A COMPARISON OF FOCUSED FEEDBACK TECHNIQUES
IN INDIVIDUAL COUNSELING

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The problem with which this study is concerned is a comparison of the effects of three methods of focused feedback upon selected client behaviors in individual counseling. This study has a twofold purpose. The first is to examine which of three methods of focused feedback (videotape, audiotape, or verbal) is most effective in producing selected behavioral changes in clients seen in individual counseling. The second is to compare the effects of the three methods of focused feedback on individual clients with the effects of a traditional individual counseling approach that did not utilize focused feedback.

Thirty-two undergraduate and graduate students who applied for counseling at the North Texas State University Counseling Center were selected as subjects. Twenty-four of the students were assigned in a random manner to three eight-member experimental groups which received individual counseling with focused feedback. Eight of the students were assigned in a
random manner to a control group which received a traditional individual counseling approach. The Tennessee Self-Concept Scale and the IPAT Anxiety Scale were administered to all subjects, prior to, and after eight weeks of individual counseling.

The DX Scale was used to rate client verbal behavior during the initial counseling session and during the eighth counseling session. The raters were three doctoral students in counseling who were not connected with the study. Reliability between the raters and an "expert" was established prior to using the DX Scale in the study. Also, reliability between raters was established prior to using the scale in the study.

Experimental Group 1 subjects received eight weeks of individual counseling with videotape focused feedback. Experimental Group 2 subjects received eight weeks of individual counseling with audiotape focused feedback. Experimental Group 3 subjects received eight weeks of individual counseling with verbal focused feedback. Control group subjects received eight weeks of individual counseling that did not include focused feedback.

Subjects were counseled by eight doctoral interns. All eight interns were in training at the North Texas State
University Counseling Center and were supervised by staff members for the duration of the study. Each counselor counseled a different subject from each of the four groups included in the study.

No significant differences were found between the four groups on either of the three instruments used to measure client behavior. However, the findings indicate that the focused feedback methods did not detract from the counseling process.

As a result of the findings and observations of this study, the following recommendations are offered: (1) A similar research study should be conducted which utilizes a larger subject sample. (2) A similar research study should be conducted using a self-exploration scale which is more sensitive to change. (3) A new research study should be conducted in which the treatment period is longer than eight weeks. (4) A new research study should be conducted in which the pre- and post-tests are administered at the same time to subjects who are free from situational variables, such as final examinations. (5) Videotape focused feedback should be considered as an adjunct to the counseling process in college counseling centers. (6) Verbal focused feedback
should be considered as an adjunct to the counseling process in college counseling centers.
A COMPARISON OF FOCUSED FEEDBACK TECHNIQUES IN INDIVIDUAL COUNSELING

DISSERTATION

Presented to the Graduate Council of the North Texas State University in Partial Fulfillment of the Requirements

For the Degree of

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By

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CHAPTER I

INTRODUCTION

It has long been recognized that one of the earmarks of a successful profession is the willingness and ability of individuals in that profession to examine critically their methodologies and to strive continually to develop new techniques for dealing with problems. Practitioners in the fields of counseling and psychotherapy are no exception. For a number of years, practitioners of counseling and psychotherapy have been increasingly aware of the importance of critically examining their methods and particularly their claims for success.

One of the pioneers involved in assessing the validity of counseling and psychotherapy was Eysenck (10). He was one of the first investigators to question the efficacy of counseling and psychotherapy. Subsequent studies conducted by Barron and Leary (3), Brill and Beebe (6), and Berendregt (2) have raised similar questions. In essence, these investigations indicate that patients treated by counseling and
psychotherapy did not demonstrate significant improvement when compared to a like group of patients who had not received counseling or psychotherapy.

Comparison and outcome studies in counseling and psychotherapy have served two primary purposes. First of all, they have forced practitioners and theoreticians alike to examine their methods and assumptions. Secondly, they have stimulated research which has been directed at demonstrating that counseling and psychotherapy are effective.

Since Eysenck's investigation in 1952, a great number of studies have demonstrated the effectiveness of counseling and psychotherapy in dealing with personal and emotional problems. An investigation conducted by Rogers and Dymond (17), who are proponents of the nondirective therapeutic approach, was among the first of these. Since that time innumerable investigations, such as those conducted by Shlien, Mosak, and Drickurs (19), Truax and Wargo (23), Lazarus (14), and Wolpe (26), have demonstrated the efficacy of various counseling and psychotherapeutic approaches. Furthermore, Meltzoff and Konreich (15) have indicated that, as of 1970, over 80 per cent of 100 studies comparing treated patients with control patients have demonstrated positive results.
It appears that one may safely assume that, since Eysenck's early investigation, enough contradictory evidence has been presented to justify the conclusion that counseling and psychotherapy are effective. In support of the effectiveness of counseling and psychotherapy, Bergin (5) has noted:

Contrary to the notions of some critics, psychotherapy can produce improvement beyond that which may occur due to spontaneous remission alone. Consistently replicated, this is direct and unambiguous refutation of the oft-cited Eysenckian position (5, p. 237).

Although counseling and psychotherapy are now accepted as being effective in a great many cases, practitioners recognize that counseling and psychotherapy are not effective with all types of problems and individuals. Therefore, they have continued to search for new and more effective methods for dealing with emotional problems.

particularly as a result of the recent success of many "unconventional" behavioral methods, new counseling and psychotherapeutic techniques are constantly being attempted. Hersch (12) summarizes these recent developments by pointing out that there has been a general disillusionment with the more traditionally oriented methods of counseling and psychotherapy and thus, the emergence of many new methods.
Bergin (5) offers the following summarization concerning the importance of developing new therapeutic techniques:

Novel or modified techniques must be developed for dealing with a vast population whose problems are not amenable to standard methods. The importance of novel approaches is further emphasized by the fact that standard methods are not dramatically effective even in those cases where they are applicable, except in rare instances (5, p. 242).

While there has been an ever-increasing interest in the development of new counseling and psychotherapeutic techniques, the movement has met with some criticism, particularly from proponents of the "traditional" school of thought concerning therapy. Wolberg (25) illustrates this position when he likens any psychotherapeutic approach which is less than reconstructive to fixing a leaking roof with tarpaper instead of tearing down and rebuilding a better house.

One of the assumptions of this investigation is that new techniques are both a necessary and a healthy attribute to the fields of counseling and psychotherapy. Satir (18) has strongly supported psychotherapeutic innovation. She writes,

Therapists fall roughly into three categories: (1) the "open" therapist, who is continually available to new knowledge and to experimenting with its use; (2) the "closed" therapist, who has found the answer, and who must then show that everything to the contrary is wrong--he comes awfully close to sitting next to God--; (3) the "student" therapist,
who must find, and blindly follow a leader with status, thus violating his own sense of creativity. Innovations can come only from the first (18, p. 262).

This study is concerned with the objective investigation of a new and innovative counseling technique. It is important to consider any new technique in an objective manner. Often proponents of innovation too readily reject the old and accept the new. They frequently accept their innovation because of its novelty, not because of its worth.

It was the intent of this study to investigate cautiously and objectively the relative merits of a new counseling technique which is called "focused feedback." Focused feedback is a deviation from the traditionally oriented counseling or psychotherapeutic model. As used in this study, focused feedback included the use of electronic equipment. Such equipment is generally not found in the standard counseling situation.

It is important to note that this investigation was not directed at demonstrating the effectiveness of counseling or psychotherapy. Rather, it was designed to investigate the effectiveness of a particular technique used as an adjunct to counseling, and it assumed that counseling and psychotherapy are effective.
This investigation was conducted with the hope of adding to the existing knowledge in the field of counseling. It was not an attempt to demonstrate that a particular theoretical orientation was necessarily "better" or more effective than another. The time has come for practitioners of counseling and psychotherapy to work together toward the development and acceptance of new methods to meet new and old problems alike.

Statement of the Problem

The problem with which this study was concerned was a comparison of the effects of three methods of focused feedback upon selected client behaviors in individual counseling.

Purpose of the Study

This study had a twofold purpose. The first of these was to examine which of three methods of focused feedback, videotape, audiotape, or verbal, was most effective in producing selected behavioral changes in clients seen in individual counseling sessions. The second purpose of the study was to compare the effects of the three methods of focused feedback on individual clients with the effects of a traditional individual counseling approach that did not utilize focused feedback.
Definition of Terms

**Focused Feedback**—is defined as a technique by which a counselor confronts a client, by means of visual, audio, or verbal feedback, with behaviors which are thought to be important to overall client functioning. The focused feedback concentrates upon specific client behaviors. The selection of behaviors to be examined in the presentation of focused feedback is made at the discretion of the counselor. The feedback occurs during the final fifteen minutes of a one-hour counseling session.

**Videotape Focused Feedback**—is defined as a technique by which a counselor utilizes a videotape recorder to record visually the individual counseling sessions. At the conclusion of each session, the counselor and the client view and listen to selected segments of the preceding session. A brief discussion of the segment then follows.

**Audiotape Focused Feedback**—is defined as a technique by which a counselor utilizes an audiotape recorder to record individual counseling sessions. At the conclusion of each session, the counselor and the client listen to selected
segments of the preceding session. A brief discussion of the segment then follows.

**Verbal Focused Feedback**—is defined as a technique by which a counselor utilizes direct verbal feedback as a means of focusing upon specific client behaviors. The counselor selects a portion of the preceding counseling session and verbally focuses upon important material from that session. A brief discussion of the selected material then follows.

**Personal Problem**—is defined as any problem of a personal nature, excluding problems of vocational and educational choice, which causes the individual involved some emotional discomfort or stress for which he seeks relief.

**Behavioral Change**—is defined as a change in scores between pre- and post-test measures of self-concept, anxiety, and level of client self-exploration.

**Theoretical Background and Significance**

One of the major theoretical explanations for human behavior asserts that an individual's self-perception, to a large degree, is responsible for determining his behavior (8, 16, 17). Stoller (20) points out that the picture one
develops of himself is one of the central characteristics involved in shaping human behavioral patterns.

If one follows the assumption that self-perception is related to behavior, then he is able to explain problematic behavior primarily upon the basis of an inaccuracy in self-perception on the part of the individual who demonstrates such behavior. In response to that behavior, the job of the counselor is to bring about a more accurate self-perception on the part of the client.

The enhancement of accurate client self-perception has long been recognized as an important variable in counseling and psychotherapy. Rogers (16) has held that one of the primary goals of the therapeutic process should be to help the client to perceive more accurately his true "self." In effect, the counselor and client strive to bring about a congruency between what the client is really like and the client's perception of himself.

One of the more valuable methods for helping a client achieve an accurate picture of himself would seem to be through the use of confrontation. Carkhuff (7) emphasizes the confrontive process in individual therapy. Hill (13) considers confrontive statements to be of maximum value in group counseling and psychotherapy.
Confrontation has traditionally been achieved by means of verbal exchanges between counselor and client. The counselor offers the client verbal feedback concerning various aspects of the client's behavior. Confrontation is usually effected at the time that the behavior occurs in the session. The assumption underlying the technique of confrontational asserts that the troubled client is frequently unaware of the effects of his behavior. By confronting the client with an accurate reflection of his behavior, the counselor is helping the client to achieve a more accurate self-perception which leads to healthy adjustment.

Danet (9) supports the use of techniques which facilitate self-confrontation. He points out that self-confrontation is aimed at facilitating and accelerating the processes of self-understanding and behavioral change. Another investigator, Berger (4), concludes that self-image confrontation cuts through many of the denial patterns and blind spots of individuals receiving psychotherapy.

The traditional method for effecting self-confrontation has been through the use of interpretation. Interpretation consists of the therapist offering the client a verbal explanation for a behavior which has been talked about or was
demonstrated by the client. Since the meaning of the interpreted material was previously unknown to the client, interpretation has the quality of a self-confrontive technique.

Interpretation, while helpful when used by and for certain individuals, is frequently not the most practical method of bringing about self-confrontation. A major criticism of the interpretive technique asserts that what is interpreted may be perfectly clear to the interpreter, but unclear and confusing to the client, who is the recipient of the interpretation. This point of view would also hold that what is interpreted is often that material which has meaning only to the interpreter, not to the client.

A second major criticism of the standard technique of interpretation concerns the amount of training that is necessary to be able to make valid interpretations. Critics who follow this line of thought contend that extensive training in interpretive methods is a necessary prerequisite to the facilitation of valid interpretations. Stoller (20) contends that such training makes interpretation impractical as a method of self-confrontation. He writes,

Insofar as interpretation requires considerable training in a particular theoretical structure, as well as extensive experience in its appropriate application, this mode of providing
information about others is not the most appropriate way of being mutually helpful (20, p. 211).

Due to the shortcomings of the interpretive method, theoreticians and practitioners have sought to find a more practical method for effecting self-confrontation. With increasing advances in technology, new techniques which facilitate self-confrontation have become available to the counselor. The accepted use of photography, motion pictures, audio recording tape, and, as of late, videotape, has enabled the counselor to confront the client by means of the new focused feedback method. The use of focused feedback has added a new dimension to self-confrontation.

Focused feedback consists of the counselor confronting the client with specific behaviors by means of playing back audio or visual recordings of a preceding individual or group counseling session in which the client and the counselor have participated. Used in this manner, there are two very distinct components involved in this method of self-confrontation.

The first unique aspect of focused feedback is that it enables the counselor to confront the client with specific behaviors. Rather than making interpretive remarks, which may or may not have meaning to the client, the counselor is able to isolate one or a group of specific behaviors and
then provide the client with a clear and uncontaminated self-confrontation.

The focused feedback technique represents a more exacting method of making sure that what the counselor wishes the client to understand about himself will be clearly understood. If, for example, a client releases his anxiety during a session by involuntarily coughing, the counselor is able to direct the client's attention to that specific behavior and the circumstances surrounding the anxiety. This is opposed to the method by which a counselor might make an interpretive remark during a session, such as, "the anxiety that you are experiencing now must be reminiscent of childhood feelings." It is quite possible that a client may not understand such a remark.

Another component of the first aspect of focused feedback is that the counselor and client do not rely solely upon the perceptions of the counselor. With focused feedback, the client is able to see for himself the behaviors that the counselor is referring to. This aspect would tend to reinforce the remarks of the counselor and increase the impact of self-confrontation.

The second unique aspect of focused feedback techniques concerns the inclusion of various types of electronic equipment. Cameras, audiotape recorders, and videotape recorders
add an element that is not present during the standard counseling session. While one might raise a question concerning the negative aspects of introducing such equipment, it was the contention of this investigation that such equipment, if used properly, actually added to the counseling session and promoted growth.

In an investigation dealing with the use of television equipment in group counseling, Stoller (21) concluded that the equipment did not radically change group interaction. Similar findings are reported by Farson (11). It may well be that in jointly utilizing the equipment, the counselor and the client reach a level of positive intimacy which increases the level and the quality of interaction.

Explanation of Various Focused Feedback Techniques

There are presently a number of different focused feedback techniques available to the counselor. Some of these techniques include the use of electronic equipment and some do not.

Readback Focused Feedback

The readback technique of focused feedback consists of reading back notes of a given session. The counselor or
therapist takes notes of important aspects of a given session and then confronts the client by reading the notes aloud. This technique can be utilized during the course of a session or can be implemented at the conclusion of a session.

**Photographic Focused Feedback**

This technique consists of the counselor confronting the client with either still or motion pictures taken of the client during a counseling session. The use of a Polaroid camera is particularly helpful because the client can be given an immediate visual self-confrontation.

**Verbal Focused Feedback**

Verbal focused feedback consists of the counselor discussing specific behaviors that have been either verbally or physically emitted by the client. In utilizing this technique, the counselor verbally isolates and refers to specific behaviors as opposed to discussing broad concepts or making general references to particular behaviors. This technique is implemented at the conclusion of a session, and resembles a very specific summarization of what transpired during a session.

Verbal focused feedback can be differentiated from a standard summary on the basis of its focus upon specific behaviors.
The standard summary technique of self-confrontation tends to focus upon generalities.

**Audiotape Focused Feedback**

The technique of audiotape focused feedback involves the use of audiotape recorders. A counseling session is audiotape recorded and specific portions of the session are played back to the client. In this technique, the client is confronted by his own words. This technique may be implemented either during the session or at the conclusion of the session.

Audiotape focused feedback is particularly valuable in that the client is able to actually hear himself as opposed to hearing the counselor repeat what was said. In this method of focused feedback, the client is unable to disown any remarks which he has made.

A technical advantage of the audiotape technique is the ease with which it can be effected. This is particularly true if cassette audiotape recorders are used. The cassette audiotape recorder, unlike the standard size recorder, is compact and relatively easy to operate.

Another technical advantage of the audiotape focused feedback technique concerns the fact that audiotape recordings can be stored for long periods of time and used repeatedly.
Audiotape recordings can be used to demonstrate client improvement which occurs between initial counseling sessions and sessions coming toward the end of counseling.

Although useful, audiotape focused feedback has one obvious limitation. Audiotape recordings do not allow for the recording of nonverbal behaviors. This limitation is significant in that nonverbal behaviors are frequently more important than verbalizations during the course of a counseling session.

**Videotape Focused Feedback**

Videotape focused feedback involves the use of a videotape recorder and a videotape screen which provides an audiovisual playback for the counselor and the client. Videotape recording has the distinct advantage of enabling the counselor to confront the client with both verbal and nonverbal behaviors.

A videotape recorder is similar in operation to a standard audiotape recorder. Once in operation, a videotape can be rewound, run forward, or erased. The development of portable videotape recorders that are relatively inexpensive makes videotape recording a practical operation and only slightly more costly than sophisticated audiotape equipment.
There are two general methods of effecting videotape focused feedback. The first of these involves playing back segments of a counseling session during the course of the session. The second method involves playing back segments of a session at the conclusion of that session. With either method, the client is confronted with an immediate playback of his verbal and nonverbal behavior.

The importance of immediate feedback should not be underestimated. If one assumes that what is played back to the client is positively reinforcing to a more accurate self-perception, then the time allowed between behavioral responses and feedback should be kept at a minimum. This factor would seem to be of particular importance in lieu of the learning theory position that postulates that learning occurs more quickly if the reinforcement is presented in close proximity to a response.

It appears that videotape focused feedback is superior to other techniques of focused feedback. This assumption is supported by Bailey and Sowder (1), who acknowledge that although various feedback techniques have been in evidence for some time, videotape feedback offers some definite advantages.

In discussing the value of videotape feedback in counselor training, Walz and Johnston (24) point out that the
videotaping process is similar to sound tape recording, but that videotaping provides an immediately available visual as well as audio recording on a tape which can be used again and again. Walz and Johnston concluded that videotape playback was a valuable adjunct to the training process.

Several investigators conclude that videotape feedback is the most practical and effective method of feedback available. Stoller (22) indicates that the use of videotape presents a possibility for immediate self-viewing and self-evaluation which is inequaled by any other method of feedback. Danet (9) indicates that while motion pictures and still photography as a means of feedback require time for processing, videotape provides immediate self-viewing and is the most convenient and objective method of confrontation available.

Summary

It is apparent that a number of methods exist that could be utilized by a counselor or therapist interested in focused feedback. It was the intent of this investigation to contribute to the existing knowledge regarding focused feedback techniques by introducing two unique variables. The first of these was the use of focused feedback procedures with college students. This aspect was unique in that previous investiga-
exclusively utilized hospital patients or outpatients whose functioning could be considered to be severely limited.

The second unique aspect of this study involved the comparison of various techniques of focused feedback. Previous investigations have, for the most part, been concerned with demonstrating the utility of one particular method of feedback and have not investigated the possible superiority of one particular method over another.

The need for new research in the area of focused feedback techniques, particularly videotape focused feedback, is mentioned by a number of investigators. Danet (9) points out that further research is needed to determine the ways in which the videotape experience can be most useful to individual and group psychotherapy. Bailey and Sowder (1) suggest that it must be clearly ascertained through careful experimentation that playback does indeed have beneficial effects upon patients and clients as compared to standard therapy procedures.

This investigation attempted to demonstrate the superiority of videotape focused feedback in comparison to audiotape and verbal focused feedback. The investigation also hoped to demonstrate the superiority of three techniques of focused feedback in comparison with a standard counseling technique that did not include focused feedback.
Hypotheses

The following hypotheses were tested:

I. Following eight individual counseling sessions, Experimental Group 1 will exhibit a more significant positive change in self-concept, as measured by the Tennessee Self-Concept Scale, than will Experimental Group 2, Experimental Group 3, or the Control Group.

II. Following eight individual counseling sessions, Experimental Group 2 will exhibit a more significant positive change in self-concept, as measured by the Tennessee Self-Concept Scale, than will Experimental Group 3 or the Control Group.

III. Following eight individual counseling sessions, Experimental Group 3 will exhibit a more significant positive change in self-concept, as measured by the Tennessee Self-Concept Scale, than will the Control Group.

IV. Following eight individual counseling sessions, Experimental Group 1 will exhibit a more significant positive change in level of anxiety, as measured by the IPAT Anxiety Scale, than will Experimental Group 2, Experimental Group 3, or the Control Group.

V. Following eight individual counseling sessions, Experimental Group 2 will exhibit a more significant positive
change in level of anxiety, as measured by the IPAT Anxiety Scale, than will Experimental Group 3 or the Control Group.

VI. Following eight individual counseling sessions, Experimental Group 3 will exhibit a more significant positive change in level of anxiety, as measured by the IPAT Anxiety Scale, than will the Control Group.

VII. Following eight individual counseling sessions, Experimental Group 1 will exhibit a more significant positive change in level of self-exploration, as measured by the DX Scale, than will Experimental Group 2, Experimental Group 3, or the Control Group.

VIII. Following eight individual counseling sessions, Experimental Group 2 will exhibit a more significant positive change in level of self-exploration, as measured by the DX Scale, than will Experimental Group 3 or the Control Group.

IX. Following eight individual counseling sessions, Experimental Group 3 will exhibit a more significant positive change in level of self-exploration, as measured by the DX Scale, than will the Control Group.

Limitations of the Study

This study was limited to those students enrolled at North Texas State University who requested counseling for
problems of a personal nature at the North Texas State University Counseling Center during the Spring semester of 1972. A further limitation was that the counselors who participated in the study were all doctoral students in counseling. Although each counselor had some experience and training, none could have been considered a fully experienced practitioner.
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CHAPTER II

REVIEW OF RELATED LITERATURE

A review of the existing literature indicates that various feedback techniques in counseling, psychotherapy, and the training of counselors and therapists, have been in evidence for some time. Two excellent reviews of literature that deal with self-confrontation and various methods of focused feedback have recently been done by Danet (20) and Bailey and Sowder (8). Since the publication of these reviews, research in the area of feedback via audiotape, videotape, and television has appeared in the literature with increasing frequency.

For the purpose of clarity, the following review of the literature was divided according to the type of feedback technique and the purpose for which that technique was intended. The review represents a thorough coverage of studies that deal with feedback techniques.

Verbal Feedback Techniques

Golner, Geddes, and Arsenian (3) utilized a technique which involved reading notes of therapy sessions to patients
who were involved in group therapy. A social worker took notes of group therapy sessions and then read the notes to the group therapy participants. The participants included both patients and physician therapists. The investigators report that five of eleven patients were improved following therapy. The verbal readback technique was felt to be responsible for increasing interaction among the patients and between patients and therapists.

Faber (25) utilized a verbal technique which involved the use of written notes exchanged between patient and therapist. Faber, a deaf psychiatrist, had to conduct therapy by means of written notes that were handed back and forth by patient and therapist. He reported positive results in terms of patient behavioral changes. One schizophrenic patient who repeatedly reviewed his own written notes to Farber, benefitted by becoming more aware of his inconsistencies of thought.

Pinney (42) also made use of written notes to effect self-confrontation in working with schizophrenics. He reported behavioral changes in schizophrenic patients who had previously been unresponsive to conventional methods of treatment. In a second study, Pinney (43) reported positive results in utilizing written notes as a method of feedback with both paranoid and obsessional patients.
It is apparent that the use of written notes as a technique of providing self-confrontation was successfully effected with patients of a variety of diagnostic categories. It was interesting to note, that with the exception of this investigation, verbal summarization feedback had not yet been subjected to experimental investigation in the form of a comparison study.

The previously reported investigations which deal with verbal feedback through the use of written notes all involve attempts to effect self-confrontation. They do not, however, represent attempts to focus upon specific client behaviors.

Photographic Feedback Techniques

Several investigations have reported on the use of photographs to effect self-confrontation. Cornelison and Arsenian (17) utilized a photographic technique in treating institutionalized psychotic patients. They report using a Polaroid camera. This factor made it possible for the investigators to provide the patients with an immediate photographic self-image. The results of the investigation were interpreted to indicate that several of the patients underwent positive emotional catharsis as a response to viewing their photographs. The technique apparently had a particularly positive impact.
upon the physical appearance of a number of the patients who had previously not been concerned with their appearance.

Investigations by Miller (38) and Ward and Bendlak (55) also report favorable results in utilizing photographic self-image feedback. It seems, however, that videotape feedback represents a distinct improvement in photographic feedback due to the fact that videotape allows the patient to see himself in action as well as to hear himself. Of course, where videotaping is unavailable or impractical, photographic feedback would serve as a valuable technique for providing feedback. This method has the advantage of involving equipment which is relatively inexpensive and which requires little preparatory training for operation.

Audiotape Feedback Techniques

Audiotape feedback has been utilized in a number of ways in a variety of situations. Therefore, the following review is divided according to the particular treatment or situation involved in the use of audiotape feedback.

**Audiotape Feedback With Individual Patients**

Reports of the use of audiotape feedback techniques appear in the literature as early as 1948 when Bierer and Strom-Olsen (14) reported the use of wire-recording playback in
individual psychotherapy. They report positive changes in the attitudes of their patients as a result of the playback. A second result was a reduction in the time required for the treatment process to be effective.

Audiotape feedback has been utilized with various treatment techniques and in treating patients of various diagnostic categories. Dracoulides (24), in working with a single patient in psychoanalysis, reports that the use of audiotape feedback was of value in dealing with the patient's resistances to interpretation. Geocaris (28) used the technique in working with patients who suffered from personality disorders. He reports that four of the patients treated by this technique responded favorably. This result is particularly important in lieu of the popular contention that patients who suffer from personality disorders are extremely difficult to treat.

Audiotape feedback techniques have also been employed with psychoneurotic patients. Abell (1) indicates that the audiotape playback technique facilitated the development of insight into the dissociated aspects of the self on the part of patients involved in his study. A second result was that upon hearing themselves, many patients appeared to be pleasantly surprised by their positive qualities and strengths.
These results suggest that self-image feedback may effect positive confrontation because the patient or client is confronted with his positive qualities as well as his limitations.

A unique investigation conducted by Bacari (6), included the use of audiotape feedback in the treatment of non-psychotic and non-organic patients. Bacari played back therapy sessions to his patients in the absence of their therapist. He reports a number of positive behavioral changes and is generally favorable toward the technique of audiotape feedback.

**Audiotape Feedback With Groups**

Audiotape feedback has been used in group therapy with patients representing a variety of diagnostic classifications. Armstrong (5) used the technique with male alcoholics treated in group therapy. He reports that after listening to themselves, many of the alcoholic patients became aware of their need to blame others for their problems. This result seems to lend credibility to the contention that self-confrontation enhances accurate self-perception.

Bailey (7) reports utilizing audiotape feedback with three groups of female prison inmates. He concludes, that while the audiotape feedback group did not demonstrate significant improvements when compared to the non-feedback groups,
the women who were audiotape recorded did evidence an increase in verbal production. Bailey indicates that such a result is an indication of the positive effect that audiotaping has upon the treatment process.

Two studies report that audiotape feedback may effect a number of advantages to overall patient adjustment. Kidorf (34) utilized audiotape feedback in treating a group of juvenile offenders. He concluded that the feedback was an aid to positive adjustment and that it facilitated an increase in verbal interaction between patients in the group and between the patients and staff members. Similar results were obtained by Woollams (62), who used the audiotape feedback technique with an inpatient group. He concluded that the technique was helpful to the patients and also facilitated more interaction between the patients and auxiliary ward personnel. Evidently, audiotape feedback causes an increase in patient verbalizations, which leads to increased sociability.

**Audiotape Feedback in Family Therapy**

Many experts feel that a breakdown in communication between family members is a central cause of family problems. Therefore, audiotape feedback would seem to have particular value in family therapy because it serves as a method of
demonstrating disturbed communication patterns. Paul (40) concluded that the use of audiotape feedback increased self-awareness among family members and promoted a more realistic understanding of the familial situation. Satir (48) reached a similar conclusion and reports that family members were appreciative of such a method, particularly when their positive qualities were pointed out.

**Audiotape Feedback As a Training Technique**

Adequate supervision for the training of counselors and therapists is difficult because the therapeutic relationship does not allow for the presence of a supervisor during the course of treatment. However, by using an audiotape recorder, the supervisor is able to hear what has occurred in the student's session.

A second, and even more important contribution of audiotape recording concerns the feedback process in which the student counselor or therapist is able to hear himself in an actual therapeutic session. Just as in the case of a patient, the student is confronted by his inconsistencies as well as his strengths. Wilmer (56) indicates that the use of audiotape recording and feedback is beneficial to the supervision process. Yewawine and Arbuckle (63) arrived at a similar conclusion in
utilizing audiotape recording and feedback in the supervision of counselors in training.

One can reasonably conclude that audiotape feedback could also be an aid to the experienced practicing counselor or therapist. This assumption is particularly important in lieu of the fact that practicing counselors and therapists rarely receive constructive criticism of their work. Audiotape feedback could provide the practicing counselor or therapist with some means of self-evaluation.

The use of audiotape recording and feedback has been on the increase in recent years. With continued technological developments, audiotape recorders of better quality, sophisticated sound and playback equipment, and improvements in the quality of the tapes all point toward an even greater role for audiotape techniques in the process of counseling and psychotherapy.

Videotape Feedback Techniques

The use of videotape in counseling and psychotherapy has been in evidence for some time. Generally, Stoller (50) is credited with the pioneer effort in utilizing videotape feedback in this country. His early descriptive studies have stimulated controversy and have led toward subsequent
investigations of the possible value of videotape feedback in a variety of therapeutic situations.

**Videotape Feedback With Individual Clients**

In reporting the results of a descriptive investigation, Kagan, Krathwohl, and Miller (33) indicate that the videotape feedback process accelerated the psychotherapeutic process. In their investigation, two interviewers sat with a client whose previous session has been videotaped. The interviewers encouraged the client to talk about salient parts of the session. One of the interviewers was the therapist for the original session. The second interviewer had not been present during the original session.

Videotape feedback has been successful when utilized with a variety of patient and client types. Cornelison and Tausig (18) report that the videotape feedback technique was effective in facilitating behavioral changes in inpatients. Alger (2) reported similar results and was positively inclined toward the use of videotape feedback.

Geertsma and Reivich (27) report positive results in using videotape feedback with a patient diagnosed as a character disorder. The patient had previously resisted more conventional methods of treatment. Geertsma and Reivich
compared patient self-ratings and ratings made by nurses to
determine differences between pre- and post-therapy ratings
of the patient's behavior. They conclude that after treat-
ment with feedback, the patient's ratings were much closer
in proximity to the nurse's ratings. This result was related
to an increase in accuracy in patient self-perception.

In a controlled experimental investigation of the effects
of videotape feedback, Moore, Chernell, and West (39)
assigned patients, who were treated individually, to a treat-
ment group and a control group. Treatment group patients re-
ceived videotape feedback of previous sessions while control
group patients did not receive feedback. The investigators
concluded that the treatment group demonstrated significantly
greater positive changes in psychiatric ratings when compared
to the control group.

A recent investigation by Wilmer (58) utilized videotape
feedback with adolescent inpatient drug addicts. Soon after
admission to the treatment center, a patient was asked to
seat himself in a room with videotape equipment and talk about
himself while he was being videotaped. At the conclusion of
the talk, the patient had the alternative of either erasing
what he had said about himself or, sitting down with a ther-
apist and discussing what had been said. Wilmer concluded
that this technique had a positive impact upon most of the adolescents who agreed to submit to the videotape feedback.

Two recent investigations demonstrate that non-psychotherapeutic videotape feedback is a technique which can be effective in changing behavior. Bloom (15) utilized videotape feedback in attempting to change attitudes toward work. Individuals were asked to talk about their feelings concerning work. The sessions were videotaped and then played back to the individuals involved in the study. Although the investigation did not yield significant statistical results between pre- and post-test measures, Bloom indicates that a trend toward positive results, in the form of improved attitudes toward work, was apparent.

Hemrick (32) utilized a videotape feedback technique to modify the behavior of religious education teachers. His results were an indication that significant changes occurred in teachers who experienced videotape feedback of previous religious discussions.

**Videotape Feedback With Groups**

The use of videotape feedback techniques is particularly evident in the literature that deals with group counseling and psychotherapy. Stoller (52) has attempted to establish both a theoretical and a practical framework for the use of
videotape feedback with groups. Martin (37) provides a rather
detailed description of the equipment and the procedures in-
volved in videotaping group sessions. The work of Stoller
and Martin will prove to be helpful to the novice who wishes
to use videotape techniques.

A number of investigations have been conducted which
demonstrate the utility of videotape feedback in the group
setting. Stoller (51) used the technique with seriously re-
gressed mental patients. Although his technique did not in-
clude the type of focused feedback utilized in the present
study, Stoller indicates the occurrence of positive behavioral
changes in patients who viewed themselves after a group therapy
session.

Boyd and Sisney (16) used videotape feedback in attempt-
ing to change the self-concept of patients who were confined
in a psychiatric ward. One group of patients received video-
tape feedback, while a second group did not. The investiga-
tors concluded that the group which received the videotape
feedback demonstrated the most behavioral improvement.

Berger, Sherman, Spalding, and Westlake (12) utilized
videotape feedback with two small groups of psychotic and
borderline psychiatric patients. The patients represented
both inpatient and outpatient populations. The investigators concluded that the feedback procedures were of positive value to group members.

Gonen (31), in a unique study, used a combination of psychodrama and videotape feedback with a group of inpatients in a psychiatric hospital. Patients participated in various role playing exercises that were videotaped. Four hours after the role playing sessions, the patients were allowed to view themselves. The investigators concluded that the videotaping process was a valuable adjunct to psychodrama in helping the patients involved in the study.

Czajkoski (19) used videotape feedback with a group and found that the operation of the videotape equipment by the therapist proved to be a distracting element within the group. The therapist initially would have to stop or interrupt the group process to operate the equipment. Once it had been determined that such activity was a disruptive influence, the therapist made use of an assistant who was in sole charge of the videotape equipment. The presence of the assistant proved to be less of a distracting influence and the author concluded that the videotaping process was effective in facilitating patient change.
The results mentioned above seem to raise a valid question concerning the use of videotape equipment in the therapeutic process. Namely, does the introduction of videotape equipment and the operation of that equipment prove to be a distracting or negative influence upon the therapeutic process? In answer to that question, Stoller (52) concludes that the group process is not adversely affected by the introduction of videotape equipment.

Stoller's conclusion is interesting in light of the results of an investigation conducted by Roberts and Renzaglia (44), who studied the effects of audiotape recording on the therapeutic process. Roberts and Renzaglia found that those clients who knew that they were being audiotape recorded made more positive self-reference statements as compared to clients who were not aware that they were being audiotape recorded. Although this study has received widespread criticism because of the methodology involved, it does lend some credibility to the question concerning the distracting or distorting effects of recording equipment on the therapeutic process.

**Videotape Feedback in Marriage and Family Counseling**

The videotape feedback technique would seem to have particular relevance to the family or marriage counselor who is
constantly alert for signs of a breakdown in communication between family members and marriage partners. Alger and Hogan (3) report the use of videotape feedback in conjoint marital therapy. They indicate that patterns of interaction between marital partners increased as a result of the videotape feedback. This investigation suggests that the feedback stimulated an awareness upon the part of the marriage partners to the various ways in which communication is effected on both a verbal and a nonverbal level.

A second finding of the Alger and Hogan study was that marriage partners discovered that the ways in which they communicated with each other were frequently contradictory to what each was feeling at the time. Similar results were obtained in two studies conducted by Paul (40, 41). Paul concluded that playback in marital and family therapy brought about a gradual breaking up of existing patterns of denial.

In a more recent study, Alger and Hogan (4) studied long-term effects of videotape feedback on family and marital relationships. They concluded that the videotape feedback technique did have lasting positive effects. A second conclusion stressed that the videotaping process enhanced democratic interaction between family members and the therapist. The
authors felt that family members developed feelings of freedom, when relating to the therapist, which carried over to family interaction.

The results of the Alger and Hogan study are particularly important in lieu to the current trend in counseling and psychotherapy to stimulate more personal interaction between therapist and client. Many modern day therapists feel that the traditional approach in which the therapist remains aloof is unrealistic. It would seem that one of the indirect values of the videotape feedback technique is that it is responsible for breaking down some of the barriers that might exist in the therapeutic relationship.

Another aspect of the Alger and Hogan study that merits discussion is the relationship of the videotaping process to nonverbal behavior. Marital and family therapists and counselors are constantly on the alert to detect important expressions of nonverbal behavior. Frequently, the therapist's attempts to point out or interpret such behaviors are met with resistance or denial. The utilization of videotape feedback seems to provide a method for breaking through these resistances and for providing a clear reflection of behavior.
Videotape Feedback Used With Behavior Therapy

The use of videotape feedback is particularly amenable to behavior therapy. Behavior therapists have always been open to attempting new techniques. The use of videotape feedback with behavior therapy is apparently effective in dealing with phobic patients. The feedback is utilized with systematic desensitization, which is a behavioral method of treatment.

In reporting the results of a case study, Lautch (36) reports using a combination systematic desensitization technique and videotape technique. This investigation dealt with a phobic patient. The results were an indication that the combination of techniques were effective in extinguishing the phobic behavior. Woody and Schrauble (61) utilized a similar combination of techniques in successfully treating college students who complained of snake phobias.

The use of videotape as a modeling technique is another area of interest to behavior therapists. While not employing a specific focused feedback technique, such methods do employ similar theoretical assumptions concerning the effects of self-viewing. A recent study conducted by Coff (29), investigated the effects of videotape recordings which served as models, on the process of group counseling. The
results of the study did not reach a level of significance. However, Goff indicates the existence of several trends which support the use of videotape procedures.

**Videotape Feedback Used With Hypnosis**

In employing a combination videotape feedback and hypnotic suggestion technique, Woody, Krawthwohl, Kagan, and Farquhar (59) studied a single patient. They concluded that the combination of techniques was effective in improving the patient's motivation and in helping him to become more aware of his feelings toward the therapist. Woody (60) conducted a follow-up study a year later which indicated that the patient continued to improve and that the technique had long lasting effects.

**Videotape Feedback as a Training Technique**

Videotape feedback has been utilized in the training of counselors, psychiatrists, and medical students. A review of the literature reveals a number of studies that deal with this aspect of the videotape technique.

Torkelson and Romano (53) utilized a self-confrontive videotape feedback technique in training medical students. In their study, fourth-year medical students were videotaped
while performing a diagnostic workup with a patient. The tape of the workup was later played back in the presence of the student and a supervising professor. Important strengths and weaknesses in the student's approach were discussed. The authors concluded that the videotaping process proved to be an extremely important aid in the teaching of medical students.

A number of studies report positive results in utilizing videotape feedback in the training of psychiatrists. Ryan and Budner (47) concluded that a group of psychiatrists in training who had received videotape feedback were functioning at higher levels, following feedback, than were a comparable group that did not receive feedback. Similar results are reported by a number of investigators who also studied the use of videotape feedback in training psychiatrists in group and individual therapy (57, 45, 10, 35, 49, 9, 11, 46).

A number of investigations report the effective use of videotape feedback in training counselors. Walz and Johnston (54) concluded that the videotape feedback process was indeed a valuable aid in counselor training. Similar conclusions were reached by Yenawine and Arbuckle (63) and Frankel (26). However, Frankel concluded that, while those counselors who had been exposed to videotape feedback increased in ability to make empathetic responses, they did not consistently
increase their abilities to make accurate responses in comparison to a control group.

Many of the studies, reported on above, mention that the use of videotape feedback seems to heighten the anxiety level of the students. However, this factor may or may not adversely affect the student's ability to perform effectively. Also, the added anxiety present in the therapeutic situation may have adverse or positive effects upon the clients who participate in the training sessions. At present, these questions remain unanswered.

**Videotape Feedback Used in Place of the Therapist**

A number of investigations have examined the feasibility of utilizing videotape recordings of therapists in action, in place of the actual therapist. While these investigations may not be directly applicable to the present study, their innovative use of videotape recording warrant their inclusion.

Dinoff, Clark, Reitman, and Smith (21) used videotaped segments of standard interviews in treating a group of inpatients. They report that thirteen patients participated in the study and that the patients responded to the videotape recordings just as if an actual therapist was present. In a second study, Dinoff, Stenmark, and Smith (23) concluded
that the videotape interviews were very similar to those conducted by a therapist who was present for the interview. Similar results were found in a third study conducted by Dinoff, Newmark, Barnhart, Holm, Stern, and Saunders (22).

Although open to a great many questions, videotaped interviewers may be a component of the therapeutic process of the future. Indeed, standardized interviews may be more efficient because they might free the counselor or therapist to perform more necessary tasks.

Summary

The preceding review of the literature indicates that various methods of videotape feedback are a valuable aid in the psychotherapeutic process. It was the intent of this investigation to demonstrate the particular utility of videotape feedback as a therapeutic technique. The literature reveals a number of investigations that indicate the effectiveness of videotape feedback. It would seem that there will be an increase in the use of videotape feedback procedures in the future. Berger (13) supports this assumption by estimating that within five years, twenty-five per cent of all psychiatric practitioners in private practice will make use of videotape procedures.
Although research has been directed at demonstrating the effectiveness of one particular method of feedback, such as videotape feedback, little has been done in the way of comparing a number of techniques to determine which, if either, is most effective in changing behavior. Such research is needed to answer fundamental questions concerning the applicability of these new innovations to the therapeutic process.


46. Ryan, J. H., "Teaching and Consultation by Television II: Teaching by Videotape," Mental Hospital, 16 (1965), 101-104.


50. Stoller, F. H., "Closed Circuit TV Used for Psychotherapy," Modern Hospital, 60 (1965), 105.


CHAPTER III

PROCEDURES FOR COLLECTION OF DATA

This study was designed to investigate the effects of three different focused feedback techniques upon client behaviors and to compare the effects of these techniques with the effects of a more traditional counseling technique which did not involve focused feedback. In order to test the hypotheses formulated, a pre-test, post-test design utilizing experimental and control conditions was employed.

Population

The population from which the subjects were selected consisted of those students who were enrolled at North Texas State University during the Spring term of 1972 and who requested counseling from the North Texas State University Counseling Center. At the time of the investigation, 16,000 students were enrolled at North Texas State University which is a four year institution offering both undergraduate and graduate degrees.

The Counseling Center Program
At the time of the study, the professional staff at the North Texas State University Counseling Center consisted of two full-time counselors, one half-time counselor, and one half-time psychometrician. In addition, the center was staffed by nine doctoral students in counseling. Each doctoral student worked twenty hours per week at the center in partial completion of requirements for the doctoral internship in counseling. Although not payed for their work, the doctoral interns functioned as regular staff members in terms of overall responsibilities.

The counseling center offers a variety of services which include personal counseling, marital and family counseling, vocational counseling and testing, improvement of reading courses, and college and grade placement and testing. Services at the center are available to all students enrolled at North Texas State University.

Qualifications of the Counselors for the Study

The counselors involved in the study were eight doctoral level graduate students in counseling. All of the counselors were serving as doctoral interns in training at the North Texas State University Counseling Center during the 1971-1972 school year. Each counselor had completed a semester
of supervised Masters degree level practicum and a semester of supervised doctoral internship prior to participation in the study. The doctoral internship is one of the final requirements and comes near the completion of doctoral training.

Each counselor who was involved in the study had at least two years of counseling experience prior to the onset of the study. Each one, however, received ongoing supervision for the duration of the study from the doctoral intern supervisor, the full-time staff members of the counseling center, and a number of counselor education staff members.

Each counselor counseled in accordance with his own particular method of counseling. The various approaches employed by the counselors were representative of a variety of counseling methodologies. This factor was important in that the counselors and methodologies employed in the study were in keeping with the "typical" university counseling center which strengthened the possibility of generalizable results.

Prior to the onset of the study, each counselor was given instructions involving the use of the audio-visual equipment that was used for the study. The counselors also received training in each of the feedback techniques. Each counselor was instructed to use his own judgment in regard to the choice
of feedback material. In each instance, however, the feedback session was of a fifteen-minute duration, regardless of the counselor involved or his particular methodology.

Procedures Involved in Subject Selection

Prior to the start of the investigation, the administrative staff and receptionist at the counseling center were apprised of the study. Each one agreed to cooperate whenever necessary.

Before being able to make an initial contact with a counselor, a prospective subject was asked by the center receptionist to state the nature of the problem for which he was seeking counseling. This procedure served to partially differentiate between individuals who were seeking help for personal problems and those seeking help for problems related to vocational choice, academic placement, etc. If a prospective subject was seeking help for a personal problem, he was assigned in a random manner to one of the counselors. The center receptionist followed standard procedure in assigning students to counselors. The standard procedure involves assigning students on the basis of counselor availability.

No attempt was made to pair a particular student with a particular counselor.
If the prospective subject was seeking help for a problem which was not of a personal nature, he was seen by a counselor, but was not included as a subject in the study. Prospective subjects who maintained that they were seeking help for a personal problem were seen by their counselor in an initial screening session. The purpose of the screening session was to further substantiate the prospective subject's claim that he was seeking help for a personal problem. If, as a result of the screening session, a determination was made that the prospective subject was not seeking help for a personal problem, the counselor offered whatever assistance was indicated, but the prospective subject was not included in the study.

Subjects

Subjects who participated in the study were thirty-two students who requested counseling from the North Texas State University Counseling Center during the Spring semester of 1972. Each student who became a subject had agreed to meet with a counselor for eight weekly sessions and had also agreed to allow the sessions to be audiotape and/or videotape recorded. The subjects consisted of eleven males and twenty-one females whose ages ranged from eighteen to forty, with a mean age of
23.1. Twenty-one of the subjects were undergraduates while eleven were graduate students. A comparison of the subject sample with the total client load of the counseling center for the Spring semester indicated that the sample was highly representative in relation to the variables discussed above.

None of the subjects involved in the study were aware that they were serving as subjects in a study. The various focused feedback procedures were presented as being part of the usual services offered by the counseling center.

Procedures Subsequent to Subject Selection

The subjects were assigned by their counselor to one of four groups, three experimental and one control group. The subjects were assigned to groups in a random manner, according to whether or not the counselor had an opening in a particular group.

Subjects who were assigned to Experimental Group 1 received individual counseling with videotape focused feedback. Experimental Group 2 subjects received individual counseling with audiotape focused feedback. Experimental Group 3 subjects received individual counseling with verbal feedback. The Control Group received individual counseling sessions that did not include focused feedback. The segments of the
counseling sessions that were included in the focused feedback procedures were selected solely upon the individual discretion of the counselor.

When a counselor determined that an individual met the criteria to serve as a subject for the study, the subject was apprised of the fact that his counseling sessions were to be either videotaped or audiotaped. The counselors had been instructed to inform the subjects that such procedures were a part of the prescribed treatment plan. If a subject refused to allow the sessions to be recorded, he was excluded from participation in the study, but was seen by the counselor to whom he had been assigned. This procedure was in keeping with general standards for ethical practice.

Each of the counselors counseled a different subject from each of the four groups included in the study. This enabled each counselor to counsel under each of the four treatments and served to balance out any effects that might have been produced by individual counselor methodology or general effectiveness.

Experimental group subjects were seen in forty-five minute counseling sessions followed by a fifteen minute focused feedback session. Control group subjects were seen
in one hour counseling sessions. All subjects were seen on eight different occasions.

Each subject was asked to agree to a "verbal contract" to the effect that he would attend at least eight sessions before terminating contact with the counselor. It was hoped that such a contract would insure equal participation from all subjects. If a subject dropped out before his eight sessions had been completed, he was replaced by a new qualified subject. During the course of the study, eight subjects terminated prior to completing eight sessions and were replaced by new subjects. If, at the end of eight sessions, a subject wished to continue in counseling, he was free to do so.

At the conclusion of the screening session, each subject was administered the **Tennessee Self-Concept Scale** and the **Institute for Personality and Ability Testing Anxiety Scale Questionnaire**. All of the screening sessions and subsequent counseling sessions were audiotape recorded. Audiotape recordings of the screening sessions and the eighth counseling session were evaluated by raters using the **Depth of Self-Exploration Scale**. At the conclusion of the eighth counseling session, the **Tennessee Self-Concept Scale** and the
Institute for Personality and Ability Testing Anxiety Scale Questionnaire were again administered to all subjects.

Procedures for Videotape Focused Feedback

Subjects who received videotape focused feedback met with their counselor for eight weekly sessions of one hour duration. The first forty-five minutes of each session were videotape recorded and the final fifteen minutes were devoted to the focused feedback.

The physical arrangements consisted of a room in which the counselor and the subject met for the counseling session and a second room in which the counselor and subject viewed the videotape playback. This arrangement was consistent with the standard arrangement and practice utilized at the counseling center.

The cameras which were used in the videotaping process were placed behind a closet door that had a small square removed at the top, which allowed for the camera lenses to photograph the counselor and the subject. A small microphone hung from the ceiling and permitted the sound recordings of the sessions. Other than these alterations, the rooms in which the sessions were held were of the standard type, consisting of a desk, two chairs, and a number of decorative
objects. The counselors reported that the videotape equipment did not seem to have a distracting effect on the subjects.

The videotape procedure involved the use of a second room in which the videotape recorder and related electrical equipment were kept. This control room contained the viewing screen upon which the counselor and subject viewed the videotape playback. The use of the control room permitted the counseling sessions to take place in surroundings that were relatively free of bulky equipment that might have had a distracting influence on both the client and the counselor.

The videotaping process was effected by the counselor without the assistance of another individual. This procedure involved the counselor having to seat the subject in the counseling room and then proceed to the control room and activate the camera. After this had been done, the counselor returned to the counseling room and began the session. At the conclusion of the forty-five minute session, the counselor and client went to the control room, stopped the camera, and proceeded with the focused feedback.

The focused feedback was effected within a fifteen minute time period. The counselor selected material which focused upon specific client behaviors to serve as the content of the
focused feedback. The counselor and the subject viewed the selected material of the preceding session and discussed relevant aspects of specific behaviors.

The videotape equipment that was utilized in the study consisted of a Panasonic Tape-A-Vision Videotape Recorder, Model NU 8100. Sessions were videotaped by the use of one-half inch Panasonic and Scotch brand videotape. Sessions were photographed by Panasonic videotape cameras. Playback was viewed on a 10 inch by 7 inch Panasonic viewing screen.

Procedures for Audiotape Focused Feedback

Subjects who received audiotape focused feedback met with their counselor for eight weekly sessions of one-hour duration. The first forty-five minutes of each session were audiotape recorded. The final fifteen minutes of each session were devoted to the focused feedback.

The physical arrangement of the counseling room consisted of a standard counseling room with two chairs and a desk. The sessions were audiotape recorded by means of cassette recorders which were placed upon the desk in full view of the subjects. At the conclusion of the forty-five minute counseling session, the counselor stopped the recorder and rewound the tape to an appropriate stopping point. The counselor and the client
then listened to segments of the tape which focused upon specific behaviors which had been emitted by the client during the preceding session. The focused feedback was effected within a fifteen minute period.

Procedures for Verbal Focused Feedback

Subjects who received verbal focused feedback met with their counselor for eight weekly sessions of one-hour duration. Although the sessions were audiotape recorded, the procedure did not involve the use of audiotape playback. Focused feedback was effected by means of a verbal summarization of specific behaviors.

The first forty-five minutes of the session consisted of a standard counseling session. At the conclusion of the session, the counselor offered the subject verbal focused feedback and a relevant discussion of specific behaviors followed. The verbal focused feedback was effected within a fifteen minute time period.

Procedures for Control Group

Subjects who were assigned to the control group met with their counselor for eight weekly sessions of one-hour duration. Although the sessions were audiotape recorded, control group subjects did
of their sessions, control group subjects simply left the room and returned the following week.

Instruments Selected for the Study

An important dimension of the study was the measurement of subject behavioral changes. The decision was made to select three instruments which measure behaviors that are closely related to emotional adjustment.

The selection of a self-concept scale was based on the assumption that an individual who was experiencing a personal problem would initially demonstrate a low self-concept. If the counseling to which he was exposed had been effective, he would demonstrate a rise in self-concept. This assumption is supported by Rogers (4), Winkler and Myers (7) and Wrenn (8). Wrenn points out that "The self-concept of the client is emerging as a significant factor in the counseling process and as an important variable in the evaluation of counseling" (8, p. 104).

The Tennessee Self-Concept Scale, which was selected for this study, is an instrument designed to measure self-concept and is available in two forms, Counseling and Clinical. The Counseling Form, which is more easily scored and requires less sophistication in interpretation, was utilized in this study.
The Counseling Form of the Tennessee Self-Concept Scale contains 100 items which measure 8 different aspects of self-concept. The single most important score is the Total Positive Score (Total P), which was used as the measure of self-concept in this study. Individuals with high Total P scores tend to like themselves and have a positive self-concept, which is associated with stable adjustment. Individuals with low Total P scores tend to be doubtful of their worth and have a negative self-concept, which is associated with disturbed adjustment.

The Total P score yields an aggregate score that is made up of a number of components: (1) Self-Identity; (2) Self-Satisfaction; (3) Behavior; (4) Physical Self; (5) Moral-Ethical Self; (6) Personal Self; (7) Family Self; and (8) Social Self. The reliability on the aggregate score is reported by Fitts to be .92 (2, p. 14). The content validity is also reported to be high. These reports have been substantiated by several studies conducted by Fitts (2).

Responses on the Tennessee Self-Concept Scale are made on the basis of a five-point scale. The value of a particular response is determined by the degree to which the individual feels that an item describes or does not describe his feelings about himself.
The second behavioral measure used in this study was a measure of anxiety. The selection of an anxiety scale was based upon the assumption that an individual who was experiencing a personal problem would initially demonstrate a high level of anxiety. If the counseling to which he had been exposed was effective, he would demonstrate a reduction in anxiety. This assumption is supported by Freud (3) and Sullivan (5).

The Institute for Personality and Ability Testing Anxiety Scale Questionnaire (hereafter referred to as the IPAT Anxiety Scale), was selected for use in this study. The IPAT Anxiety Scale offers a distinct advantage in that it measures both overt and covert anxiety. In addition, the IPAT Anxiety Scale is supported by a strong research background. As Cohen points out, "The IPAT Anxiety Scale's impressive research background commends it for use as an overall measure. No competing test can compete in this crucial regard. For a quick measure of anxiety level, it has no peer" (1, p. 256).

The IPAT Anxiety Scale consists of forty statements which are checked by the subject. The IPAT Anxiety Scale yields six scores: (1) Self-Sentimental Development; (2) Ego Strength; (3) Protension of Paranoid Trend; (4) Guilt Proneness; (5) Ergic Tensions; and (6) Total Anxiety. The Total Anxiety score was used as the measure of anxiety in this study.
Reliability coefficients for the Total Anxiety score are reported at between .80 and .93. According to Cohen (1), evidence for the test's validity is varied and impressive. The construct validity is reported by Cohen to be between .85 and .90.

The third instrument used in this study was a measure of self-exploration. The use of a self-exploration scale was based upon the assumption that a person who was experiencing a personal problem would demonstrate a low level of self-exploration. If the counseling to which he had been exposed was effective, then he would demonstrate a higher level of self-exploration. This assumption is supported by Truax and Carkhuff (6).

The Self-Exploration Scale (hereafter referred to as the DX Scale) was selected for use in this study. The DX Scale has been effectively utilized in counseling and psychotherapy outcome research by Truax and Carkhuff (6).

The DX Scale is a rating scale that is easily scored and that requires a minimum of rater training for effective usage. It consists of a five-point rating scale that ranges from one to five. Ratings can be made at .25 intervals, from 1.0 to 5.0. Low ratings are indicative of an individual who is not
providing evidence, by means of verbal self-reference, of self-exploration. High ratings are indicative of an individual who is demonstrating a high level of self-exploration. According to Truax and Carkhuff (6), high levels of self-exploration are synonymous with emotional adjustment. They report the validity of the DX Scale, in relation to other criterion measures such as the Rorschach and the M. M. P. I., to be at .70.

Scoring Procedures

Scoring procedures for the Tennessee Self-Concept Scale and the IPAT Anxiety Scale were carried out in accordance with the directions contained in the tests' scoring manuals. Scores for each subject were tabulated and recorded for both pre- and post-test administrations.

Three independent raters, who were not connected with the study, rated the pre- and post-test audiotape recordings in relation to the DX Scale. The three raters were doctoral students in counseling who had prior training and experience in using the DX Scale. To insure rater accuracy, the raters rated three one minute segments of an audiotape which had no connection with the study, and a comparison of ratings was then made between the raters and an expert who had previously
rated the same segments of the same tape. The expert was a counselor educator who had received training in the scale's usage from the developers of the scale. A correlation of .85 was established.

Inter-rater reliability was established prior to the rating of the audiotape recordings from this study. A coefficient of .87 was established as an acceptable representation of rater agreement. This was established by having the raters independently rate the same segments of five tape recordings that were not connected with this study.

Prior to rating the tape recordings involved in the study, the raters were given a copy of the DX Scale and were given a review of rating procedures. The ratings of the audiotape recordings were effected by the raters independently rating three one-minute segments of a given tape recording.

A table of random numbers was utilized in selecting the segments of the tape to be rated. This was done to insure randomization in the selection of the segments of the tape recordings that were rated. The raters were not told whether they were rating experimental or control group tapes, nor were they told whether the tapes were of the first or last counseling session.
Each rater assigned each rated portion of an audiotape recording a number in relation to the DX Scale. The numbers obtained from each rater were added and a mean rating for each tape recording was determined for both the pre- and post-test administration.

Treatment of the Data

The research hypotheses constructed in this study were converted to the null for statistical analysis.

Analysis of covariance was employed to test for the significance of residual gains on data derived from the Tennessee Self-Concept Scale, IPAT Anxiety Scale, and DX Scale. Pre-tests were used as covariants, so that initial differences between experimental and control groups were statistically controlled.
CHAPTER BIBLIOGRAPHY


CHAPTER IV

RESULTS

The purpose of this chapter is to present and analyze the data obtained in the study. The statistical analysis was accomplished by means of analysis of covariance to test for the difference between means derived from the three instruments employed in the study.

The research hypotheses of this study were converted to the null form for the purpose of statistical analysis. An .05 level of significance was established as the criterion for either accepting or rejecting the hypotheses. Hypotheses I through III were concerned with comparisons of experimental and control group means on the Tennessee Self-Concept Scale and were restated in the null form as follows:

I. Following eight sessions of individual counseling with videotape focused feedback, there will be no significant difference in self-concept, as measured by the Tennessee Self-Concept Scale, between Experimental Group 1 and Experimental Group 2, Experimental Group 3, or the Control Group.
II. Following eight sessions of individual counseling with audiotape focused feedback, there will be no significant difference in self-concept, as measured by the Tennessee Self-Concept Scale, between Experimental Group 2 and Experimental Group 3 or the Control Group.

III. Following eight sessions of individual counseling with verbal focused feedback, there will be no significant difference in self-concept, as measured by the Tennessee Self-Concept Scale, between Experimental Group 3 and the Control Group.

Table I presents the pre- and post-test scores obtained by individual subjects in the experimental and control groups on the variable of self-concept.

Twenty-six of the thirty-two subjects demonstrated an increase in self-concept scores between pre- and post-testing. All eight Experimental Group 1 subjects demonstrated an increase in self-concept scores. Five of eight Experimental Group 2 subjects and six of eight Experimental Group 3 subjects demonstrated an increase in self-concept scores. Seven of the eight Control Group subjects also demonstrated an increase in self-concept scores between pre- and post-testing.
### TABLE I

**INDIVIDUAL SUBJECT EXPERIMENTAL AND CONTROL GROUP PRE- AND POST-TEST SCORES ON THE VARIABLE OF SELF-CONCEPT**

<table>
<thead>
<tr>
<th>Counselor</th>
<th>Experimental Group 1</th>
<th>Experimental Group 2</th>
<th>Experimental Group 3</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Test</td>
<td>Post-Test</td>
<td>Pre-Test</td>
<td>Post-Test</td>
</tr>
<tr>
<td>1</td>
<td>223</td>
<td>241</td>
<td>298</td>
<td>277</td>
</tr>
<tr>
<td>2</td>
<td>311</td>
<td>328</td>
<td>334</td>
<td>340</td>
</tr>
<tr>
<td>3</td>
<td>315</td>
<td>358</td>
<td>327</td>
<td>350</td>
</tr>
<tr>
<td>4</td>
<td>326</td>
<td>333</td>
<td>239</td>
<td>224</td>
</tr>
<tr>
<td>5</td>
<td>333</td>
<td>352</td>
<td>304</td>
<td>290</td>
</tr>
<tr>
<td>6</td>
<td>322</td>
<td>349</td>
<td>223</td>
<td>376</td>
</tr>
<tr>
<td>7</td>
<td>345</td>
<td>429</td>
<td>254</td>
<td>402</td>
</tr>
<tr>
<td>8</td>
<td>271</td>
<td>348</td>
<td>359</td>
<td>364</td>
</tr>
</tbody>
</table>

Experimental and control group pre- and post-test means, standard deviations, and adjusted means are reported in Table II. Subjects in Experimental Groups 1, 2, 3, and the Control Group obtained mean self-concept score increases of 41.22, 34.94, and 6.00 respectively between pre- and post-testing on the self-concept instrument.
TABLE II

EXPERIMENTAL AND CONTROL GROUP SCORES
ON THE VARIABLE OF SELF-CONCEPT

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Mean</td>
<td>Mean</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SD</td>
<td>SD</td>
<td></td>
</tr>
<tr>
<td>Experimental Group 1</td>
<td>305.75</td>
<td>342.25</td>
<td>346.86</td>
</tr>
<tr>
<td>SD 39.86</td>
<td>SD 51.39</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental Group 2</td>
<td>304.75</td>
<td>327.87</td>
<td>333.31</td>
</tr>
<tr>
<td>SD 40.65</td>
<td>SD 59.23</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Experimental Group 3</td>
<td>311.75</td>
<td>347.00</td>
<td>346.69</td>
</tr>
<tr>
<td>SD 25.44</td>
<td>SD 32.81</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Control Group</td>
<td>323.25</td>
<td>339.00</td>
<td>329.25</td>
</tr>
<tr>
<td>SD 62.39</td>
<td>SD 57.61</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The results of comparisons between experimental and control group means on the Tennessee Self-Concept Scale are presented in Table III. Data for these comparisons between experimental and control group means were treated by Analysis of Covariance, using pre-test scores as covariants, in order to control for initial differences between groups. The adjusted means were 346.86 for Experimental Group 1, 333.31 for Experimental Group 2, 346.69 for Experimental Group 3, and 329.25 for the Control Group. The F ratio obtained was 0.47.
TABLE III

ANALYSIS OF COVARIANCE OF TENNESSEE
SELF-CONCEPT SCALE SCORES

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>1971.46</td>
<td>657.1</td>
<td>0.47</td>
<td>0.70</td>
</tr>
<tr>
<td>Within Groups</td>
<td>27</td>
<td>37101.41</td>
<td>1374.12</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>39072.88</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>

with an associated P of 0.70. Since the latter value exceeded .05, null hypotheses I, II, and III were retained.

Hypotheses IV through VI were concerned with comparisons of experimental and control group means on the IPAT Anxiety Scale and were restated in the null as follows:

IV. Following individual counseling with videotape focused feedback, there will be no significant difference in level of anxiety, as measured by the IPAT Anxiety Scale, between Experimental Group 1 and Experimental Group 2, Experimental Group 3, or the Control Group.

V. Following individual counseling with audiotape focused feedback, there will be no significant difference
in level of anxiety, as measured by the IPAT Anxiety Scale, between Experimental Group 2 and Experimental Group 3 and the Control Group.

VI. Following individual counseling with verbal focused feedback, there will be no significant difference in level of anxiety, as measured by the IPAT Anxiety Scale, between Experimental Group 3 and the Control Group.

Table IV presents the pre- and post-test scores obtained by individual subjects in the experimental and control groups on the variable of anxiety. Twenty-four of the thirty-two subjects demonstrated a reduction in anxiety level scores between pre- and post-testing. Six of eight Experimental Group 1 subjects demonstrated a reduction. Five of eight Experimental Group 2 subjects and six of eight Experimental Group 3 subjects demonstrated a reduction in anxiety level scores. Seven of the eight Control Group subjects also demonstrated a reduction in anxiety level scores.

Experimental and control group pre- and post-test means standard deviations, and adjusted means are reported in Table V. Subjects in Experimental Groups 1, 2, 3, and the Control Group obtained mean anxiety level decreases of 13.08, 7.03
The Control Group demonstrated a mean anxiety level increase of .66 between pre- and post-testing.

The results of comparisons between experimental and control group means on the IPAT Anxiety Scale are presented in Table VI. Data for the comparisons between experimental and control group means presented in Table VI was treated by
TABLE V

EXPERIMENTAL AND CONTROL GROUP SCORES
ON THE VARIABLE OF ANXIETY

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental Group 1</strong></td>
<td>Mean 41.12</td>
<td>Mean 28.50</td>
<td>28.04</td>
</tr>
<tr>
<td></td>
<td>SD 12.07</td>
<td>SD 17.09</td>
<td></td>
</tr>
<tr>
<td><strong>Experimental Group 2</strong></td>
<td>Mean 42.87</td>
<td>Mean 37.62</td>
<td>35.84</td>
</tr>
<tr>
<td></td>
<td>SD 14.23</td>
<td>SD 17.84</td>
<td></td>
</tr>
<tr>
<td><strong>Experimental Group 3</strong></td>
<td>Mean 43.37</td>
<td>Mean 33.25</td>
<td>31.08</td>
</tr>
<tr>
<td></td>
<td>SD 10.02</td>
<td>SD 11.90</td>
<td></td>
</tr>
<tr>
<td><strong>Control Group</strong></td>
<td>Mean 34.75</td>
<td>Mean 31.00</td>
<td>35.41</td>
</tr>
<tr>
<td></td>
<td>SD 17.17</td>
<td>SD 17.41</td>
<td></td>
</tr>
</tbody>
</table>

by Analysis of Covariance, using pre-test scores as covariants, in order to control for initial differences between groups. The adjusted means for the IPAT Anxiety Scale were 28.04 for Experimental Group 1, 35.84 for Experimental Group 2, 31.08 for Experimental Group 3, and 35.41 for the Control Group. The F ratio obtained was 0.67 with an associated P of .57. Since the latter value exceeded .05, null hypotheses IV, V, and VI were retained.
TABLE VI

ANALYSIS OF COVARIANCE OF IPAT ANXIETY SCALE SCORES

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>328.25</td>
<td>101.45</td>
<td>0.67</td>
<td>0.57</td>
</tr>
<tr>
<td>Within Groups</td>
<td>27</td>
<td>4365.53</td>
<td>161.68</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>4693.89</td>
<td>. .</td>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>

Hypotheses VII through IX were concerned with comparisons of experimental and control group means on the **DX Scale** and were restated in the null as follows:

VII. Following individual counseling with videotape focused feedback, there will be no significant difference in level of self-exploration, as measured by the **DX Scale**, between Experimental Group 1 and Experimental Group 2, Experimental Group 3, or the Control Group.

VIII. Following individual counseling with audiotape focused feedback, there will be no significant difference in level of self-exploration, as measured by the **DX Scale**, between Experimental Group 2 and Experimental Group 3 and the Control Group.
IX. Following individual counseling with verbal focused feedback, there will be no significant difference in level of self-exploration, as measured by the DX Scale, between Experimental Group 3 and the Control Group.

Table VII presents the pre- and post-test scores obtained by individual subjects in the experimental and control groups on the variable of self-exploration.

### TABLE VII

**INDIVIDUAL SUBJECT EXPERIMENTAL AND CONTROL GROUP**

**PRE- AND POST-TEST SCORES ON THE VARIABLE OF SELF-EXPLORATION**

<table>
<thead>
<tr>
<th>Counselor</th>
<th>Experimental Group 1</th>
<th>Experimental Group 2</th>
<th>Experimental Group 3</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-Test</td>
<td>Post-Test</td>
<td>Pre-Test</td>
<td>Post-Test</td>
</tr>
<tr>
<td>1</td>
<td>2.63</td>
<td>3.05</td>
<td>3.19</td>
<td>2.11</td>
</tr>
<tr>
<td>2</td>
<td>2.11</td>
<td>2.47</td>
<td>2.88</td>
<td>2.47</td>
</tr>
<tr>
<td>3</td>
<td>2.72</td>
<td>3.11</td>
<td>2.11</td>
<td>2.19</td>
</tr>
<tr>
<td>4</td>
<td>2.75</td>
<td>2.88</td>
<td>2.66</td>
<td>2.83</td>
</tr>
<tr>
<td>5</td>
<td>2.86</td>
<td>3.02</td>
<td>2.22</td>
<td>2.88</td>
</tr>
<tr>
<td>6</td>
<td>2.66</td>
<td>2.80</td>
<td>2.58</td>
<td>2.47</td>
</tr>
<tr>
<td>7</td>
<td>2.72</td>
<td>2.47</td>
<td>2.66</td>
<td>2.83</td>
</tr>
<tr>
<td>8</td>
<td>2.00</td>
<td>3.70</td>
<td>2.75</td>
<td>2.90</td>
</tr>
</tbody>
</table>
Twenty-one of the thirty-two subjects demonstrated an increase in self-exploration scores between pre- and post-testing. Seven of eight Experimental Group 1 subjects demonstrated an increase in self-exploration scores. Five of eight Experimental Group 2 subjects and three of eight Experimental Group 3 subjects demonstrated an increase in self-exploration scores.

Experimental and control group pre- and post-test means, standard deviations, and adjusted means are reported in Table VIII.

TABLE VIII
EXPERIMENTAL AND CONTROL GROUP SCORES ON THE VARIABLE OF SELF-EXPLORATION

<table>
<thead>
<tr>
<th>Group</th>
<th>Pre-Test</th>
<th>Post-Test</th>
<th>Adjusted Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Experimental Group 1</strong></td>
<td>Mean 2.55</td>
<td>Mean 2.93</td>
<td>2.93</td>
</tr>
<tr>
<td></td>
<td>SD 0.31</td>
<td>SD 0.39</td>
<td></td>
</tr>
<tr>
<td><strong>Experimental Group 2</strong></td>
<td>Mean 2.63</td>
<td>Mean 2.58</td>
<td>2.55</td>
</tr>
<tr>
<td></td>
<td>SD 0.34</td>
<td>SD 0.31</td>
<td></td>
</tr>
<tr>
<td><strong>Experimental Group 3</strong></td>
<td>Mean 2.21</td>
<td>Mean 2.42</td>
<td>2.49</td>
</tr>
<tr>
<td></td>
<td>SD 0.29</td>
<td>SD 0.29</td>
<td></td>
</tr>
<tr>
<td><strong>Control Group</strong></td>
<td>Mean 2.58</td>
<td>Mean 2.63</td>
<td>2.62</td>
</tr>
<tr>
<td></td>
<td>SD 0.57</td>
<td>SD 0.48</td>
<td></td>
</tr>
</tbody>
</table>
Experimental Group 1 subjects demonstrated a mean self-exploration increase of .38 between pre- and post-testing. Experimental Group 2 subjects demonstrated a mean self-exploration score decrease of .08. Experimental Group 3 subjects demonstrated a mean self-exploration score increase of .28. The Control Group subjects demonstrated a mean self-exploration score increase of .04 between pre- and post-testing.

The results of comparisons between experimental and control group means on the DX Scale are presented in Table IX.

<table>
<thead>
<tr>
<th>Source</th>
<th>DF</th>
<th>Sum of Squares</th>
<th>Mean Square</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Between Groups</td>
<td>3</td>
<td>1971.46</td>
<td>657.1</td>
<td>0.47</td>
<td>0.70</td>
</tr>
<tr>
<td>Within Groups</td>
<td>27</td>
<td>37101.41</td>
<td>1374.12</td>
<td>.</td>
<td>.</td>
</tr>
<tr>
<td>Total</td>
<td>30</td>
<td>39072.88</td>
<td>.</td>
<td>.</td>
<td>.</td>
</tr>
</tbody>
</table>

Data for these comparisons between experimental and control group means were treated by Analysis of Covariance, using pre-test scores as covariants, in order to control for initial
differences between groups. The adjusted means were 2.93 for Experimental Group 1, 2.55 for Experimental Group 2, 2.49 for Experimental Group 3, and 2.62 for the Control Group. The F ratio obtained was 2.18 with an associated P of 0.11. Since the latter value exceeded .05, null hypotheses VII, VIII, and IX were retained.

Summary

All of the null hypotheses were retained, necessitating the rejection of all working hypotheses. No significant differences were found between the adjusted means of Experimental Group 1 which received videotape focused feedback, Experimental Group 2 which received audiotape focused feedback, Experimental Group 3 which received verbal focused feedback, and the Control Group which did not receive focused feedback.
CHAPTER V

SUMMARY, RESULTS, DISCUSSION, AND RECOMMENDATIONS

Summary

This research study was developed to investigate and compare experimentally the effects of three techniques of focused feedback in individual counseling with the effects of a traditional individual counseling approach on client self-concept, anxiety level, and level of self-exploration. Twenty-four college students were assigned to three eight-member experimental groups that received individual counseling with focused feedback. These groups were compared statistically with each other and with an eight-member control group made up of college students who received a traditional individual counseling experience that did not include focused feedback. Following this treatment procedure, efforts were made to determine the relative therapeutic effectiveness of the four approaches to individual counseling.

The general nature of the research hypotheses was that there would be a significant positive change in self-concept, anxiety level, and level of self-exploration of subjects who
received videotape focused feedback, as compared to subjects who received audiotape focused feedback, verbal focused feedback, or no focused feedback, as in the case of the control group. However, in order to statistically analyze the obtained data, the following hypotheses were formulated:

I. Following eight individual counseling sessions, Experimental Group 1 will exhibit a more significant positive change in self-concept, as measured by the Tennessee Self-Concept Scale, than will Experimental Group 2, Experimental Group 3, or the Control Group.

II. Following eight individual counseling sessions, Experimental Group 2 will exhibit a more significant positive change in self-concept, as measured by the Tennessee Self-Concept Scale, than will Experimental Group 3 or the Control Group.

III. Following eight individual counseling sessions, Experimental Group 3 will exhibit a more significant positive change in self-concept, as measured by the Tennessee Self-Concept Scale, than will the Control Group.

IV. Following eight individual counseling sessions, Experimental Group 1 will exhibit a more significant positive change in level of anxiety, as measured by the IPAT Anxiety
Experimental Group 2 will exhibit a more significant positive change in level of anxiety, as measured by the IPAT Anxiety Scale, than will Experimental Group 3 or the Control Group.

VI. Following eight individual counseling sessions, Experimental Group 3 will exhibit a more significant positive change in level of anxiety, as measured by the IPAT Anxiety Scale, than will the Control Group.

VII. Following eight individual counseling sessions, Experimental Group 1 will exhibit a more significant positive change in level of self-exploration, as measured by the DX Scale, than will Experimental Group 2, Experimental Group 3, or the Control Group.

VIII. Following eight individual counseling sessions, Experimental Group 2 will exhibit a more significant positive change in level of self-exploration, as measured by the DX Scale, than will Experimental Group 3 or the Control Group.

IX. Following eight individual counseling sessions, Experimental Group 3 will demonstrate a more significant positive change in level of self-exploration, as measured by the DX Scale, than will the Control Group.
Undergraduate and graduate students at North Texas State University, who requested counseling during the Spring semester of 1972, served as the population from which thirty-two experimental and control subjects were selected for this study. These subjects were assigned to three experimental and one control group. The Tennessee Self-Concept Scale and the IPAT Anxiety Scale were administered to all subjects prior to, and again after, eight weekly one-hour counseling sessions. Client verbal behaviors during the initial screening session and the eighth counseling session were rated using the DX Scale.

The three eight-member experimental groups each received a different technique of focused feedback. Experimental Group 1 received videotape focused feedback. Experimental Group 2 received audiotape focused feedback. Experimental Group 3 received verbal focused feedback. The eight-member Control Group received individual counseling without focused feedback.

Focused feedback sessions, regardless of technique, occurred during the final fifteen minutes of each one-hour counseling session. Material utilized for the feedback sessions consisted of specific client behaviors from the preceding session which were chosen at the discretion of the counselor.
The counselors for the study were eight doctoral interns in counseling at North Texas State University. All of the counselors had previous experience and supervision in counseling and all were in their final semester of supervised doctoral internship during the time of the study. Each counselor counseled under each of the four treatment conditions.

To test the research hypotheses formulated in the study and statistically analyze the experimental data, an analysis of covariance design was used. An .05 level of confidence was established by the investigator as criterion for either accepting or rejecting the research hypotheses.

Results

After submitting pre-test and post-test raw data to an analysis of covariance, none of the proposed hypotheses reached a level of confidence required for statistical significance.

Although the statistical comparison of the groups did not yield significant differences, some interesting findings with possible implications not directly related to the hypotheses resulted. The following discussion of these findings is related to Tables X and XI which can be found in the Appendix.
An examination of the data presented in Table X reveals the following: (1) Following counseling, all of the groups, with the exception of Experimental Group 2, demonstrated improvement in terms of differences between pre- and post-test mean scores on the three instruments used in the study. Experimental Group 2 subjects improved in self-concept and level of anxiety but demonstrated a decrease in level of self-exploration. (2) Following counseling, Experimental Group 1, which received videotape focused feedback, demonstrated the largest mean change between pre- and post-testing on all three measures used in the study. (3) Following counseling, Experimental Group 3, which received verbal focused feedback, demonstrated a larger mean change between pre- and post-testing on all instruments than Experimental Group 2, which received audiotape focused feedback.

An examination of the data presented in Table XI reveals the following: (1) Three of the eight counselors involved in the study (counselors six, seven, and eight) counseled subjects who demonstrated higher changes between pre- and post-testing on two of the instruments, as compared to subjects counseled by the other counselors. (2) The mean subject change between pre- and post-testing for each counselor was
in the predicted direction in all but three cases. Of those three cases, two negative changes occurred in relation to the DX Scale and one in relation to the IPAT Anxiety Scale.

Several possible implications can be derived from the data discussed above. First, with the exception of Experimental Group 2, all of the groups, including the Control Group, demonstrated a positive mean change between pre- and post-testing on all three instruments. Experimental Group 2 did demonstrate positive mean changes on the self-concept and the anxiety measures. This finding gives some indication that counseling is indeed an effective method for altering behavior and is in agreement with the findings of a number of previous investigations (2, 3, 4, 6, 7).

Secondly, although the results do not allow for the conclusion that the videotape focused feedback technique is more effective than the other feedback techniques, the videotape group did demonstrate the largest difference between pre- and post-testing on all three instruments. This would seem to indicate a trend in the predicted direction.

Third, the verbal focused feedback group demonstrated a greater mean change between pre- and post-testing on all three instruments, than did the audiotape focused feedback group.
This finding seems to indicate that verbal focused feedback may be a more effective method of producing behavioral change than is audiotape focused feedback.

A final implication is related to individual counselor competency. Since the counselors counseled under each of the four treatment conditions, it was thought that this would rule out any effects caused by individual counselor capability. However, this was not the case because counselors six, seven, and eight clearly were more effective. This finding may be interpreted to mean that a capable counselor will be effective regardless of the technique he may employ. Several investigations report similar findings (1, 5).

Discussion

The study was designed to determine if clients exposed to videotape focused feedback would demonstrate significant differences in behavior when compared to clients who were exposed to other methods of focused feedback and a non-feedback method. Quantitative treatment of the raw data did not support the proposed hypotheses. Consequently, it was concluded that behavioral changes could not be attributed to the type of focused feedback employed.
While acknowledging the statistical results obtained in the study, it is important that some possible causative factors for this lack of significance be discussed. Statistical non-significance of the present research study may be attributed to the following factors:

1. The relatively small number of subjects used in the study (thirty-two) could have influenced the statistical results. With a population sample of this size, the magnitude of change in research variables must be greater in order to reach a statistically significant level. This trend was consistent with the present study in that individual pre- and post-test scores of videotape subjects changed between testing. However, the size of the subject sample may have contributed to the fact that the changes were not of a magnitude to attain statistical significance.

2. The DX Scale is a five-point rating scale. However, a rating of 1.0 or 5.0 is rarely given. Therefore, the raters might have been overly restricted in attempting to rate level of self-exploration. This may have influenced the results.

3. Individual client situational variables may have adversely affected the results. In one case, a control group subject demonstrated high pre-counseling anxiety and low self-concept scores. However, her counselor found out later that
her extreme scores were due, in part, to her upcoming doctoral qualifying examinations. After taking and passing these examinations, the subject was post-tested and demonstrated a large increase in her self-concept score and a large decrease in her anxiety score. The changes in this subject may have been prompted by situational variables as opposed to counseling.

A second example of the possible effects of situational variables had to do with the timing of the post-tests. Since not all of the subjects started in counseling at the same time, pre- and post-tests were given at various times throughout the semester. Several of the subjects were post-tested just prior to final examinations which are given at the end of each semester. One might speculate that a student's self-concept, level of anxiety, and level of self-exploration may be affected by the thought of approaching final examinations. If this were the case, the post-test results may have been confounded by the situational variable of final examinations.

4. Eight counseling sessions may not have been enough sessions to effect positive behavioral changes. Had the duration of the counseling been considerably longer, significant differences may have been found. It may be that focused feedback techniques are effective only after the client has been exposed to such techniques for a lengthy period of time.
It can be concluded from the obtained statistical results that videotape focused feedback in this study was not any more effective in changing client behaviors than were other methods of feedback or the traditional counseling approach. However, although the results are not significant, a trend in the predicted direction exists. This trend indicates that videotape focused feedback did not detract from the counseling process. In fact, videotape focused feedback actually enhanced more positive change, although not statistically significant, than did the traditional counseling approach. This trend is also evident when examining and comparing pre- and post-test mean differences for the verbal feedback group as opposed to the control group. The verbal feedback also enhanced more positive change than did the traditional approach.

Recommendations

1. A similar research study should be conducted which utilizes a larger subject sample.

2. A similar research study should be conducted using a self-exploration scale that is more sensitive to subject change.

3. A new study should be conducted in which the treatment period is considerably longer than eight weeks. It may
be that significant results are possible with an extended treatment period.

4. A new study should be designed which allows subject pre- and post-testing to occur at the same time and when the subjects are not influenced by situational variables, such as final examinations.

5. Videotape focused feedback should be considered as an adjunct to the counseling process in college counseling centers.

6. Verbal focused feedback should be considered as an adjunct to the counseling process in college counseling centers.
CHAPTER BIBLIOGRAPHY


**APPENDIX**

**TABLE X**

EXPERIMENTAL AND CONTROL GROUP DIFFERENCES BETWEEN PRE- AND ADJUSTED MEAN SCORES ON THE VARIABLES OF SELF-CONCEPT, ANXIETY, AND SELF-EXPLORATION

<table>
<thead>
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<th>Group</th>
<th>Tennessee</th>
<th>IPAT</th>
<th>DX</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experimental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 1</td>
<td>41.11</td>
<td>13.08</td>
<td>.38</td>
</tr>
<tr>
<td>Experimental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 2</td>
<td>28.56</td>
<td>7.03</td>
<td>-.08</td>
</tr>
<tr>
<td>Experimental</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group 3</td>
<td>34.94</td>
<td>12.29</td>
<td>.28</td>
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<td>Control</td>
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<td></td>
<td></td>
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<tr>
<td>Group</td>
<td>6.00</td>
<td>.66</td>
<td>.04</td>
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TABLE XI

INDIVIDUAL COUNSELOR GROUP MEAN CHANGES ON THE VARIABLES OF SELF-CONCEPT, ANXIETY, AND SELF-EXPLORATION

<table>
<thead>
<tr>
<th>Counselor</th>
<th>Mean Tennessee Score</th>
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<th>Mean DX Score</th>
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<tbody>
<tr>
<td>1</td>
<td>17.25</td>
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<td>2</td>
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<td>0.07</td>
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<td>5</td>
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<td>0.00</td>
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<td>11.25</td>
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<td>8</td>
<td>27.50</td>
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</table>
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