W.). The forms were completed independently by the team members,

following an unstructured interview lasting between 40 and 90 minutes and concentrating on background, previous employment and appropriate skills. The Ss were candidates for child aide positions in a school mental health project. The rating scales themselves were not used in deciding who would be hired, allowing the investigators to compare the discriminating ability of their instrument. They found significant differences between those who were selected and those who had been rejected on all items and the sum of the items (inter-rater reliabilities ranged between .38 and .62). Factor analysis of the rating scale results indicated that one unrotated factor accounted for 70% of the variance. They labeled this factor a "general evaluation or 'liking' factor." Rotation produced 8 independent factors accounting for 88% of the variance, constituting the specifics of the general-liking factor. The only other discriminating datum seemed to be a significantly greater number of children on the part of those rejected.

Other investigators have also employed psychological tests or other pencil-and-paper measures as a method of selecting candidates. Patterson and Patterson (1967), for example, used the Minnesota Multiphasic Personality Inventory (MMPI) and the 16 Personality Factor Questionnaire (16 P-F) as a method of screening college student volunteers for a companion therapy program (therapeutic "Big Brothers"). Rioch (1967) in screening counselors employed very involved

recruitment and selection methods. The process began with referrals from various community agencies that had been advised on the qualities sought in an applicant. Selection was done by the future instructors for the program on the basis of an 1500-word autobiographical statement and group and individual interviews. Applicants were asked to participate in various group procedures in sets of 8-10 persons and lasting 4-5 hours. These groups were observed and led by 2 or 3 instructors who then proceeded to eliminate about half of the applicants. Those who remained were then interviewed individually and the final selections made. Selection criteria consisted of good general intelligence, conscientiousness, reliability and ability to get along well with others. They were all middle-class mothers whose youngest child was of school age.

Stollack (1968) attempted to validate a simple screening procedure using Smith's Sensititivity-to-People Scale. By means of this scale, he was able to classify half of the Ss (n=10) as High Potential Therapists and the other half as Low Potential Therapists. The Ss were college student volunteers. After reflective and empathic training, play therapy ratings on these two skills revealed no difference between these two groups.

Truax (1970), on the other hand, has suggested a method relying on select MMPI clinical and experimental scales, and specific personality traits as measured by the Edwards

Personal Preference Schedule (EPPS). The measures chosen were expected to provide information as to who were "nice guys" but with strong rather than passive personalities. In addition, they were observed conducting one or more group interviews with real clients.

Carkhuff and Griffin (1970) point out that the "best index of a future criterion is a previous index of that criterion" (p. 443); that is, that the best index of future functioning in the helping role will be an index of present functioning in the helping role. For this purpose they used ratings (of empathic communication) of a session conducted with a real client, ratings by the client, written responses by candidates to five typical problems of the population they would be trained to serve. The candidates were also asked to choose among four alternative counselor responses to standard stimuli. These were scored for their deviations from the ratings of experts who had demonstrated the predictive validity of their ratings in previous studies. Candidates were then interviewed by two experienced interviewers and rated on a 5-point scale for their potential to function effectively. The trainees selected were shown to be at a significantly higher ($p < .05$) level of functioning on the measures used.

An interesting development that combines the group modality with Carkhuff and Griffin's (1970) predictive principle, is a method originally developed by Goodman (1970

and later used by other investigators (Chinsky & Rapaport, 1971; Dicken, Brison & Kass, 1976; Guggenhaim, 1976; Schag, Loo & Levin, 1976). Known as the Group Assessment of Interpersonal Traits (GAIT), this method encourages the individual to reveal personal information about himself in the presence of the group with one of the group members assigned to act as his "listener". All participants take turns playing both roles; They are then rated by two observers and by the other participants on a variety of qualities and skills such as warmth, self-disclosure, empathy, rigidity, and surgency. Chinsky and Rappaport (1971) used the GAIT procedure to rate college volunteers on understanding, openness and acceptance-warmth. The Ss were to act as leaders of in-patient therapy groups. Their results showed significant correlations between the qualities of understanding and acceptance-warmth and improvement in certain ward behavior ratings made by the staff. Other experimenters, however, have failed to demonstrate its validity in predicting client change reliably from initial trainee characteristics (Goodman, 1967; Dicken et al., 1976). Although the method presents some problems and difficulties (such as practice effects) and is still in the process of development and validation, it seems to show some promise.

The above review, though by no means all-inclusive, leads to the tentative conclusion that there are three basic attitudes toward the screening and selection of candidates

for paraprofessional roles. (1) no effort at screening, in the belief that not enough empirical information is available to make possible the choice of effective criteria. (2) minimal screening to assure the exclusion of those who are poor risks or obviously unfit. And, (3) careful and rigorous screening in an effort to select only those candidates who are optimally suited for training and job performance. It should be pointed out that the requirements for some programs are fairly uncomplicated and, therefore, careful recruitment may be sufficient for their programs (e.g. the carrying out of behavior modification interventions that have been designed by professionals).

The observation by Holzberg et al. (1967) that few data are available on the effectiveness of screening methods is clearly borne out in this review. Though many qualities (mostly personal stability, psychological mindedness, and warmth and empathy) are specified as indications of suitability, these have been arrived at primarily by common sense and "arm chair" thinking, and whether or not they are meaningfully related to client outcome remains an empirical question. Selection criteria need to be related not only to success in the training program, but more important, to the outcome of the intervention provided by the paraprofessional agents. Only two studies (Chinsky & Rappaport, 1971; Stollack, 1968) have attempted to validate their selection criteria through measures of client outcome.

Finally, a particularly interesting study was conducted by Poser (1966), who purposely abstained from specifying any selection criteria in hiring college students to act as therapy group leaders in a psychiatric hospital. He also provided no training in order to test the hypothesis that unselected, young, enthusiastic college females could be as effective as professionals with substantial training and experience. His results indicated that the unselected, untrained lay therapists were slightly more effective than the professionals. Though the instruments he used (mostly measures of motor and verbal performance), and the lack of appropriate follow-up seriously limit the value of the study, his results are still very provocative by virtue of the questions they raise.

Training and Program Effectiveness. One of the major advantages in utilizing paraprofessionals is the possibility of making the job description limited and specific enough to allow for a training period that is shorter than the customary professional training of psychologists, psychiatrists and social workers (Matarazzo, 1971). Duration of training seems to vary from little or no training to up to two years. Similarly, theoretical orientations are also fairly varied, ranging from general eclectic to highly specific behavior modification techniques.

Weinrott (1974) developed a training program to teach behavior modification techniques to the siblings of retarded

children. The program consisted of didactic presentations of learning theory, observations of experienced teachers and workers, and intensive supervised applications of prescribed operant procedures. A summer camp attended by their retarded brothers and sisters provided the setting for training. The duration of training was five full days at camp, with two preliminary meetings prior to their arrival there. Evaluation of the training was objective, in the form of a 20-minute, multiple choice examination of behavior modification principles and techniques and was only administered after the training (post). Results for siblings 14 years old and up, revealed a level of competence comparable ($p < .05$) to that of parents who had completed a structured curriculum in behavior modification. Additional evaluation was performed by using a survey filled out by the parents. Siblings were reported to have improved the "quality" of their interaction with the target child and acted as "watchdogs" in the household assuring consistency among family members. Follow-up revealed some deterioration of skills, so "booster shot" sessions were added to counteract this phenomenon.

Connolly and Hallam (1965) trained five nurses using a didactic approach for 14 months and supervised on-the-job training for one week. The techniques taught consisted of desensitization, flooding, modeling, self-regulation, aversion and operant shaping. Evaluation consisted of a scale of severity administered pre-, post-, and as a

follow-up. Results were reported for phobic patients only (N=92) and were observed to compare favorably with two previously reported studies of professional therapists. (Unfortunately, outcome measures were not reported or specified).

Schnelle et al. (1975) trained volunteer college students to collect data, conduct and evaluate behavior therapy programs at a community mental health center. Training consisted of a combination of didactic and experiential modalities, with the emphasis placed on practical experience. Advanced graduate students served as trainers and supervisors using a point system to reinforce appropriate trainee behaviors. Although the students intervened in a total of 12 cases, ABAB designs are reported on 2 cases and a case history is offered for a third.

The following programs have been considered to provide minimal training and/or unspecified orientation. Another of the programs pioneering the paraprofessional concept was conducted by Holzberg and his associates (Holzberg & Knapp, 1965; Holzberg, Knapp & Turner, 1967). They recruited a great number of college students to act as "companions" to chronic psychiatric patients. No effort was made in selecting the students and training was limited to supervision in a group which met once a week with a professional as the leader. The group meetings served a three-fold function: supervision, support, and education. Subjective judgments on the part of the students suggested that 71% of the patients

had shown improvement during the companionship year. Partial results were also reported. These indicated significant pre/post improvement on the Depression scale of the MMPI.

Rioch (1967) reporting a study of which she was the principal investigator (Rioch, Elkes, Flint, Usdansky, Newman & Silber, 1963), did not seem to follow a specific theoretical orientation for therapist training, although the program was very extensive. A combined evaluation consisting of subjective judgments and blind ratings of interview samples, seem to indicate that the program was successful. Four senior psychotherapists made blind ratings of post-training interviews conducted by the students and found them to be adequate. Further evaluation of the students' skills was later carried out by Golann, Brieter and Magoon (1967), who obtained similar results on the comparability of the paraprofessional counselors to that of experienced and traditionally-trained psychotherapists.

Another example of the type of study that lacks training and a specific therapeutic orientation was performed by Cowen, Zax and Laird (1966). It was part of a larger preventative effort (Zax & Cowen, 1967) and for this reason, it was carefully documented. It consisted of 17 undergraduates majoring in psychology and education who volunteered for the program. They spent two sessions of 70 minutes each, once a week, with 17 primary school-age children (another group of 17 children served as a matched control group).

The experimenters attempted to encourage the volunteers to develop a spontaneous warm friendship with the children, but no formal training was given. Supervision was performed by graduate students. Although there were considerable differences in pre/post measures for the volunteers, no significant changes were assessed for the children when compared to the matched controls. Various reasons were given by Cohen and his co-workers for the lack of positive results; the major factor seemed to be that the control group was involved in the larger preventive program.

The following section includes studies for which the client-centered approach was the primary training orientation. Of all the orientations reported, this approach seems to be by far the most widely favored. The reasons for this seem to be: (a) the general popularity of this therapy approach with counseling professionals; (b) the relatively short time required to train counselors to levels of performance comparable to those of experienced professionals; (c) objective measures of performance are possible and available in the form of in vivo ratings on a sample of interview tape recordings using the variables of empathy, warmth and genuineness; (c) levels of performance on these variables have been shown to be significantly related to outcome with a variety of clients and problems (Truax & Mitchell, 1972). A considerable amount of effort in determining what basic and generalized components of the counseling

relationship tend to produce favorable outcomes. Their studies were originally borne out of the client-centered approach begun by Carl Rogers, and their choice of relevant variables was dictated by their theoretical underpinnings. They were able to identify three therapist-offered conditions that seemed instrumental in producing favorable outcomes: accurate empathic understanding is defined as involving

> ...the ability to perceive and communicate accurately and with sensitivity both the feelings and experiences of another person and their meaning and significance. Through a process of trial identification, we step into the other person's shoes and view his world from his emotional and perceptual vantage point. (Truax & Mitchell, 1971, p. 317)

Secondly, therapist's genuineness was identified as another important variable. Truax and Mitchell (1971) describe its importance in this fashion:

> To be therapeutically facilitative toward another human being requires that we be deeply sensitive to his moment-to-moment experiencing--grasping both the content and the meaning of his experiencing, feelings, beliefs, and values. But such a deep and receptive empathic understanding requires that we at least experience a minimal degree of warmth and respect for him without attempts to dictate to him or dominate him. (p. 314)

Finally, nonpossessive warmth:

> Nonpossessive warmth, or warmly receptive nondominating attitude, though separable from the other central skills in effective interpersonal relationships, inevitably overlaps and intertwines with the communication of accurate empathy and genuineness. Thus, Raush and Bordin (1957), in an excellent theoretical analysis of the components of warmth, specify the committment of the person, his effort to understand, and his spontaneity. Our own research has also indicated that the intensity and the intimacy of a relationship is strongly related and overlaps with warmth... Warmth does not imply passivity

> or unresponsiveness; nonpossessive warmth is an outgoing positive action involving active personal participation. (Truax & Mitchell, 1971, p. 316)

Truax and Mitchell (1971) review the results of the more than 80 studies that have been conducted on this interpersonal theory of counseling. They indicate that these three conditions are offered by any effective therapist, regardless of his background or training. In addition, it has been shown that the degree to which these three conditions are offered by the therapist are directly related to positive outcomes in the clients. To summarize, they point out that:

> These studies taken together suggest that therapists or counselors who are accurately empathic, nonpossessively warm in attitude, and genuine, are indeed effective. Also these findings seem to hold with a wide variety of therapists and counselors, regardless of their training or theoretic orientation, and with a wide variety of clients or patients, including college underachievers, juvenile delinquents, hospitalized patients. Further, the evidence suggests that these findings hold in a variety of therapeutic contexts and in both individual and group psychotherapy or counseling. (p. 310)

One of the earliest studies in this area was concerned with the choice of the child's mother as the most effective lay therapist. Guerney (1964) and Stover and Guerney (1967) describe a program that effectively trained mothers to do nondirective play therapy (filial therapy) with their own children. The training consisted of repeated observations of appropriate models (the trainer) followed by practice sessions observed by the trainer and the other mothers. Appropriate comments were then made by the other subjects and the trainer. Discussion groups were also conducted in

order to explore feelings about their new roles as well as their growing awareness of their children's needs. Stover and Guerney (1967) used a coding system to observe reflective and directive statements as one measure of the effectiveness of the training on the mothers. Two e groups were trained by two different therapists, one of whom had had relatively little experience (Group E_1). This group showed an increase of 15% in reflective statements, while the group led by the more experienced therapist (E_2) showed an increase of 58%. One-way analysis of variance after arc sin transformations was used to estimate significance and yielded an alpha level of $p<.001$. A similar coding system was also used to rate the children's statements and behavior during sessions with their mothers. They found, consistent with their predictions, that E_1 and E_2 increased significantly, as compared to the control group in nonverbal aggression (this class of behaviors decreased for the control group). In addition, E_2 increased significantly in expressions of negative feelings. Two other hypotheses were not confirmed by the results. They expected the children to increase in the percentage of leadership statements and decrease in the percentage of dependency statements. No significanct differences were observed between control and experimental groups on these variables.

Stollack (1968) replicated Stover and Guerney's study using the "filial therapy" training procedures to instruct

undergraduates to act as play therapists with emotionally disturbed children. Although the training was successful in meeting their criteria (Reflection of Content and Clarification of Feeling statements), the results of the children's behavior, again, did not fully support their hypotheses. There was no significant pre/post change on the children's aggression or dependency scores (no control group was employed). However, there was a significant increase in the expression of negative feelings from the 1st to the 10th session, and in the expression of leadership behaviors from the 1st to the 5th sessions (observations were made on the 1st, 5th, and 10th sessions).

Dendy's (1971) doctoral dissertation consisted of training a total of 88 college dormitory resident advisors under two different conditions (an Extended Training Model and an Intensive Training Model) to increase the quality of empathic responses to affective material. His instruments consisted of a combination of a paper-and-pencil test (Affective Sensitivity Scale) and ratings (Counselor Verbal Response Scale, Empathic Understanding Scale) of sample interview material. He found significant differences between pre/post measures (no control group was used). In addition, he found that the Extended Training Model (ETM) was more effective in training for empathic understanding. Counselors trained under the ETM format did not differ significantly from professional counselors (Ph.D.'s) on the same measures

effectiveness, these are due in great part to the newness of the movement. Sanders (1967) lists three difficulties which he considers important. The double-edge sword of training for role specificity in order to learn the necessary skills, also increases the possibility of job obsolescence. Changing emphases in agencies and institutions may require extensive retraining or phasing out of certain positions or roles. Also some professionals and administrators seem to feel threatened by the appearance of lesser trained individuals who may usurp, at least in part, some of the functions that professionals had previously considered distinctive of their role. At present, there is considerable conflict within the professions themselves centering around issues of role functions. It is very likely that the problems already noted between professionals and paraprofessionals will continue to exist in the future. This phenomenon is by no means limited to resentment on the part of professionals. A case in point is the experience of the Lincoln Hospital Community Mental Health Center, where millitant paraprofessionals organized a sit-in that eventually led to the closing of the program. The crucial issue was the right of the paraprofessionals to control the agency and limit the professionals' role to that of consultants.

Finally, Sanders considers the possibility that paraprofessionals will present themselves as fully trained professionals. In a society where training and academic

credentials are very important, the temptation to gain status by presenting oneself as having professional accreditation is considerable.

Summary

The preceeding review indicates a pronounced degree of diversity in the methods for recruitment, selection and training. In great part this is due to the newness of the practice. Very little is still known about who makes a good paraprofessional counselor or mental health worker; indeed, by the same token, little is known about the qualities desired in a professional, or about the operations required for effective training leading to successful outcomes.

This dilemma has been resolved by some experimenters by careful recruitment and self-selection. Others have specified a priori, qualities that they suppose to be necessary for the training. In fact, their experiences are frequently biased by truncated distributions, as they are never able to observe those they did not believe to be well suited. Different procedures have also been attempted for selection. Cowen et al. (1972) have given evidence indicating that a great deal of the judgment of interviewers is based on how much they like the candidate.

Carkhuff and Griffin (197) put forth a very important theoretical principle and give some evidence to lend support to their practices. The procedures they advocate turn out to be very time-consuming, yet efforts to simplify them or

make them less costly, such as the GAIT, do not seem to be as valid or reliable. However, the latter technique is still in the process of development and further refinement may prove to be all that is needed.

The problem of evaluating effectiveness is tied to similar difficulties, as so little is known about what elements need to be present for a favorable outcome in psychotherapy and counseling. As it applies to research with paraprofessionals, the problem is compounded by the need to measure training outcome which is a complicated task in itself. In addition, a great deal of this type of investigation must be conducted as field experiments, using quasi-experimental designs.

A recapitulation would seem to be in order. Three of the studies reviewed here employed a behavioral approach to psychotherapy. Good results are claimed by the investigators, who offered N=1 studies. Less acceptable is the study that only presented results based on a scale of severity.

There were a number of papers lacking in specificity of orientation or omitting training procedures altogether. Notably, Poser (1966) who believed in placebo effects and offered no training or supervision. Though his measures were collected from the patients themselves, they are limited to verbal and psychomotor performance. Rioch (1967) on the other hand, employed very extensive procedures, ratings,

and review by independent evaluators and the results seemed to justify her efforts. Cowen et al. (1966) found no differences in client outcome between experimental and control groups, and yet, pre/post changes were noted among the trainees.

Finally, the evidence presented for a client-centered approach is not altogether clear, as the results seem to be mixed. Although the measures used by these experimenters seem to have external validity by virtue of their relationship to therapy outcome, the papers reviewed here, employing paraprofessionals, report equivocal results. In particular, two studies measuring client behaviors (Stover & Guerney, 1967; Stollack, 1968) failed to show clear results, though the criteria for training were met. Because of its demonstrated success as a therapeutic procedure when practiced by experienced psychotherapists with a variety of clients (Truax & Mitchell, 1972), it would seem to warrant further study in reference to paraprofessionals.

The evidence for the effectiveness of the training of paraprofessional personnel engaged in therapeutic activity through direct service is not abundant or clear. A comparison of the number of published studies with the programs reviewed by surveys (Grosser, 1969; Sobey, 1970) indicates that there is little attempt to systematically evaluate projects training paraprofessionals, though at present, the practice is very widely used.

It is for this reason, that the following study was designed. It proposed to evaluate and develop selection procedures for a training program offered to recreation counselors who were employed by the City of Los Angeles Recreation and Parks Department in answer to a request by that Department. The primary impetus for the training program came from the desire to respond to the needs of the community at large and of the Department of Recreation and Parks in particular, in a fashion consonant with an essential mandate of the Comprehensive Community Mental Health Center: the prevention and treatment of psychological disorder through consultation and education functions. Evaluation procedures, though required as part of the same mandate, served to document and establish the value of a program carried out to fulfill those needs. For this reason, efforts to evaluate such a program must acquiesce to a set of circumstances different from those impinging on other evaluation projects; e.g. a reluctant vs. a willing population, the need to compromise and/or accept the conditions for cooperation offered by the group being served vs. significant control of the circumstances, and finally, the use of archival records, kept for reasons unrelated to the evaluation. And yet, it is these same factors that provided an unusual challenge to the application of technical evaluative skills.

The following section describes the program, the circumstances under which it was carried out, and the methods used to evaluate it.

CHAPTER II

METHODS AND PROCEDURES

The Street Youth Counselor Program

The Street Youth Counselor Program was begun approximately six years ago. The Department of Recreation and Parks of the City of Los Angeles became aware of the considerable damage in the form of vandalism done to its facilities located in low income residential areas. They identified school dropouts and truants as the source of the damage, and their isolation from society, and notable lack of available programs tailored to their mental health needs and cultural styles as a probable cause. This led to the organization of a program by the Community Relations Division to benefit this group of teenagers and children:

> This program is designed to re-direct the behavior of troubled youth into acceptable leisure and recreational activities. Identify conflict-producing elements in the community. Help... adolescents utilize community resources. Create productive communication channels between young people and adults. Encourage drop-outs to return to school. (From a Dept. of Recreation and Parks memorandum)

The role of the Street Youth Counselors (SYC's), therefore, is to establish contact with these individuals and make intervention on a social scale. Because their job is problem-oriented and the population they serve is very amorphous and mutable, their job descriptions are also very unstructured. They have the freedom to make home visits to troubled families, to organize "Rap Groups" (informal

discussion and/or counseling groups), to consult with the school counselors, principals and teachers, to organize athletic activities and field trips, to make referrals to specific agencies in the city, etc. They also have expanded their role to include all age groups. Included in Appendix A is a sample of the "Weekly Reports" form which the Counselors are required to complete each week, indicating a range of activities considered most appropriate for SYC's.

Most of the SYC's were hired rather haphazardly and, consequently, lack experience and training. The Department of Recreation and Parks contacted the Consultation and Education (C & E) Division of the Didi Hirsch Community Mental Health Center and requested training for the Counselors. Specifically, they asked for a program to include basic counseling skills and Crisis Intervention techniques.

The Training Program

The training team, consisting of two experienced Ph.D.'s and an advanced Ph.D. candidate (the author), decided upon a syllabus to include empathic listening and understanding skills and problem-solving skills as the appropriate components of a basic counseling course. The rationale for this was taken from results of research published by Carkhuff (1969), Carkhuff and Griffin (1970), and Truax (1970), and surveyed above.

Because this approach to counseling and therapy is reduceable to easily taught components and because of its

proven effectiveness, it has often been used in the training of paraprofessionals (Dendy, 1971). In the present program, empathic listening skills was one of the components of the basic counseling skills training curriculum. A very careful manual has been published by the National Drug Abuse Center for Training and Resource Development (Jacobs, Buschman, Scheffer & Dendy, 1973). This is a programmed format course and has as its purpose:

> ...to develop participant understanding and skills in the important components of the helping relationship: establishing rapport and trust, hearing and responding to affective and cognitive data, exploring values and attitudes, and initiating the problem solving process. (p. i)

General goals of the training program include also:

> Increased appreciation for the responsibility and influence of the counselor in the helping relationship (including the limitations of the counselor);
>
> increased understanding of the dynamics of the helping relationship;
>
> increased appreciation of the need for self-awareness on the part of the counselor;
>
> increased understanding of the client's affective, cognitive, and behavioral processes;
>
> increased appreciation for the necessity to respond to the client as a whole person...(with many problems)...being symptomatic or incidental to other concerns. (p. iv)

The course provides for an integrated approach using role-playing and psychodramatic techniques as well as a traditional instruction and lecture format. The trainees were surveyed for situations they considered representative of those encountered in the field in order to provide

relevant content to the role-playing exercises. The resulting list appears in Appendix B under "Problem Areas" and "Specific Situations".

The training program also incorporated crisis intervention theory and appropriate role-playing exercises for this phase of the training. The decision to include crisis intervention was in part based on the types of problems reported by the counselors themselves. (See Appendix B) The crisis intervention model presented to the counselors has been developed over a number of years by the staff of the Los Angeles Psychiatric Service and the Benjamin Rush Centers for Problems of Living, which now form part of the Didi Hirsch Community Mental Health Center (Jacobson, 1970; Jacobson, Strickler & Morley, 1968; Jacobson, Wilner, Morley, Schneider & Strickler & Sommer, 1965; Morley, 1965, 1970). Basically, it consists of a brief treatment (up to 6 hour long visits) with early focus on a hazard (external precipitating event), and the client's response to the hazard (the crisis per se). The therapist (referred to as the consultant) then gives an interpretation (or cognitive grasp) relating the hazard to the crisis and assists the client (or consultee) in examining coping mechanisms and ways of resolving the crisis. He does not attempt to resolve any long-standing problems except in as much as they relate to the present crisis. Instead, appropriate referrals are made at the end of the intervention when this need exists. Particular problems in the teaching

of crisis intervention techniques (see Wallace & Morley, 1970) will be taken into account in the present program. These include difficulties with focusing on the present crisis, the promotion of growth versus dependency and regression, and problems concerning the expression of feeling on the part of the consultee which frequently upset the consultant.

Goals for the training were expected to provide a minimum degree of expertise which would be assessed by the criterion measures. The following were considered appropriate goals and objectives:

Empathic Listening Skills.

At the end of the training, counselors should have learned:

1. To reflect back feelings that a client is expressing.
2. That feelings are frequently understated or expressed indirectly
3. To communicate empathy, warmth and genuineness while reflecting feelings.
4. To give little or no advice.

Values and Attitudes

At the end of the training, counselors should have learned:

1. That values and attitudes are frequently understated or expressed indirectly.
2. To facilitate the clarification of values and attitudes.
3. That it is not helpful to attempt to impose the counselor's own values and attitudes on his/her client.

Crisis Intervention:

At the end of the training, counselors should have learned:

1. To recognize the signs of a crisis reaction.
2. To use the crisis intervention techniques (Cf. p. 31).
3. That the quality of the resolution of a current crisis affects the ability to cope with future crises.
4. To know the indicators of increased suicide and homicide potential.
5. To know when and where to refer clients requiring more expertise.

The program consisted of twelve 2-hour sessions and two additional 4-hour intensive sessions, for a total of 32 hours of training. The first and last sessions were devoted to data collection and introduction and recapitulation sessions. Data were also collected in the second, third, and fourth sessions. The training thus began with a general introduction to counseling skills, followed by 2 sessions of empathic training. Though this was expected to be anxiety-producing, the response was more intense than was expected, and the training team decided to shift to the more objective and, therefore, less threatening method of Crisis Intervention (See Jacobson, 1967). After 5 sessions of Crisis Intervention, the training focused again on empathic listening skills. Two 4-hour sessions (the second and third to the last session) were devoted to training exercises focusing on these skills.

Subjects

The Ss were 43 Street Youth Counselors hired by the Department of Recreation and Parks of the City of Los Angeles. Of these, 31 were males and 12 females. The majority belonged to ethnic minorities, with 28 blacks, 11 Chicanos, 3 of Oriental ancestry and only 1 Anglo-American.

Demographic data available for 37 respondents appear on Table 1. (It should be noted that, although 43 Ss underwent the training, some of the data were lost due to attrition. For this reason, the N reported in reference to a measure or item reflects the number of actual respondents.)

Six of the Ss had previously participated in a training program conducted by the same person who directed the present training program (Vivian B. Brown, Ph.D.). These Ss were hired at the inception of the program six years ago. The previous training program was conducted in 1972. The content was very similar. The remaining Ss were hired at different times as funds became available from different sources (Model Cities Program, EEA, CETA). Others have been hired as vacancies have appeared.

A third component of the training group were the SYC's immediate supervisors, known in the unit as Senior Street Youth Counselors (SSYC's). There were 6 SSYC's. Of these, 4 began to work with the Department at the inception of the program and have been promoted since. They have very little direct contact with clients, as their duties now consist

TABLE 1

DEMOGRAPHIC CHARACTERISTICS

	Variable	n	$\bar{X}$	S.D.	Range
1.	Age	26	32.15	12.24	58-21
2.	No. of children	35	1.91	2.79	12-0
3.	Educa. after H.S. (in years)	37	3.20	1.7	7-0
4.	How long SYC (mos.)	34	27.70	21.53	72-3
5.	Civil Service Exam Score	37	92.33	5.66	102-79
6.	Marital Status	36			
	Married	16			
	Single	13			
	Living together	1			
	Divorced	5			
	Separated	1			
	Widowed	1			
7.	Sex	37			
	Male	25			
	Female	12			

mostly of supervision and office work. They were required to attend the training sessions. Though provisions had been made to group them together for small group training activities (in order to avoid performance anxiety in front of their supervisees), they usually excluded themselves from participation. No data were collected on this group.

Attrition. Although 43 Ss were available to attend the training sessions, an average (mean) of 41 were actually present. In addition, some left early or came late, confused their code numbers or forgot to write them down, with the result that considerable attrition took place. Purposeful avoidance of the assessment procedures did not seem to be a contributing factor as, except for the 3-month follow-up, these were carried out during the regular training sessions and no advance notice was given. In order to test for deliberate avoidance of the procedures, attendance was taken at other times by circulating two sheets of paper and asking the Ss to sign them using their code numbers (the coding procedure appeared at the top of the sheets). A comparison of these attendance records for three randomly chosen dates with the n's for each of the three testing dates for each of the two criterion measures indicated that the differences were not significant ($X^2 = 1.67$; $p > .10$). The same procedure was carried out comparing attendance at other in-service functions conducted after the training was completed and drawn from the official sign-in sheet; this produced

similar results (X^2 = 0.32; p>.10), indicating that attendance at the training sessions was representative of attendance at other unit-wide functions. Table 2 displays the number of respondents for each of the measures and testing times.

Predictive Measures

The task of developing appropriate selection procedures useful in identifying SYC's that will profit most from a training program has to fulfill a number of requirements particular to this purpose. In addition to being valid and reliable in their predictive function, the measures must be brief, quickly administered and easily scored.

Several factors have been found useful in predicting maximum benefits from a psychodrama course: Interpersonal Anxiety (IPAT, Cattell, 1957), Empathic Tendency (Mehrabian & Ksionsky, 1974), Neuroticism (Eysenk & Eysenk, 1969), Rigidity-Closemindedness (Rokeach, 1960; Dogmatism Scale), Ego Strength (MMPI), and Intelligence (Kent Screening/Intelligence Scale) (Grossman, 1975). Because of the sensitivity of the Ss to measures having an apparent psychological assessment content and their implications for issues of minority relations, competence, and job security, it was decided to use only those procedures that were judged to not compromise training goals or to subvert their own purpose by meeting with increased resistance. Empathic Tendency, the Interpersonal Anxiety Scale of the IPAT, and a demographic questionnaire were chosen.

TABLE 2

N'S FOR SKILLS AND CONTENT MEASURES

FOR ANY TWO TESTING PERIODS

AND FOR ALL TESTING PERIODS

SKILLS			
	Pre	Post	Follow-up
Pre		33	33
Post			28
All three periods:	n = 19		

CONTENT			
	Pre	Post	Follow-up
Pre		24	29
Post			26
All three periods:	n = 19		

Both measures, all three periods: n = 17

Empathic Tendency. It is hypothesized that those individuals who judge themselves as tending to empathize more frequently with others will be more open to and desirous of learning how to apply themselves more effectively to the task of counseling. The measure used was developed by Mehrabian and Ksionzky (1974) and is titled Questionnaire Measure of Empathic Tendency (See Appendix C). It consists of 33 items scored in a positive or negative direction. Subscales include "tendency to be moved by other's positive emotional experiences", "tendency to be moved by others' negative emotional experiences", "sympathetic tendency", and "willingness to be in contact with others who have problems" and were derived by factor analysis. Intercorrelations for the subscales were all significant at the .001 level and exceeded 0.30 in all instances. The split-half reliability for the entire measure was 0.84. In addition, the total empathy scale has a correlation of 0.06 with the Crowne and Marlow social desirability scale. Experimentation with this measure revealed it to be related to aggression in a negative direction. Replication with different Ss provided similar results. Regression analysis also revealed the measure to be positively related to willingness to help others. It is hypothesized that those scoring high on empathic tendency on this paper-and-pencil measure will also obtain high pre/post change scores on the criterion measures.

Interpersonal Anxiety. Similarly, low interpersonal

anxiety is expected to be correlated with willingness and ability to learn to counsel more effectively. On the other hand, those who feel extremely anxious about relating to others will find it difficult to learn to help others more effectively. The measure to be used, the IPAT Anxiety Scale (See Appendix D), was developed by Cattell (1957). It consists of forty items scored as true, false or in-between. It was found to be related to objective tests of tension, irritability, lack of self-confidence, unwillingness to take a risk, tremor and by various psychosomatic signs. It has been used widely as a research tool and, therefore, boasts of an impressive research background. This led Cohen (1965) to conclude that "for a quick measure of anxiety level in literate adolescents and adults for screening purposes, it has no peer." (p. 256). Total anxiety score reliability coefficients range from 0.80 to 0.93, depending on the population. Construct validity coefficients based on replicated research range from 0.85 to 0.90. It was hypothesized, then, that those scoring high on this measure would demonstrate low pre/post changes on the criterion measures.

Demographic Characteristics. A questionnaire was developed to collect data on relevant demographic characteristics (see Appendix E). Age, education, sex, marital status, number of children, previous and current experience as a counselor are included in the form for a total of 18 items. It was expected that those with higher education and

greater previous and current experience would also demonstrate higher pre/post change scores on the criterion measures.

Criterion Measures

Content. A test covering the content of the course was administered pre/post and as a follow-up (see Appendix F) in order to assess the degree to which the theory aspect of the training was assimilated. The test was balanced so that all the phases of the training were proportionately represented. It was a forced choice instrument incorporating true and false and multiple choice items. Significant differences pre/post would indicate whether the training was successful in imparting objective knowledge in the areas tested. Follow-up results, however, should not be significantly different from post-testing.

Skills. In order to assess the ability to apply the skills practiced and presented in the course of the training, 20 different short situations, representative of the types commonly encountered by the counselors, were presented by means of videotape. Two persons take turns relating their "problem" to each other--alternating the roles of speaker and listener. The Ss were asked to respond to these as if they were the person listening to the client. They were to give their immediate response. The situations were also viewed by 5 therapists experienced in counseling, problem-solving, attitude and value clarification, and finally, crisis intervention. Their experience ranged from 2 to 20

years after completion of their academic training ($\bar{X}$ = 6,8 years). Four of them had received M.S.W. degrees (3 of them were also A.C.S.W.) and one was a Ph.D. psychologist. These proportions were fairly representative of the DHCMHC staff. Their modal responses were taken as the standard by which to judge the responses of the Ss. Respondents were asked to respond to the short situations as they would if they were presented with them in a counseling situation. Responses by Ss were rated on a scale of 0-3 for their correctness using the senior clinicians' responses as the standard:

0 - Inappropriate response

1 - Some measure of appropriateness

2 - Considerable measure of appropriateness

3 - Completely appropriate response

Although it would have been preferable to use a behavioral role-playing method in order to assess practical application of the skills, the size of the sample and the fact that the data had to be collected at the times scheduled for training, made it highly impractical to use a technique that would require time-consuming role-playing situations. Instead, the method devised for this purpose represented a compromise between a behavioral assessment and a purely theoretical examination. Three raters were employed for this operation. Interrater reliability was developed using a small portion of the sample and values, using percent of agreement, ranged between 50% and 95% with a mean of 79%.

In order to control for experimenter bias, these were rated after all the data had been collected and were available for coding. The booklets were then coded by the author, who did not participate in the rating procedure. Raters were then blind with respect to subjects and pre/post and follow-up conditions. In addition, all of the measures collected as part of the research procedures were assigned code numbers in order to protect the anonymity of the Ss. The procedure used for this was chosen for its ability to remain constant throughout the period of data collection as well as its reasonable degree of protection from identity disclosure. It consisted of a four item composite label as follows:

1. First three letters of the mother's first name
2. The date of birth
3. The last two digits of the telephone number
4. The last two digits of the social security number

Interview. In order to obtain the counselor's impressions of the usefulness of the training, the counselors were interviewed individually after the follow-up observations were taken. The intent was to use an informal procedure using standardized questions (see Appendix G) -- informal in that elaborations and promptings were used when these seemed appropriate. The interview began with an explanation about its general purpose, a reminder that their anonymity would be protected, and a request for candidness about their

opinions. The first part of the interview consisted of five-point ratings: a general rating for the entire training, two ratings for the presentations and the small-group exercises and demonstrations, respectively; and one for its informative quality. The second part consisted of questions about explicit techniques they had found useful in their work. They were also asked to elaborate on their counseling styles and attitudes. This was asked in order to determine whether any counseling actually took place, as it was theoretically possible for them to restrict themselves to athletic and recreational activities without concern for the psychological needs of their clients. The interviews required from 45 minutes to 1-1/2 hours to conduct.

Assessment Times.

Predictive Measures. The predictive instruments were administered at the beginning of the training.

Criterion Measures. The criterion measures were given at the beginning and at the end of the training. They were also administered a third time after three months in order to assess the lasting effects of the training.

Statistical Analyses.

Training Effectiveness. The effectiveness of the training program will be assessed by comparing pre/post scores on the criterion variables by means of a two-way classification, repeated measures analysis of variance

(ANOVA) in order to assess over-all testing time differences, and intersubject differences for all three assessment times.

Prediction Variables. Product-moment correlations were performed, where appropriate, in order to determine which characteristics were related to high performance after the training. Discrete variables were analyzed by means of point-biserial correlations, as this index is directly comparable to product-moment results and allows for estimations of significance. In the case of marital status, a contingency table was used to estimate significant relationships.

Methodological Limitations

Though the present evaluation study has little to offer by way of methodological finesse and empirical certainty, it would seem that other factors would serve to recommend it. The obvious methodological problems should not be ignored, the most salient of which is the lack of a control or comparison group. Similarly, the criterion measures, though valid as a genre of instruments, have not been validated specifically prior to their use in the present study. However, the rationale on which this study is based places greater emphasis on the accumulation of empirical knowledge than on the performance of the single crucial experiment (Campbell & Stanley, 1963). An important priority was the evaluation of a service provided by a Community Mental Health Center as part of its mandated function. The value of this specific quality, then, lies in the systematic evaluation of

a program offered to a minority population, carried out in naturalistic setting and interfacing with community organizations, in an effort to document an area of operations the results of which have largely been left up to speculation. It is hoped that the value of this small contribution can be used in conjunction with other evaluative efforts to begin to develop a body of reliable knowledge of a movement that is bound to continue and grow in the near future.

CHAPTER III

RESULTS

Introduction

A certain proportion of scores were lost to attrition, as was mentioned earlier. Though the total number of respondents remained fairly consistent throughout the study, many of these did not match for all three testing times. It was thought that confusion about the procedure used to assure anonymity was probably a significant factor in the loss of data. For this reason, it seemed useful to attempt to match scores by the use of handwriting.

This was undertaken with the help of an advanced graduate student. Two judges examined the records in question in order to identify them. The following rules were established as a procedure: 1. At least two distinctive characteristics were agreed upon by the two judges, who then attempted to match the protocols whose identities were in question. 2. The procedure was first checked for reliability by using records whose identity was known, but temporarily masked, producing a mean average of 82% accuracy. 3. This method produced eleven additional scores.

Results

Criterion Measures. As can be seen from Table 4, neither the Content measure nor the Skills test produced significant differences between testing times. In fact, the differences

TABLE 3

MEANS AND STANDARD DEVIATIONS

FOR CONTENT AND SKILLS MEASURES

AT PRE, POST AND FOLLOW-UP

CONTENT			
Time	n	$\bar{X}$	S.D.
Pre	23	22.7	6.16
Post	23	25.39	3.45
Follow-up	23	21.47	5.36
SKILLS			
Pre	29	31.33	3.25
Post	29	31.47	9.69
Follow-up	29	30.17	7.64

TABLE 4

ANALYSIS OF VARIANCE RESULTS FOR

CONTENT AND SKILL MEASURE

Source	Sums of Squares	df	Variance Estimate	F-ratio
CONTENT MEASURE				
Subjects	1,703.27	20	85.16	
Treatment	188.86	2	94.43	.171 (NS)
Interaction	22,059.87	40	551.5	
Total	23,952.00			
SKILLS MEASURE				
Subjects	4,557.16	25	186.69	
Treatment	71.75	2	37.87	1.64 (NS)
Interaction	1,094.69	50	21.9	
Total	5,833.6			

are almost negligible.

Only treatment effects can be compared meaningfully, as a repeated measures design follows a mixed model (Ferguson, 1971). Though the Skills measure produced somewhat larger differences for testing times than the Content measure, these did not reach significant levels. They seemed to be due to a slight lowering of scores at the time of follow-up.

Predictive Measures.

Since no significant differences were obtained from treatment effects, it seemed important to use the measures that were intended as predictors of benefit from the training, to ascertain instead what characteristics could predict to high performance at each of the three testing times.

To this end, Pearson product-moment correlations, point-biserial correlations and contingency tables were used where each was deemed appropriate. Point biserial correlations were used with non-parametric data because it is a product-moment correlation and yields meaningful levels of significance. Continuous variables were dichotomized at the median. Contingency tables were used in the case of marital status, where it was necessary to use more than two categories for one of the variables. Criterion scores were grouped into two categories, high and low, using the median. This method also yields meaningful levels of significance, as it is derived from Chi-square. In some cases biserial

correlations were performed as a preliminary analysis, and used to rule out a predictor when inspection seemed to indicate a small probability of significant differences.

IPAT Measure of Interpersonal Anxiety. Biserial correlations performed on this measure produced very low values, indicating that it was not necessary to perform Product-Moment correlations. As can be seen from the histograms in Figure 1, none of the biserial values reached .20, indicating relationships of very low order.

Empathic Tendency. As can be seen from Table 5 and Figure 1, this measure produced Product-Moment coefficients ranging from .538 (with Content, Follow-up) to -.067 (with Skills, Follow-up), with four of the six values reaching at least .05 level of significance. Notably, the only non-significant values were observed at follow-up for both measures. Post testing produced the highest values of all three times for both criterion measures. Similarly, for each of the times, the Content exam correlated more highly than the Skills test.

Education. In the case of education (years after high school) point biserial values were obtained. All but one of the values achieved levels of significance of .05 and above. The Content measure was significant at the .01 level for all three testing times, in marked contrast to the Skills measures which decreased with each consecutive measurement time.

TABLE 5

RESULTS OF PEARSON PRODUCT-MOMENT,

BISERIAL, POINT BISERIAL CORRELATIONS

AND CONTINGENCY TABLES

Variables	Coefficient	p
1. IPAT x Content (Pre)	$r_{bi} = .07$	
2. IPAT x Content (Post)	$r_{bi} = .09$	
3. IPAT x Content (F.U.)	$r_{bi} = .01$	
4. IPAT x Skills (Pre)	$r_{bi} = -.15$	
5. IPAT x Skills (Post)	$r_{bi} = -.11$	
6. IPAT x Skills (F.U.)	$r_{bi} = -.1$	
7. Emp. Tend. x Content (Pre)	$r = .38$	<.05
8. Emp. Tend. x Content (Post)	$r = .538$	<.01
9. Emp. Tend. x Content (F.U.)	$r = .217$	
10. Emp. Tend. x Skills (Pre)	$r = .373$	<.05
11. Emp. Tend. x Skills (Post)	$r = .392$	<.02
12. Emp. Tend. x Skills (F.U.)	$r = -.067$	
13. Education x Content (Pre)	$r_{pbi} = .670$	<.001
14. Education x Content (Post)	$r_{pbi} = .560$	<.01
15. Education x Content (F.U.)	$r_{pbi} = .684$	<.001
16. Education x Skills (Pre)	$r_{pbi} = .404$	<.05
17. Education x Skills (Post)	$r_{pbi} = .377$	
18. Education x Skills (F.U.)	$r_{pbi} = .141$	
19. Experience x Content (Pre)	$r = .116$	
20. Experience x Content (Post)	$r = -.481$	<.02
21. Experience x Content (F.U.)	$r = -.252$	
22. Experience x Skills (Pre)	$r = .144$	
23. Experience x Skills (Post)	$r = .062$	
24. Experience x Skills (F.U.)	$r = .046$	
25. Counseling x Content (Pre)	$r_{pbi} = .00$	
26. Counseling x Content (Post)	$r_{pbi} = .077$	
27. Counseling x Content (F.U.)	$r_{pbi} = .108$	
28. Counseling x Skills (Pre)	$r_{pbi} = .248$	
29. Counseling x Skills (Post)	$r_{pbi} = .229$	
30. Counseling x Skills (F.U.)	$r_{pbi} = .179$	
31. Marital Status x Content (Pre)	$r_c = .169$	
32. Marital Status x Content (Post)	$r_c = .25$	

TABLE 5 (Cont.)

Variables	Coefficient	p
33. Sex x Content (Pre)	r_{pbi} =-.015	
34. Sex x Content (Post)	r_{pbi} =-.063	
35. Sex x Content (F.U.)	r_{pbi} =-.085	
36. Sex x Skills (Pre)	r_{pbi} =-.326	
37. Sex x Skills (Post)	r_{pbi} =-.236	
38. Sex x Skills (F.U.)	r_{pbi} =-.161	
39. Age x Content (Pre)	r =-.575	
40. Age x Content (Post)	r =-.397	
41. Age x Content (F.U.)	r =-.065	
42. Age x Skills (Pre)	r = .195	
43. Age x Skills (Post)	r =-.550	
44. Age x Skills (F.U.)	r =-.311	
45. Job Satis. x Content (Pre)	r_{bi} = .093	

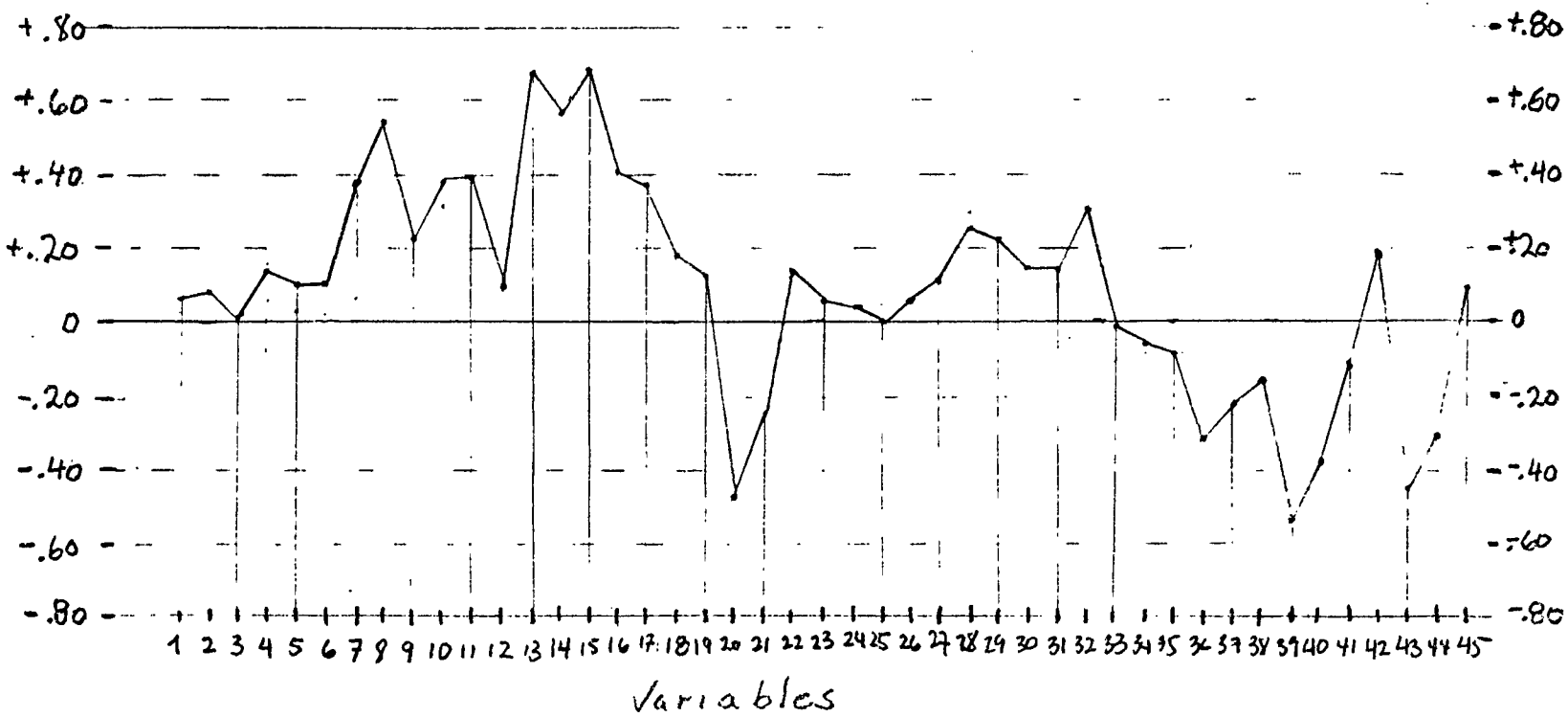

Figure 1

Results of Pearson Product-Moment, Biserial, Point Biserial Correlations andContingency Tables

Experience. Months of experience at the present job as counselors was correlated with the criterion measures by means of Pearson product-moment correlation. None of the relationships were significant with the exception of the Content measure at post testing, which yielded a value just above the .02 level.

Counseling. One of the questions in the interview asked Ss to describe what sorts of activities they engaged in while "counseling" their clients. The interviewer "probed" as much as seemed necessary in order to make a decision as to whether the activities could be classified as counseling in the strict sense, or as a "youth leader" or "coach". This decision was used as the dichotomized variable in order to correlate it with the criterion measures by means of point-biserial correlations. The results are displayed in Table 5 and Figure 1. As can be seen, none of these correlations produced significant results.

Marital Status. Initial tests on marital status paired with Content (pre) and with Skills (post) revealed correlations of very low order, using contingency tables. (Continuous variables were dichotomized at the median) Other testing times for both criterion measures were judged to be very similar distributions to the two tested, and no further tests were computed.

Sex. Sex was correlated with the counselor variables by means of point biserial correlations. As can be seen from

Table 5 and Figure 1 this variable did not correlate significantly with the criterion measures at any time. The values, however, indicate a tendency on the part of the female counselors to be more empathic. Higher values were obtained on the Skills measure than on the Content measure.

Age. Pearson r was used to correlate age with the criterion measures. All of the values except one produced negative correlations. They range in magnitude from .195 to -.575. As can be seen from Table 5, Pre and Post Content testing yielded significant correlations, while only Post testing yielded a significant correlation on the Skills measure. It should be noted that the n's for age are rather small as compared to the other variables. This resulted from a considerable number of blanks on this item of the questionnaire.

Job Satisfaction. A preliminary test using biserial correlation and Content, Pre, indicated a very low, non-significant coefficient. These ratings ranged from 1 to 5 on a Likert scale. The majority of the ratings consisted of values of 4 and 5, indicating a very limited usefulness in ability to discriminate. For this reason, no further analyses were performed on this variable.

Interview

The interview was conducted as part of the three-month follow-up. The format followed appears in Appendix G. Basically, it consisted of two parts: four Likert-type

ratings ranging from 1 (poor) to 5 (excellent) and directed at the formal aspects of the training: overall quality, didactic presentations, role-playing exercises and informative quality. The second part consisted of questions about the content aspects of the training: what specific benefits, if any, were derived from Empathic Counseling, Values and Attitudes Clarification and Crisis Intervention techniques. Negative responses to the above questions were generally not elaborated upon; accordingly, the final question specifically solicited negative evaluations and suggestions for improvement. Ss were also asked if they had experienced any benefits in their personal lives.

The interview was administered at a location of the S's choosing and required from 45 minutes to 2 hours to complete. It seemed to be well received by most of the Ss. Responses appeared to be fairly candid, and in several cases, Ss confided personal or job-related problems. Some degree of nervousness or anxiety was apparent in a few of the Ss and, consequently, they were not able to articulate specific suggestions or observations, even after sensitive but persistent prompting.

As can be seen in Table 6, of the four ratings collected, the highest values were obtained for the role-playing and group exercises ($\bar{X} = 3.74$), followed by the didactic presentations ($\bar{X} = 3.36$), role-playing and group exercises and informative quality ($\bar{X} = 3.33$). Friedman Two-Way ANOVA

TABLE 6

MEANS, STANDARD DEVIATIONS AND RANGES

FOR INTERVIEW RATINGS

(N = 41)

Rating	$\bar{X}$	S.D.	Range
Overall Quality	3.36	1.058	1-5
Didactic Presentations	3.54	.975	1-5
Role-Playing and Group Exer.	3.74	1.031	2-5
Informative quality	3.33	1.206	1-5

produced a Chi-square value of 3.67 (df = 3), $p > .10$.

Counseling Skills. As part of the follow-up interview, the Ss were asked what they might have learned from this section of the training that they found useful in their work. The responses are listed in Table 7. Although a number of the Ss were unable to verbalize specific benefits, a total of 60 responses were obtained concerning the question. Seven (11.67%) of these statements were negative ("Did not learn anything", "training was too elementary"). Among the benefits most frequently mentioned were: renewed enthusiasm (23.3%), the value of not giving advice (20%), learning to show concern (16.67%).

Crisis Intervention. As can be seen in Table 8, a total of 42 statements were made by Ss in response to this part of the interview. Of these, 20 (or 47.62%) were negative. Positive statements included 4 comments (or 9.52%) about the helpfulness of knowing the theory of crisis reactions, 10 comments (23.8%) on the benefits of the training for purposes of identification and prevention, and another 8 (19.1%) concerning assorted other benefits. Prominent among the latter, were 3 observations (7.14%) directed at the benefits for purposes of referrals.

Values and Attitudes Clarification. A total of 39 comments were made in response to this question. The 19 negative statements (47.71%) were almost evenly divided between no benefits gathered (10, or 25.6%) and no recollection

TABLE 7

BENEFITS DERIVED FROM COUNSELING SKILLS TRAINING

REPORTED AT FOLLOW-UP INTERVIEW

Comments	# of times comment was made	% of Total
Positive		
Helped become more enthusiastic by reinforcing what I knew	14	23.3
Learned not to give advice	12	20.0
Learned how to show concern	10	16.67
Exposure to peers was helpful	4	6.68
Yes (unelaborated)	4	6.68
Feedback was useful	2	3.33
Learned signs for suicide potential	2	3.33
Had practical application	2	3.33
Learned that suicide threats should be taken seriously	1	1.67
Learned how to interview	1	1.67
Learned to counsel families	1	1.67
Negative		
Did not learn anything	6	10.0
Too elementary	1	1.67
Total	60	100

TABLE 8

BENEFITS DERIVED FROM CRISIS INTERVENTION TRAINING REPORTED AT FOLLOW-UP INTERVIEW

Comments	# of times comment was made	% of Total
Theory of Crisis Reactions		
Theory helpful	3	7.14
Helpful to explain how problems relate to other people	1	2.38
Benefits for Identification and Prevention		
Helpful in detecting the signs of a crisis reaction	9	21.42
Helpful in preventing further danger	1	2.38
Other Comments		
Know when and where to refer clients	3	7.14
Learned how to use eye-contact to establish rapport	1	2.38
Learned how to keep calm	1	2.38
Learned more about oneself	1	2.38
Learned techniques to use with drug addicts	1	2.38
Negative Comments		
No benefit	12	28.56
Have not needed to use it	7	16.7
Boring	1	2.38
Did not know	1	2.38
Total	42	100

TABLE 9

BENEFITS DERIVED FROM VALUES AND ATTITUDES CLARIFICATION TRAINING REPORTED AT FOLLOW-UP INTERVIEW

Comments	# of times comment was made	% of Total
Positive		
Learned a specific value	6	15.39
Learned the importance of clarifying values	6	15.39
Learned that "putting values on people" is not useful	4	10.26
Learned more about self	1	2.56
Helped to spend more time talking to clients	1	2.56
Reinforced own values and attitudes	1	2.56
Negative		
No (unqualified)	10	25.64
Did not recall	9	23.07
Total	39	100

of this section of the training. It is significant that this section of the training was the only one to elicit any comments of no recall. Notable among the positive statements were 6 (15.38%) from Ss who learned a specific value themselves, another 6 (15.38%) from Ss who learned the importance of clarifying their clients' values and 4 (10.26%) who learned the futility of "putting values on people".

Personal Life Changes. A total of 44 statements were made in response to this question. Thirteen of those (29.54%) were negative. Positive statements (see Table 10) were classified under 3 different headings: Job-related personal life benefits (6, 13.63%), personal-life benefits (18, 40.91%), and job-related benefits (6, or 13.63%). Among the three categories, some statements were repeated by a small number of Ss: 4 (9.1%) found the training helpful in learning to master difficult crises; an equal number found it instrumental in learning to reflect and think problems through; 3 Ss (6.82%) found themselves listening better.

Negative Comments and Suggestions. This section stimulated a large number of comments, almost twice as many as the other questions, or a total of 88 statements. Four (4.45%) did not have any suggestions. The rest of the statements were grouped under three different headings, as can be seen in Table 11. Ten Ss (11.36%) found the location or environment distracting, inconvenient and too large. An equal number wished that more small group activities had been

TABLE 10

BENEFITS FOR PERSONAL LIFE DERIVED FROM TRAINING AND REPORTED AT FOLLOW-UP INTERVIEW

Comments	# of times comment was made	% of Total
Personal Life Benefits Related to Job		
Learned to become more objective	2	4.65
Learned to be less quiet	1	2.32
Learned to keep job from interfering with personal life	1	2.32
Assistance in working out personal values	1	2.32
Learned to become more observant	1	2.32
Job-Related Benefits		
Learned to be a better listener	3	6.97
Able to learn from peers	2	4.66
Learned to have better rapport with clients	1	2.32
Personal-Life Benefits		
Learned to master difficult crises	4	9.31
Helped to reflect on pers. problems	4	9.31
Learned to spend more time with relatives	2	4.65
Practice listening skills with non-clients	1	2.32
Became more motivated	1	2.32
Learned to be more confident	1	2.32
Learned more restraint and patience	1	2.32
Learned to feel freer	1	2.32
Learned to like oneself	1	2.32
Learned to judge people less	1	2.32
Learned to accept criticism	1	2.32
Negative Comments		
Not really beneficial	13	30.24
Total	43	100

TABLE 11

NEGATIVE COMMENTS AND SUGGESTIONS ABOUT

ENTIRE TRAINING REPORTED AT FOLLOW-UP INTERVIEW

Comments	# of times comment was made	% of Total
Location and Environment		
Too inconvenient or distracting	10	11.36
Formal Aspects of the Training		
More small group sessions	10	11.36
More participation in planning	6	6.82
Trainers should be more in control	5	5.59
Training was boring	4	4.56
More minority team members	4	4.56
Sessions were too long	3	3.42
Training was too intellectual	3	3.42
Group was too large	2	2.28
Supervisors should participate	2	2.28
More role-playing exercises	2	2.28
More sharing of experiences	1	1.13
More guest speakers	1	1.13
College credit should be offered	1	1.13
Hand-outs should be provided	1	1.13
Field trips should be included	1	1.13
Trainers talked down to people	1	1.13
Content of the Training		
Content and method unreal for ghetto	11	12.6
More on Crisis Intervention	2	2.28
More training on counseling ethics	1	1.13
Greater orientation to youth problems	1	1.13
More on group counseling	1	1.13
Too much material on gangs	1	1.13
More social work content	1	1.13
Training should be longer	1	1.13

TABLE 11 (Cont.)

Comments	# of times comment was made	% of Total
Information should be more specific	1	1.13
More theory should be included	1	1.13
Public relations should be covered	1	1.13
More information on drugs	1	1.13
More information about resources	1	1.13
No comment or did not know	4	4.56
Total	88	100

conducted while 2 (2.27%) mentioned that the group was too large. 6 (6.81%) felt that they should have been able to participate more in the planning process, while 4 (4.55%) thought there should have been more minority members on the training team. Similar comments were made concerning the content of the training: 11 (12.5%) found it to be not very applicable to ghetto settings. Finally, 4 (4.55%) felt it was too boring, while 3 (3.41%) thought it was too intellectual.

Summary

No significant results were observed as a result of the training, as measured pre-, post-, and follow-up, on the two measures of training content and counseling skills. Data analysis proceeded with correlations to determine if prediction of performance for any of the three testing times was possible on the basis of Interpersonal Anxiety (IPAT) or Empathic Tendency as well as a number of demographic variables.

Interpersonal Anxiety did not correlate significantly with any of the criterion measures results. Empathic Tendency, on the other hand, produced significant correlations in 4 of the 6 pairs. Years of Education correlated significantly in 5 out of 6 cases, while Age obtained significant results in 3 out of 6 cases. Experience, on the other hand, yielded a significant value in only 1 out of 6 cases. The remaining variables, Counseling, Marital Status, Sex, or Job Satisfaction, did not result in any significant

relationships.

Interview ratings for four different aspects of the training indicated that no aspect of the training was rated significantly higher than any other; means ranged from 3.74 to 3.33. In addition, comments were solicited for the three major techniques covered by the training. In most cases, more than half of the comments were positive.

CHAPTER IV

DISCUSSION

Training Effects

As was seen in the previous chapter, no significant training differences were observed as measured by the criterion measures of Content and Skills. Although it is possible that the measures have failed to discriminate degrees of learning, this would seem unlikely, as they seem to discriminate those who do well from those who do poorly at any one measuring time, as was seen in Chapter III. There are some indications, however, that the measures are biased, a point that will be discussed in a later section.

A second and more likely possibility is that the training was too short to produce any measurable effects. The training period was 32 hours long. Carkhuff and Truax (1965) observed significant results using a training program of 64 hours, and they concentrated primarily on Empathic Listening Skills. The present program included Listening Skills, as well as Values and Attitudes Clarification and Crisis Intervention techniques. In addition, there were other difficulties (to be considered below), that may have been instrumental in reducing the effectiveness of the training.

Interview Data. Other indications of the effects of the training program can be provided by the data collected through the follow-up interview. When asked to rate the formal aspects of the training, Ss assigned mean values of

just over 3 on five-point scales. In addition, the majority of the comments made about the different content aspects of the training were generally positive. Some of these comments also indicated that the goals and expectations of the training team were fulfilled in some cases. (See page 32 for a listing of these goals and objectives.)

Specifically, 20% of Ss spontaneously mentioned that among the benefits of the Counseling Skills training, they learned to show concern (which could be translated as empathy, warmth and genuineness). 36.67%, then, reported learning at least two of the goals and objectives for this part of the training.

Similarly, 21.42% of the Ss reported being able to recognize the signs of a crisis reaction, while 7.14% mentioned having learned how and when to make referrals. 28.56%, then, perceived themselves as having learned two of the major objectives for Crisis Intervention techniques training.

In reference to Values and Attitudes Clarification, 10.26% of Ss stated that they had learned that it was not useful to "put values on others", while 15.39% expressed having learned the importance of clarifying values. Again, as in the case of Counseling, and Crisis Intervention skills, 25.65% of Ss reported having achieved two of the goals and objectives for Values Clarification.

These data, then, would seem to indicate a moderate degree of achievement of learning as specified by the

training team and reported by the trainees. The value of these results is, of course, limited by the fact that they are self-reports and subject to influences other than the training effects themselves.

Perhaps more reliable, are the reports about what aspects of the training both formal and content were more or less useful. As for training techniques, the small group and demonstration exercises were most often mentioned as most effective. Reasons given for this included the opportunity to learn from others and to share experiences with others, the fact that they were experimental in nature and, therefore, more gratifying than listening to a didactic presentation. The information imparted in the presentations was considered to be the least useful by many Ss.

With respect to the content included in the training, Counseling Skills received the largest number of positive comments. Perhaps the most important benefit reported for this part of the training, was a renewal of enthusiasm and encouragement experienced. Learning not to give advice and the showing of concern were other important benefits reported by Ss. It seemed that this aspect of the training represented a useful technique for some counselors, particularly after some experience in the field; specifically, how to show concern without giving advice, a problem frequently encountered by many beginning counselors and therapists.

Crisis Intervention techniques, by contrast, were considered helpful, but not to the same degree. Benefits derived from this included a better understanding of the nature of crises, preventing further negative effects, and knowing when and where to refer clients. On the other hand, 16.7% indicated that they had not needed to apply these skills during the follow-up period. It would appear, then, that this technique was not considered useful by a number of Ss.

Values and Attitudes Clarification received the fewest number of comments, positive or negative, while it received the largest number of "Do not recall" reports. Indeed, the training team seemed to devote the least amount of time to this technique.

Finally, with respect to their personal lives, the Ss mentioned a number of benefits, though they seemed to collectively agree on only a few. These had to do mostly with the generalization of job-related skills to areas of their personal lives: learning to be a better listener, learning to be more objective and learning to manage crises better. Similar effects have been reported in other para-professional training studies, prompting Riessman (1964) to coin the term "helper therapy principle" and pointing out that the giving of help is often as much benefit to the helper as it is to the helpee. Holzberg and Knapp (1965) reported that the volunteers for their companion program

underwent qusi-therapeutic personality changes such as greater moral tolerance, increased self-acceptance and introspection, as well as a greater understanding of mental illness.

There were many comments directed at ways of improving the training; indeed, twice as many as were mentioned for any single section or aspect of the training. These comments, however, were very varied and few seemed to agree on specific suggestions. One general area that showed the most agreement among Ss could be characterized as issues of majority-minority group relations, as well as training team-trainees relations. The Ss seemed to find that specific areas of the content and method were not applicable to their indigenous environment, that there was not sufficient minority representation on the training team (occasional minority lecturers and facilitators were not considered adequate), and that more participation on the part of the trainees in the planning aspects of the training. Similarly, many Ss agreed that more small group exercises would have constituted a more useful training method. This was often mentioned in the context of the benefit of sharing experiences and techniques among peer-groups.

To summarize, training effects measures indicated little change in the Ss as a result of the program. It is possible that the training program was not sufficiently long to produce measurable effects. Comments collected as part

of the follow-up interview would seem to indicate some degree of success in terms of achievement of goals and job-related as well as personal benefits. The suggestions made would seem to facilitate the process of sharing among peers of useful techniques and experiences.

Predictive Effects

A considerable amount of data was reviewed in the previous chapter that would seem to indicate relationships between training results variables and subject variables or qualities. This gives some insight not only into the qualities associated with high scores on the measures, but also a better understanding of the training itself in terms of those who perform better at various points along the training.

Although it was expected that those Ss who were most interpersonally anxious would not do as well, it was found that the IPAT measure of interpersonal anxiety was not related to training performance. It appears that the selection and self-selection processes operating have tended to produce a trainee group that includes few individuals with high interpersonal anxiety.

Empathic Tendency, on the other hand, indicated that those who are empathic do well in the criterion measures pre- and post-training. This advantage is decreased in the iterim before follow-up. Those who were highly empathic improved their scores considerably after the training;

however, this difference was lessened for those who were less empathic after a period of three months. This would seem to indicate that a period of time allowing for practice and experience permits those who are less empathic to learn those skills as well as the others. It would appear, then, that those who were more empathic learned the content more rapidly but lost some of this knowledge after three months, while those who were less empathic required more time to learn possibly helped by a period of practice. The Skills measure, to a lesser degree, seems to indicate the same learning processes.

These observations would seem to have implications for further training programs by pointing to learning in relation to cognitive styles: those who are less empathic seem to require a longer period of time to learn.

It should be pointed out that this latter measure, Empathic Tendency did not produce as marked a degree of change in empathic listening skills as compared to theoretical content, even though the tendency to empathize was thought to be more indicative of the ability to learn to listen with more concern.

The more highly educated were also more adept at learning the theoretical aspects of the counseling program. This effect was most pronounced before the training and after three months, indicating that those with more education were more knowledgeable before the training and had

retained this three months after the training. These results are as expected, as the Content instrument (see Appendix F) was very similar to the sort of exam most frequently encountered by those who were more highly educated and who had most likely performed more effectively in school as indicated by their perseverance. The Skills measure was much less similar to academic tests, and therefore, represented less of an advantage for those who were more educated.

Experience correlated negatively with the learning of theoretical content, on two occasions, but only one of these was significant. This indicates that those with less work experience were better able to learn factual information, perhaps because their opinions were less rigidly formulated. Although it was expected that those with more experience would do better in the learning of skills, this was not found to be so.

There were also no differences between those who seemed to approach their jobs as mental health counselors and those who saw themselves rather as performing the task of a recreation specialist as indicated by their descriptions at the time of the follow-up ("Counseling" variable). It was expected that those who emphasized counseling activities more than recreation would value the training more highly and, therefore, would perform better in the criterion measures.

It was also expected that those who were married would

perform better, as they might have more understanding of and empathy for parent-child relationships. These expectations were not met, as there were no significant differences in scores on the marital status variable.

Similarly, although it was expected that female counselors would also do better than males, at least on the measure of empathic skills, this was found not to be true. There was, however, a tendency for women counselors to perform better on the Skills measure.

Age and Education showed a number of significant correlations with the two criterion measures. Those who were younger were expected to do well on both measures; instead, the younger counselors were better able to perform on the Content measure initially, with the differences decreasing markedly for post and follow-up measures. The opposite was true with the learning of counseling skills, as the younger counselors performed better on the Skills measure at the time of post-testing, but not as well at the time of follow-up. These results suggest that those who are younger were able to learn a skill more quickly, and that they had a better grasp of theoretical counseling facts before the counseling training began.

Finally, Job Satisfaction did not seem to be related to better performance in learning as was expected. In part these results were not very meaningful, as the ratings obtained were apparently influenced by a reluctance to admi+

dissatisfaction; the range and distribution of ratings were very narrow.

Summary

The results of this study suggest that 32 hours of training is not sufficiently long for indigenous paraprofessionals to learn the skills of empathic listening, of clarifying values and attitudes and of intervening in a crisis situation, as taught in the program evaluated; some specific benefits however, were reported experientially. In addition, certain advantages were noted at different times due to variables other than the training itself. Those found to be more empathic also tend to do better, as do those who are more educated, and those who are younger. These differences seem in some cases to decrease with the passage of time and/or the opportunity to exercise these skills.

Implications for Training Evaluation Programs

One of the significant difficulties encountered by this training and evaluation study was the interpersonal tension generated by the program and manifested by the trainees. Though some indications were apparent during the interviews at the time of follow-up, they were very critical during the training when they were verbalized by some of the Ss. Principally, they took the form of criticism of the training as leaving little applicability and relevance for the street environment. It was frequently mentioned, that although

these techniques had been found to be useful with middle class white clients, they were not appropriate for the needs of minority youth who were both racially and economically deprived. The fact that both of the professionals primarily involved in the training were white and middle class was pointed out as an indication of this. It should be noted, however, that at the time that these comments were made, they gave rise to much controversy and disagreement among the counselors themselves.

The training team, for their part, understood these events as a manifestation of anxiety on the part of the trainees. (At that time, several changes in training and evaluation programs, were instituted in order to better satisfy the needs of the trainees.) There seems to be some agreement among workers who have had considerable experience in the training of indigenous paraprofessionals. Jacobson (1967) who directed the training of mental health workers for the Lincoln Hospital Community Mental Health Center Project has been one of the few workers to write about this phenomenon. She, too, understood it as a manifestation of anxiety related to entry into a new system. She also felt that training might stimulate the emergence of previous negative attitudes to school and learning and indicated that indigenous workers cannot be expected to be immune to the injustices felt by their community as a whole:

> We expect that the community mental health worker will come to us with no less degree of hostility than that possessed by any Negro or

> Puerto Rican who has suffered the consequences of second class citizenship and discrimination that result from being poor and a member of a minority group. ...(The workers) raise issues with the organization that the community is continuously raising regarding opportunity to be let in, possess power, and make decisions. (p. 2)

It would seem, then, that it would be very important, if this effort is to continue, to find remedies for these difficulties. Though very little can be done to erase the effect of years of discrimination and prejudice, there may be ways of conducting training and evaluation that would minimize the obvious differences. In fact, training of indigenous workers, as it was approached in the present study and as it seems to be approached by others, is carried out, with the exception of some changes, in the same manner and style as it would be for non-minority individuals, a criticism that has also been made of traditional form of psychotherapy.

It would seem that modifications have to be made in the process as well as in the content of the training, although more will be discussed about the style of training. Similar modifications need to be made in the way that research is carried out. In the trainees' minds, these two functions, didactic and evaluative were not clearly demarcated, as revealed by the interviews in the present study. It is expected that if considerable attention is devoted to the program as a total "package" including evaluation aspects, and the training itself is received favorably, it will help

greatly in avoiding some of the obstacles encountered in the present evaluation.

Training. It is very important that the training team be outside of the immediate political structure of the group, as this limits the sphere of influence of the team to training and evaluation and permits the avoidance of intra-departmental affairs as much as possible. Association with these affairs, on the other hand, compromises the effectiveness of the team which is then subject to the same criticisms as the administration and could be branded as serving political rather than training demands. Though this was true of the training described here, it is not true of other efforts.

Every effort should be made to have the minorities participating in the training represented in the training team also.

The process of training begins with induction into the appropriate roles. This process is considered very important in other situations, but justifiably taken for granted in educational settings. In this case, however, it should be clearly emphasized. This process should take the form of meetings with the trainees, before the training is to be planned in order to take their needs into account. The process of assessment of needs should be considered as important as the resulting survey of needs. The object is for the team to be exposed to the trainees and to encourage

the development of trust on the part of both groups. It should take place in the meeting grounds of the future trainees. This allows for observation of the group and informal, safe interactions before and after the meeting. At this time, as many joining and accomodation techniques should be used as possible, though genuineness should not be compromised. These techniques have been described by Minuchin (1967) in the context of family therapy, but have applications to training. They consist of behaviors that are specific to a group of individuals and that facilitate the establishment of trust and require a marked degree of sensitivity to both individual and group responses. In the case of the middle class majority, these behaviors usually take the form of use of informal names and frequent and intense eye-contact. Similarly, risk through self-disclosure is also often used as a way of establishing trust (Cashdan, 1974). For several minorities, however, respect is often more important than familiarity; therefore, formal names or titles should be used in many cases. Eye-contact should also be made in a judicious manner, after understanding the preferences of the individuals. By the same token, self-disclosure is also not a preferred way of establishing personal trust among several minorities; instead the use of social relationships and coincidental similarities should be informally emphasized. Greater results can be achieved if the training team can prepare ahead of time in order to

establish what accommodation techniques would be most appropriate. The initial assessment time should also be used to learn about specific problematic situations to be used later for training purposes. The "Teach me" technique (Riessman, 1976) can be used very profitably as it can serve accommodation as well as consulation functions. Special attention should also be given to learning "street language" and other types of argot that can also be used to join the groups (Weakland & Hoffman, 1976). The point of these joining and accommodation techniques is not to become familiar or similar to the culturally different group, but rather to use channels of communication that are specific and natural to that group. Finally, the positive skills of the group should be explored. This particular effort should set the tone for the role of the training team, which can be understood in terms of conduction; that is, the facilitation of communication and sharing of experiences and specific expertises within the natural groupings.

With the inital assessment of needs and preferences and after a degree of joining has taken place, planning can proceed, incorporating what has been learned. The training can then be modified in order to complement the learning styles of the group. In this particular situation, much could be gained by using as many communication styles as possible, with optimal use of audio-visuals (documentaries, slide presentations, overhead projector, videotape recordings and

hand-outs) and of combinations of different forms of presentation, such as demonstrations and panel discussions. Demonstrations are very useful in some instances, as they illustrate details that are not described easily. The use of various methods and styles for teaching also helps to further distance the training of counselors from what negative experiences they may have had in the past with education. Some of these activities would not necessarily require the presence of the training team, though they should be coordinated by the trainers. Small groups, natural clusters, can be organized and then encouraged to undertake projects collectively for the benefit of the entire group--panel presentations, street theater performances depicting characteristic street counseling scenes, etc. Role-playing and psychodrama should also be emphasized in small group exercises, while the Interpersonal Process Recall technique can be taught as a tool for learning specific counseling styles when role-playing does not seem appropriate (Jacobs, Buschman, Scheffer & Dendy, 1973). It is at this time that specific mention should be made, at opportune times of the problems or specific situations that served as a basis for the program. Finally, small group consultation periods should be held periodically in order to monitor and assist in the application of techniques or case management decisions. These groups can also serve as focal points for the utilization of "maintenance" techniques (Minuchin, 1974) which

consist of the same type of behaviors used to join and accommodate to the groups, although they should serve at this time to re-establish trust and follow-up on the initial contacts. All of these techniques should be useful as a framework of training practices and styles that could guide the application of a specific system of communication expected to be more meaningful and effective with minorities. In the case of Blacks and perhaps Chicanos, the team should be prepared to face the anger that other researchers have mentioned (Wise, 1973). It might be possible to channel this energy in various ways, such as designating one of the training group members as a recipient, thus freeing the others for more influential roles. This is most easily done when the training team is organized with respect to the performance of separate and well-delineated functions.

Finally, at the time of evaluation follow-up, sessions should be included in addition to data collection meetings. These should serve to consolidate the knowledge previously gained, as a way of reinforcing the natural timing of longer paced learning observed in the present study.

With respect to the content of the training, many of the same counseling methods that have been used in the past should continue to be included. The emphasis on small group activities lends itself to the implementation of a technique that facilitates the application and modification of therapeutic practices to ethnically diverse groups. This

technique, developed by Giordano (1977) consists of the sharing, in dyads, of a personally meaningful situation experienced by the entire family and judged to have presented some problems of adjustment (typically, a crisis). The listening member of one of the dyads, then presents the "case", together with recommendations, to the larger group. The person whose situation was presented is asked to critique the recommendations before input from the rest of the group is requested. This group activity seems to be useful as a heuristic process in objectifying and personalizing the modification of traditional therapeutic and case work practices to a praxis more closely adapted to the realities of specific ethnic minorities. Because of its emphasis on individual experiences, this method would seem to avoid the stereotyping that frequently characterizes decisions made by one ethnic minority about another. In addition, the techniques of joining, accommodation and maintenance should be taught as a method for the development of counselor-client relationships. Indeed, the trainees can be very instrumental in teaching these adaptations to the training team, for later use as well as for collection and documentation.

Evaluation. Finally, it is necessary to draw attention to modifications that would avoid some of the difficulties encountered by the present study. Some of these modifications might lead to less empirical certainty but would provide a judicious compromise for the advantages of full

cooperation and a lasting commitment on the part of the Ss.

One of the members of the training team should have the task of coordination of the evaluation program, with the full cooperation of the trainers and administrators. This person should be included in the pre-planning assessment, be introduced to the trainees in the very beginning and make use of all of the same joining and accommodation techniques as the trainers. The purpose of the evaluation and its implications in terms of the requirements for the Ss (such as the repetition of measures) should also be broached at the inception of the process. It should be emphasized that the primary concern of evaluation is the training program and not the trainees; that is, that the purpose of the evaluation is to determine the effectiveness of the training and to serve as a guide for future training. This assurance should be reinforced by the choice of instruments, which should avoid all suggestion of question of the Ss' fitness as full members of society. They should also avoid formats that are mindful of school examinations, in order to prevent associations with anxiety-producing previous experiences. Both criterion measures should be made shorter and simpler. Specific goals and objectives could be collected on cards for each of the trainees as part of the operations conducted by the evaluator while the training team is performing the initial assessment. The cards can be later returned to the trainees and used as a basis for evaluating the achievement

of personal goals.

Anonymity should again be assured, though a method that would be less subject to error should be used. Perhaps numbers could be assigned and a master list kept until all the data have been collected and the analysis is about to begin.

When videotapes are used, more than one monitor should be provided in order to facilitate comfortable viewing.

One of the methodological problems encountered in the present study, the lack of a control group, can be avoided by dividing a large training group into two smaller ones. One would be similar to the waiting groups used in psychotherapy outcome research and serve as a control group. The observations would then be schedules in the following manner:

	Pre		Post			
Group A	testing--	Training--	testing--	Waiting--	Follow-up	
	Pre-Pre		Pre		Post	
Group B	testing--	Waiting---	testing--	Training-	testing-	

With this design, Group B would serve as a comparison group in order to evaluate the effects that might be due to the passage of time only, while avoiding the usual difficulty of not providing the training for one half of the group. Group B could be tested a fourth time, three months after post-testing in order to obtain follow-up scores. The groups would be randomly divided in order to avoid assignment biases. In addition, two styles of training could be used for each of the groups, allowing experimentation with methods.

A longer period of training should be planned, in order to ascertain whether or not this was a factor in the lack of significant training effects in the present evaluation.

Some of the relationships observed in the present study should be the object of further investigation. Specifically, Empathic Tendency should be measured in order to establish whether or not this relationship is reliable as a predictor of performance. The effect of Education also should be evaluated further in conjunction with a content measure designed to avoid obvious resemblances to school examinations. Thus, the relationship between high criterion scores and education could be evaluated while minimizing possible bias of the measures. The relationship between age and criterion scores should also be clearly investigated in a similar way; specifically, the advantage of the younger trainees in learning empathic skills, if further demonstrated would have important implications for the screening and training of future counselors. Finally, the trend shown by females in obtaining higher scores on the Skills measure should be similarly studied, as this too, would have important implications for selection and training.

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APPENDIX A

DEPARTMENT OF RECREATION & PARKS
CITY OF LOS ANGELES
SUBVENTED/SPECIAL PROGRAMS DIVISION
COMMUNITY RELATIONS SECTION
RECREATION COUNSELORS UNIT

WEEKLY REPORTS

CODE #:_____ WEEK ENDING _____

ASSIGNMENT	ACTIVITY
M	
T	
W	
TH	
F	
SAT	
SUN	

STATISTICS

_____total number of youth/adults/contacted
_____Number counseled concerning drug/alcohol abuse
_____ " " " school truancy
_____ " " " running away
_____ " " " family related problems
_____ " " " personel problems
_____ " " " gang related problems
_____ " " " other minor problems/offenses
_____ " " " other major problems/offenses
_____ " " " employment
_____ " " " other
_____Number involved in recreation or activity programs

PROGRAMS

(on-going/ one time)

TITLE	PROGRESS/ACTION	RESULTS/DIRECTION	NO. OF PARTICIPANTS
1.			
2.			
3.			
4.			
5.			
6.			
7.			

COMMUNITY CONTACTS

NAME	TYPE OF AGENCY	RESULTS/ACTION
1.		
2.		
3.		
4.		
5.		
6.		

NARRATIVE

Describe other pertinent data from your week's work.

HIGHLIGHT (BE SPECIFIC)

MONTHLY RESULTS STATISTICS

Month _____

Year _____

ITEM	1st week	2nd week	3rd week	4th week	5th week (if applic)	MONTHLY TOTALS
1. truant youth returned to school						
2. school drop-outs returned to school						
3. runaways returned/placed						
4. Parent/child conflicts solved/improved						
5. youth referred for employment						
6. Youth actually employed						
7. youth referred to you						
8. youth you referred to other agencies						
9. Drug/Alcohol abusers improvement						
10. Vandalism stopped/declined						
11. Youth you appeared for in court						
12.						
13.						
14.						
15.						

COMMENTS:

JIM ANDERVICH
SR. DIRECTOR I
SPECIAL PROBLEMS

APPROVED: ED CROCKETT
SR. DIRECTOR II
COMMUNITY RELATIONS

JA/jh

APPENDIX B

PROBLEM AREAS

1. Suicide
2. Gang violence
3. Drugs and alcohol
4. Intervention of family problems
5. Being caught in the middle
6. Homosexuality
7. Rape
8. Youth dealing in prostitution
9. Facilitating with individuals
10. Language barriers
11. Communicating with counselors from different cultural or ethnic groups
12. Trying counselor's patience
13. Helping people to think positive
14. Child abuse

SPECIFIC SITUATIONS

1. Having to go through the deaf mother of two girls in order to communicate.
2. Counselling persons who mistreat their children, or "child beaters". I have a difficult time understanding this type of behavior.
3. Difficult for me would be a homicidal or suicidal attempt.
4. Youth under the influence of drug and refuses to listen to school staff - or parent
5. Husband/Wife separation
   a. Wife left
   b. Pastor contacted for counseling
   c. Cannot make missing person report since they are here illegally
   d. Wife's whereabouts known/but person will not reveal
   e. Husband frantic and is in crisis situation
   f. What next?
   g. Cannot get police/immigration involved!
6. Police cooperation with the youth.
7. Gang fighting - hostile families.
8. Gang fights - family problems.
9. Trying to help someone on drugs.
10. The new president of one of my senior citizen clubs wanted all of the members to speak English and the club is predominantly Spanish.
11. Two dope fiends have fallen in love with the same woman - there's only $25 in the house and everybody is sick - how would we counsel that?
12. A broken home situation and which parent should the child decide to live with.
13. When someone has a very defensive attitude.
14. Family problems - over-loved youth who gets everything handed to him - this has made him very lazy - and the parents don't believe this is a problem.
15. A delicate, artistically inclined youth suffering a sexual identity problem and being influenced by seemingly prominent adults to pursue a gay life style with promises of fame and fortune.
16. Parent and child are very angry with each other and unable to hear me - except to stop when the parent (mother) turns to me to ask for advice.
17. A person who has attempted suicide 3 times feels rejected by family - 3 kids and husband. All blame thrown back at her - feels all blame and at present is in deep depression. Will not manifest any feelings - just feels depressed.
18. The rape of any woman.
19. I really couldn't make any statement on Street Counseling - I am not experienced in that field. (submitted by a visitor/observer)

SPECIFIC SITUATIONS (continued)

20. The most difficult counseling situations are those that involve the counselors own unresolved personal conflicts, or traditionally unresolved conflicts inherent in society.
21. Someone who needs counseling (has a problem) but who has preconceived ideas about what is needed (all would bring other problems).
22. Two gangs are fighting, there are no weapons, you don't know any of them - how would you begin to counsel them?
23. Two gangs confronting each other when I am present. My ability to try and prevent a clash until reinforcements could arrive.
24. The counseling situation that is most difficult to me is to advise someone on the importance of being truthful in self evaluation.
25. The most difficult type of counseling for me would be counseling a violent person.
26. Being able to express myself at ease with other people and getting positive results.
27. A person that was referred to me that doesn't want to be counseled and refuses to respond to anything that I say - this will be hard for me to deal with.
28. Apathetic counselee with no concerns about self or life.
29. Bringing together and creating understanding between two different factions (i.e. gangs, senior citizens-youth; American born & foreign born, etc.)
30. Talking a person out of suicide in conscious or unconscious level.
31. An individual who has touched your patience.
32. Transportation problem.
33. Violent confrontation on campus - counselor in middle - Police and faculty, in my opinion, aggravate situation.
34. Counseling in a crisis intervention situation dealing with drugs.
35. When counselees ask for extremely successful examples of people who have previously been entered in the program as a former counselee - which they can identify with.
36. Counseling a youth whose father was a homo.
37. Working with teenage alcoholics (girls in particular).
38. A sick widow losing her home and her only daughter could care less if she lives or dies.
39. One of the difficult types of situations I would come into is to tell a married couple how to try understanding each other better - respect each other more.
40. Knowing at times when a youth or person is honest and sincerely facilitating. The person that laughs and hecks around you can pick up right away - this seems to be one of the problems in a counseling session.
41. Generating barriers and obstacles set up by hard core drug users when they are aware you are willing to contribute your time.

APPENDIX C

EMPATHIC TENDENCY ITEMS

1. It makes me sad to see a lonely stranger in a group.
2. People make too much of the feelings and sensitivity of animals.
3. I often find public displays of affection annoying.
4. I am annoyed by unhappy people who are just sorry for themselves.
5. I become nervous if others around me seem to be nervous.
6. I find it silly for people to cry out of happiness.
7. I tend to get emotionally involved with a friend's problem.
8. Sometimes the words of a love song can move me deeply.
9. I tend to lose control when I am bringing bad news to people.
10. The people around me have a great influence on my moods.
11. Most foreigners I have met seemed cool and unemotional.
12. I would rather be a social worker than work in a job training center.
13. I don't get upset just because a friend is acting upset.
14. I like to watch people open presents.
15. Lonely people are probably unfriendly.
16. Seeing people cry upsets me.
17. Some songs make me happy.
18. I really get involved with the feelings of the characters in a novel.
19. I get very angry when I see someone being ill-treated.
20. I am able to remain calm even though those around me worry.
21. When a friend starts to talk about his problems, I try to steer the conversation to something else.

22. Another's laughter is not catching for me.

23. Sometimes at the movies I am amused by the amount of crying sniffling around me.

24. I am able to make decisions without being influenced by people's feelings.

25. I cannot continue to feel OK if people around me are depressed.

26. It is hard for me to see how some things upset people so much.

27. I am very upset when I see an animal in pain.

28. Becoming involved in books or movies is a little silly.

29. It upsets me to see helpless old people.

30. I become more irritated than sympathetic when I see someone's tears.

31. I become very involved when I watch a movie.

32. I often find that I can remain cool in spite of the excitement around me.

33. Little children sometimes cry for no apparent reason.

APPENDIX D

IPAT - INTERPERSONAL ANXIETY

CODE #_____

1.	I find that my interest, in people and amusements, tend to change fairly rapidly_____	true	in between	false
2.	If people think poorly of me I can still go on quite serenely in my own mind_____	true	in between	false
3.	I like to wait till I am sure that what I am saying is correct, before I put forward an argument_____	yes	in between	no
4.	I am inclined to let my actions get swayed by feelings of jealousy_____	some-times	seldom	never
5.	If I had my life to live over again I would: (A) plan very differently (B) want it the same_____	A	in between	B
6.	I admire my parents in all important matters_____	yes	in between	no
7.	I find it hard to "take 'no' for an answer", even when I know what I ask is impossible_____	true	in between	false
8.	I doubt the honesty of people who are more friendly than I would naturally expect them to be_____	true	in between	false
9.	In demanding and enforcing obedience my parents (or guardians) were: (A) always very reasonable (B) often unreasonable_____	A	in between	B
10.	I need my friends more than they seem to need me_____	never	some-times	often
11.	I feel sure that I could "pull myself together" to deal with an emergency_	always	often	seldom
12.	As a child I was afraid of the dark_	often	some-times	never
13.	People sometimes tell me that I show my excitement in voice and manner too obviously_____	yes	un-certain	no

CONTINUE ON NEXT PAGE

14.	If people take advantage of my friendliness I: (A) soon forget and forgive (B) resent it and hold it against them_____	A	in between	B
15.	I find myself upset rather than helped by the kind of personal criticism that many people make____	often	some-times	never
16.	Often I get angry with people too quickly_____	true	in between	false
17.	I feel restless as if I want some-thing but do not know what_____	very rarely	some-times	often
18.	I sometimes doubt whether people I am talking to are really interested in what I am saying_____	true	in between	false
19.	I have always been free from any vague feelings of ill health, such as obscure pains, digestive upsets, awareness of heart action, etc.____	true	un-certain	false
20.	In discussion with some people, I get so annoyed that I can hardly trust myself to speak_____	some-times	rarely	never
21.	Through getting tense I use up more energy than most people in getting things done_____	true	un-certain	false
22.	I make a point of not being absent-minded or forgetful of details____	true	un-certain	false
23.	However difficult and unpleasant the obstacles, I always stick to my original intentions_____	yes	in between	no
24.	I tend to get over-excited and "rattled" in upsetting situations__	yes	in between	no
25.	I occasionally have vivid dreams that disturb my sleep_____	yes	in between	no
26.	I always have enough energy when faced with difficulties_____	yes	in between	no
27.	I sometimes feel compelled to count things for no particular purpose___	true	un-certain	false

CONTINUE ON NEXT PAGE

28.	Most people are a little queer mentally, though they do not like to admit it	true	uncertain	false
29.	If I make an awkward social mistake I can soon forget it	yes	in between	no
30.	I feel grouchy and just do not want to see people: (A) occasionally (B) rather often	A	in between	B
31.	I am brought almost to tears by having things go wrong	never	very rarely	sometimes
32.	In the midst of social groups I am nevertheless sometimes overcome by feelings of loneliness and worthlessness	yes	in between	no
33.	I wake in the night and, through worry, have some difficulty in sleeping again	often	sometimes	never
34.	My spirits generally stay high no matter how many troubles I meet	yes	in between	no
35.	I sometimes get feelings of guilt or remorse over quite small matters	yes	in between	no
36.	My nerves get on edge so that certain sounds, e.g., a screechy hinge, are unbearable and give me the shivers	often	sometimes	never
37.	If something badly upsets me I generally calm down again quite quickly	true	uncertain	false
38.	I tend to tremble or perspire when I think of a difficult task ahead	yes	in between	no
39.	I usually fall asleep quickly, in a few minutes, when I go to bed	yes	in between	no
40.	I sometimes get in a state of tension or turmoil as I think over my recent concerns and interests	true	uncertain	false

STOP HERE. BE SURE YOU HAVE ANSWERED EVERY QUESTION.

APPENDIX E

DEMOGRAPHIC QUESTIONNAIRE

Code #:_____ Date:_____

1. Marital Status: Single_____ Separated_____
   Married_____ Divorced_____
   Living with Someone_____

2. Children?
   Yes ____ No ____ If yes, how many? _____

3. Sex: M F 4. Age: _____

5. How much education have you had?
   High School _____ Graduate training? ____years
   College _____ years Degree? Yes No
   Degree? Yes No

6. What was your major? _____

7. How long have you been a Senior Citizens Counselor or a Street Youth Counselor? _____ years _____ months

8. Did you have any experience (paid or unpaid) working with youth or senior citizens before coming to this department?
   Yes No

9. If yes, what did this consist of? (List the different positions you had before):

Position	Approximate dates
1._____	from_____ to_____
2._____	from_____ to_____
3._____	from_____ to_____

10. What was your last job before being employed by the Parks and Recreation Department?

    _____

11. For how long did you have this job? _____ years _____ months

12. Did you have any training before coming to the Parks and Recreation Department that you would consider relevant?
    Yes No

13. If yes, what did it consist of?

    _____

14. Since coming to the Department, have you had any special training? Yes No

DEMOGRAPHIC QUESTIONNAIRE (Cont.)

15. If yes, what did it consist of?

_____

_____

16. Do you like your job now?

Not at all				Very much
1	2	3	4	5

17. What do you like best: (Rank in order from 1 (most) to 3 (least))

Community organizing activities: ____
Individual counseling ____
Organized rap groups ____

18. What was your score on the Civil Service Exam?

_____

APPENDIX F

CONTENT

Date:_____ Code #:_____

PLEASE CIRCLE THE BEST ANSWER.

For the following items (1-5), sample interactions between a client (or speaker) and a counselor (or listener) will be presented. Empathic responding on the part of a counselor can vary between little or no empathy all the way to the identification of the implied feelings of the client. Thus, counselor responses can be scaled (or rated) on three levels:

RESPONDING-TO-FEELINGS SCALE

Least empathic

Level 1--Listener (or counselor) responds to the facts and information, situation, storyline.
--Listener doesn't respond to speaker feelings.
--Listener denies speaker's feelings, puts down, judges, gives advice, etc.

Level 2--Listener responds to stated feelings of speaker mirroring in the words or similar words.
--Listener is accepting of speaker's feelings.

Level 3--Listener responds to stated feelings and labels undercurrents implicit in speaker's statements but not actually stated by him/her.
--Listener emphasizes intensity of speaker's feelings by use of appropriate voice, gestures, and words with accent feelings.
--Listener responds to non-verbal cues from speaker.

Most empathic

--Listener identifies the source of the client's feelings.

Please use the above scale to identify counselor responses in the following hypothetical interactions:

1. Client: "I never go out on a date without wanting to scream."
   Counselor: "Of all things to happen!"
   What level of responding is this counselor's response? (Circle the best answer).

   A. Level 1 B. Level 2 C. Level 3

2. Client: "My husband keeps drinking and then gets violent in front of the children."
   Counselor: "This must be very upsetting to you and you must find it hard to go on with this kind of threat over you."

   A. Level 1 B. Level 2 C. Level 3

3. Client: "You know, the trouble with my parents is that they never listen to me."
   Counselor: "Your parents need some counseling, too."

   A. Level 1 B. Level 2 C. Level 3

4. Client: "Oh, I wish I didn't have to go to school."
   Counselor: "You're pretty fed up with school."

   A. Level 1 B. Level 2 C. Level 3

5. Client: "I get really angry whenever my Mom calls me names."
   Counselor: "It hurts to be insulted"

   A. Level 1 B. Level 2 C. Level 3

Questions 6 and 7 will refer back to the following paragraph:

"There is nothing for me in college; I can make just as much money without going to college. Although I might not be able to get as much respect."

6. The speaker in the above paragraph is in conflict over whether or not to make money.
   True False

7. The speaker's expressed value(s) is(are) that:
   A. College is not worthwhile
   B. Respect is more important than money
   C. Money is more important than respect.
   D. A and B of the above.

8. It is important for a counselor to understand his/her own feelings because:
   A. He/she will be a better person for it.
   B. He/she may do a disservice to his/her client.
   C. He/she should share his/her personal feelings with his/her client.
   D. He/she will lose his/her client.

For the following items (9-13) sample interactions between a client or speaker and a counselor or listener will be presented. Empathic responding on the part of a counselor can vary between little or no recognition of the values expressed by the client or speaker all the way to the identification of the expressed and implied feelings of the client. Thus, counselor responses can be scaled (or rated) on three levels:

RESPONDING-TO-VALUES SCALE

Least responsive

Level 1--Listener ignore values.
--Listener judges, agrees, condones, or moralizes about speaker's values.
--Listener responds to speaker values using less specific terms than the speaker uses.

Level 2--Listener responds to stated values of speaker mirroring in same or similar words.
--Listener is non-judgmental of speaker values.
--Listener responds to speaker values but not to the feelings associated with them.

Level 3--Listener responds to stated values of speaker and checks out other values that may be present but are not clearly stated by the speaker.
--Listener specifically responds to stated values of speaker
--Listener not only responds to values but also the feelings attached to them.

Most responsive

9. Client: "Marriage is not such a good thing. It's the committment that counts and marriage only makes you feel less committed."
   Counselor: "Committment is very important to you. You seem to feel that staying with another person is only worthwhile if you are in love with them."

   A. Level 1 B. Level 2 C. Level 3

10. Client: "It's all right to smoke marijuana. After all, everybody must get high sometimes and marijuana is no more harmful than alcohol."
    Counselor: "Actually, it's less harmful than alcohol."

    A. Level 1 B. Level 2 C. Level 3

11. Client: "I think the government ought to give public lands free to those who want to farm it. After all, we all have a right to a piece of land to grow our own food."
    Counselor: "You know, I wonder if that would really help"

    A. Level 1 B. Level 2 C. Level 3

12. Client: "You know, I think women should stay home and not take jobs away from men--not that I really care one way or the other--but I think that they would be happier in the long run."

Counselor: "You seem to believe that women can only really be fulfilled if they stay at home and take care of the family. I wonder if you feel resentful toward women because they might be taking over jobs that previously went only to men."

A. Level 1 B. Level 2 C. Level 3

13. Client: "I don't really believe that there's a life after death. And I think that the fools who do are really stupid and misguided."
Counselor: "You seem to feel that it's unreasonable to believe in an after-life."
A. Level 1 B. Level 2 C. Level 3

14. The following are steps that have been found useful in the effort to help clients solve problems. They are presented out of sequence. Please order them in their proper sequence by placing the letter (A, B, C, etc.) next to the appropriate ordinal number.

The listener (or counselor) helps the speaker (or client) to:

A. Consider all alternatives paying attention to the advantages and disadvantages of each. 1st. ____
B. Define and clarify the problem. 2nd. ____
C. Find out all relevant facts: who, when, where, why, how, etc. 3rd. ____
D. Put into practice and evaluate a solution; make a new choice if necessary. 4th. ____
E. Choose the best alternative. 5th. ____

15. The word "Crisis" in Crisis Intervention refers to:
A. An external event precipitating feelings of turmoil and inability to cope effectively.
B. The feelings of turmoil present in the person that lead to ineffective coping.
C. Both A and B.

16. An external event bringing about feelings of turmoil and loss of ability to manage is called: _____
(Please fill in with the correct word.)

17. The usual duration of a crisis with or without counseling is:
A. 2 weeks
B. 4 weeks
C. 6 weeks
D. 8 weeks

18. The following steps summarize the Crisis Intervention modality. They are presented in random order below. Please order them in the correct sequence:

A.	Determination of the meaning of the Crisis	1st. ____
B.	Examination of possible solutions to the present problem	2nd. ____
C.	Provision of a cognitive grasp of the crisis	3rd. ____
D.	Determination of the hazard	4th. ____
E.	Examination of past coping mechanisms and the reasons these are not working	5th. ____

19. Give three indications of high suicide risk:

1. _____

2. _____

3. _____

20. Give three indications of high homicide risk:

1. _____

2. _____

3. _____

21. Name some necessary actions to prevent a potential suicide:

1. _____

2. _____

3. _____

22. Name some necessary actions to prevent a potential homicide:

1. _____

2. _____

3. _____

The priviledge of confidentiality attached to the counseling relationship does not apply when:

True False 23. A law officer asks you for information.

True False 24. A school official asks you for information.

True False 25. A parent asks you for information.

True False 26. When you (the counselor) know of a high probability risk to someone else's life on the part of a client.

True False 27. The client waives the priviledge by signing a release.

True False 28. You (the counselor) are subpoenaed to appear in court to testify.

29. Which of the following are known to be physically addictive: (Please circle the correct answer.)

A. Heroin
B. STP
C. MDA
D. LSD-25
E. Barbiturates
F. Cocaine
G. Marijuana
H. Opium
I. Hashish
J. Amphetamines

30. Please order the following drugs from least dangerous to most dangerous:

A. Cocaine
B. Marijuana
C. Alcohol
D. Barbiturates
E. Heroin

Least dangerous 1. _____
2. _____
3. _____
4. _____
Most dangerous 5. _____

APPENDIX G

APPENDIX G

INTERVIEW

As you know, we have been evaluating the training that we did all along. Now, I am interested in talking to all of you to get some feedback on the training. I would like to remind you of the promise that I made to you that I would not reveal any of the things that you tell me or write down; so I just want to remind you of this and tell you that it is still true, so that you can feel free to talk and not be paranoid that I will talk to anybody about this. That is why we have been using code numbers all along, and why I will ask you to tell me your code number. I'll go over that part of it now with you and give you the system for the number. (The number was written down now) I also have these forms that I would like for you to check; I would like for you to change your name to your code number and erase anything that might identify you--all I am interested in is the activities you conducted and the number of people involved. (At this point, the interviewer usually asked for questions, if the S had not asked any already)

O.K. Another thing I would like to mention, is that I am interested in your honest opinion. The training is over with now, and what I am most interested in is your opinion and what you thought of it, both good and bad. So, it's more important to me that you be honest in telling me your opinion, both good and bad, rather than trying to save me from the truth.

O.K. So, would you rate the training overall, everything that was done, from 1 to 5, 1 being totally poor and 5 being excellent.

So, now, I would like to break it down into different parts, and I would like for you to give me ratings for those too. How would you rate the presentations from 1 to 5?

And how about the role-playing, the demonstrations, the small group exercises?

And how informative was it for you? Could you rate that from 1 to 5 also?

Was there something that you learned about counseling that was useful to you in your work? Something that you might see yourself using now or thinking about?

And what about Crisis Intervention techniques? Was there something there that was useful to your work or that you find yourself thinking about as time goes on?

And what about values and attitudes?

Was there anything in the training that affected your personal life? Anything that you can point to that changed in your life, outside of job related things? I don't mean to imply that there should be anything wrong with your personal life.

Something else that I am interested in is the different ways in which people do counseling. In other words, I see us all using different styles, different ways of helping people, and yet it is all going toward the same end. So, I wonder if you could tell me about how you do counseling. (If the person did not seem to understand, the interviewer would elaborate in the following manner:) I am interested in finding out what it is that you do that makes you different from say, a recreation center director, even though you may do some of the same things that they do, and yet they don't call themselves counselors.

I was also wondering what kinds of expectations you had of the training. You know, as you heard that someone was coming to do this, what kind of things you were hoping that the training would do for you, that you might find out about or learn, and whether those expectations or hopes were actually fulfilled or not. (Further promptings were given in the form of:) What kinds of things we could improve on. What we could do different if we were to do it again?

(After the S had said all they were about to say and the interviewer asked them whether there was anything else, he went on to solicit the S's feelings about a specific incident that occurred very early in the training and seemed to represent a turning point--as explained in the text)

And something else I was also interested in getting your opinions about. Very early in the training, someone--I won't mention any names--stood up and said basically that the trainers were middle class white people and that they didn't know anything about the problems of the streets and therefore, they couldn't teach anything to you, as the knowledge of the middle class is book learning and has nothing to do with what happens in the streets. I wonder how you felt about that then?

(After the S seemed to have said what was on his mind, the interviewer asked for any other comments, then proceeded to thank the S:)

Thank you very much for your time. I appreciate your taking the time to talk to me.

APPENDIX H

As you know, we are interested in evaluating the effectiveness of the counselor training program. Your co-operation and consent are needed.

CONSENT AND RELEASE FOR PARTICIPATION IN STUDY

I agree and consent to participate in the study designed to evaluate the effectiveness of the Counselor training program conducted by Drs. Brown and Nemeth and Mr. Pedro Choca.

I understand the purpose of the evaluation and agree that I accept under the following conditions:

1. The study will make use of forms and questionnaires filled in by and in regard to myself in connection with my participation in the In-Service training sessions.

2. All the information will be coded and no individual data will ever be used in reports or papers.

3. All information gathered in this study will be kept strictly confidential.

4. I can expect that the training staff will answer any questions I may have concerning procedures of the study. If I have any further questions, I can contact Pedro Choca at (213)390-6684.

I have read the above and do give my consent.

_____
Signed

_____
Witness

_____
Date

APPENDIX I

VIDEOTAPED SITUATIONS

1. My father came home drunk again last night. He got mad at me because I was watching T.V. with some friends and he hit me in front of them. I couldn't help it, but I started to cry.

2. I found out my sister's pregnant and by who, but the guy's not helping her out or sticking with her, in fact, he's just bragging around that she's a slut--I got so pissed off I went out and found the guy and beat the hell out of him. Now his parents are pressing charges against me. Instead of taking care of things, I just made it a lot worse.

3. I just can't talk to my parents. We disagree on everything. It seems everytime I try to talk to them we end up in an argument--and then no one talks to anybody and everybody's mad at me.

4. I've got a real problem. I don't know what to do. I'm really worried. My girlfriend is pregnant.

5. When I got home last night, our living room was a real mess...everything was broken and tossed around. My mom was in the kitchen crying. Finally I got her to talk. She and my dad had a big fight, and he left...walked out on us for good.

6. When I got home last night I heard my sister crying in her room. I went to see what was happening and she was all beat up and her lips were swollen and cut up. After a while she told me that her boyfriend had beaten her up 'cause she wouldn't give him any money to buy beer for him and his friends. Boy, was I really pissed.

7. My father has been dealing dope for a long time, I think. Every week I deliver a package to a bar downtown--last week I opened it and it was full of white powder. I'm afraid to tell my Dad I don't want to run his errands anymore 'cause he'll beat me up but I don't want to do anything illegal either.

8. My mother wants me to have an 11 o'clock curfew...even on the weekends. This guy I really like asked me to a dance next Saturday. He'll think I'm a real drag if I tell him I have to be home by 11. My mother just won't listen to reason; what a bummer.

9. In school tomorrow we're having a test in history. Most everyone else in the class doesn't know anything about

the Civil War. I think they want me to help them pass. But I don't want to cheat.. What if I get caught by the teacher, but what if I don't help my friends?

10. Yesterday, I was hanging around with a bunch of my friends, when they started to make plans to take one of the guy's father's car out riding. None of us are old enough and I'm really scared but I don't want them to think I'm a coward.

11. I just can't seem to get along with anyone. No one likes me; I don't have any friends. I'm really lonely, it's so bad not to have any friends. I don't know why, what I can do to make any friends.

12. I just found out I'm going to fail three subjects and not graduate this year. I'm really scared to tell my parents. They'll be really mad and disappointed.

13. Our family's on Welfare, but the checks come in the mail and if one of the kids isn't home when the checks come in, Mom cashes it and buys booze. I don't think the Welfare people will do anything about sending the check to me, but something has to be done, because I've got to make sure there's food around for my younger brothers and sisters and rent's paid on time.

14. My parents have a lot of loud parties and drink a lot, and sometimes things get banged up in the apartment. The landlady caught us in the hall the other day and told me she was going to throw us out if the rowdiness doesn't stop. I'm afraid to talk to my Mom and Dad because they'll either get mad at me or just laugh it off, but I'm afraid we'll get thrown out.

15. My roommate's sister has been living with us for some time while she goes for methadone treatments downtown. I don't mind helping anybody out, but she's living in the living room and sleeps all the time, and she's real messy and I can't have friends over anymore because I'm ashamed of the shape the place is in. I don't want to piss off my roommate, but I'm really tired of his sloppy sister.

16. I just found out somebody's been selling acid to the kids in my brother's grammar school. He came home giggling and acting real spaced out one day. Later he started crying and yelling... lucky I was there to get him through it o.k. I don't know what to do now, though. I don't want to get my brother in trouble, but I want to get the jerk who's selling to these 10 year olds.

17. I came to talk to you today because the Welfare worker came by yesterday. She told me that they're going to take my daughter away because I'm not taking care of her, and put her in a foster home. I don't know what to do. I couldn't sleep all last night. I kept thinking of my own childhood when they took me away from my mother and put me in a foster home. The people there were cool, but I would rather have stayed with my Mom, even if she beat me up. They want to take her away because they say I'm not taking care of her. Her father ran off and left me... What can I do... I'm all alone, and I have to leave the house once in a while to get away from it all. It's hard to find somebody to look after her when I'm gone.

18. I lost my job two days ago. They just laid off a whole bunch of people. The last time this happened it took me a whole year to find another job. Unemployment checks pay too little, and I have a wife and four kids to feed. Besides, just collecting unemployment is so bad: I feel like I'm begging them for my check, and like I have to crawl on my stomach to get it.

19. When I came home last night, my little brother was playing my stereo. We got into a fight, and I hit him. He deserved it the little punk! My grandmother heard the commotion and came in and threw me out of the house. She told me not to come back until my Mom was home. I left. When I came back a couple of hours later I saw my Mom's car in front of the house. The front door of the house was locked with a chain and a chair had been backed up against it. I was really angry with them. I didn't know what to do. I wanted to break into the house and beat them all up, but I know this wouldn't solve anything; so I just left feeling really bad.

20. The hospital sent me here to see you, 'cause I O.D.'d last Thursday. My boyfriend is in the process of getting a divorce from his old lady. And her family's taken out a contract on him, on his mother and on me. That night, we were at his mother's and a lot of heavy shit went down, about us and me and him, and I felt like I was responsible for all of it, 'cause if I hadn't gotten involved with him, they wouldn't have taken out a contract on all of us. All my life, I've been causing people trouble and when it gets to be too much, they always walk out on me.