AN EVALUATION OF AN INTEGRATED DIDACTIC AND EXPERIENTIAL TRAINING APPROACH FOR THE INTERPERSONAL SKILLS OF SHELTERED WORKSHOP SUPERVISORS

DISSERTATION

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

For the Degree of

DOCTOR OF PHILOSOPHY

By

Nelson Lane Kelley, B.B.A., M.B.A.
Denton, Texas
December, 1970

The purpose of this study was to evaluate the effect of a three-day session using an integrated didactic and experiential approach for training in interpersonal skills for sheltered workshop supervisors. The integrated didactic and experiential training model is outlined in *Toward Effective Counseling and Psychotherapy: Training and Practice* by Charles B. Truax and Robert R. Carkhuff and also in Truax's "The Training of Non-Professional Personnel in Therapeutic Interpersonal Relationships," *American Journal of Public Health*, October, 1967. The objective of this training is to increase the trainees' communication of accurate empathy, non-possessive warmth, and genuineness. The three central elements in this training approach have been summarized by Truax as (1) a therapeutic context in which the supervisor communicates high levels of accurate empathy, non-possessive warmth, and genuineness to the trainees themselves; (2) a highly specific didactic training using research scales for "shaping" the trainees' responses toward high levels of empathy, warmth, and genuineness; and (3) a quasi-group
therapy experience which allows the emergence of the trainee's own idiosyncratic therapeutic self through self-exploration and the consequent integration of the didactic training with personal values, goals, and life styles.

The two trainers who conducted the session had considerable experience with the training model. Both trainers also had experience in rehabilitation services and counseling. A questionnaire administered at the end of the training to the trainees indicated that the trainers satisfied the requirement of communicating high levels of the therapeutic triad.

Eight sheltered workshops from Texas and Arkansas participated in the evaluation. The average educational level of the trainees was 12.5 years. Their length of employment in sheltered workshops averaged 2.88 years. The major disabilities of the trainees' clients supported the intention of the training---the establishment of a therapeutic environment. Approximately one-third of the clients' major disabilities were psychiatric. Interviews with the sheltered workshop staff members suggested that even though the majority of their clients' major disabilities were classified as physical, these same clients were also seriously handicapped by psychological problems.

In order to evaluate the training, the Barrett-Lennard "Relationship Inventory" was administered to the clients of "trained" and "untrained" supervisors before and thirty and
ninety days after the training. The "Relationship Inventory" is designed to gather data and provide measuring scales for four variables: empathic understanding, level of regard, unconditionality of regard, and congruence.

The statistical tests of the difference between trained and untrained supervisors' "Relationship Inventory" scores did not support the effectiveness of the Truax-Carkhuff Training Model used in a three-day session for sheltered workshop supervisors. In terms of "Relationship Inventory" scores, there was a significant increase in the trained supervisors' communication of empathy, level of regard, and genuineness, but when compared to the control group, only level of regard showed a significant difference. Conversely, the trainees' evaluation of this training was very favorable. The trainees felt that the session increased their communication of empathy, non-possessive warmth, and genuineness, but the clients' responses on the "Relationship Inventory" did not substantiate the training's effectiveness.
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# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>LIST OF TABLES</th>
<th>vii</th>
</tr>
</thead>
<tbody>
<tr>
<td>LIST OF ILLUSTRATIONS</td>
<td>x</td>
</tr>
</tbody>
</table>

## Chapter

### I. STATEMENT OF PROBLEM AND SCOPE OF STUDY  

**Introduction**
- The Sheltered Workshop Situation
- Changing Demand for Labor
- Changing Nature of Clients
- Government Involvement in Sheltered Workshops
- Training Programs for Sheltered Workshops
- The Conflicting Nature and Pressures of Sheltered Workshops
- The Sheltered Workshop--A Business and Social Service Institution
- The Client Placement Conflict
- Different Approaches to Rehabilitation
- The Sheltered Workshop Supervisor
- The Determinants of Effective Relationships
- Statement of the Problem
- Hypotheses
- Limitations of the Study
- Basic Assumptions
- Summary

### II. THE THERAPEUTIC TRIAD AND ITS EFFECTS IN VARIOUS INTERPERSONAL RELATIONSHIPS  

**Introduction**
- The Therapeutic Triad
  - Genuineness
  - Empathy
  - Non-Possessive Warmth
- The Effect of the Therapeutic Triad in Various Interpersonal Relationships
  - Psychotherapy with Schizophrenics
  - Psychoneurotic Outpatients and Psychotherapy
Ward Laymen and Group Counseling
Group Counseling and Female Juvenile Delinquents
Group Counseling and College Underachievers
Parent and Children's Psychological Adjustment
The Student-Teacher Interpersonal Relationship
Vocational Instructors and Rehabilitation Clients

Summary

III. THE THERAPEUTIC TRIAD AND SUPERVISORY TRAINING

Introduction
The Approach to Training
The Trainer's Communication of Empathy, Warmth, and Genuineness
The Didactic Training
The Quasi-Group Therapy Experience
Review of the Research on the Truax-Carkhuff Didactic and Experimental Training Model
Summary

IV. METHODS AND PROCEDURES

Introduction
Subjects
The Organizations
The Supervisors
The Clients
The Training Session and the Trainers
Research Instrument and Collection of Data
The Collection of Data
The Procedure for Treating the Data
Summary

V. ANALYSIS OF DATA

Introduction
Empathy
Level of Regard
Unconditionality of Regard
Genuineness
Analysis of Trainee Questionnaire
Summary
VI. CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH .......................... 103

Introduction
Test of Hypotheses
Discussion of Results Relative to Other Findings
Recommendations for Further Research

APPENDIX ........................................................................................................ 112

BIBLIOGRAPHY ................................................................................................. 131
<table>
<thead>
<tr>
<th>Table</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. Number of Clients and Workshops in Top Ranking States</td>
<td>5</td>
</tr>
<tr>
<td>II. Sheltered Workshop Training Programs, Emphasis of Training, and Method of Evaluation</td>
<td>7</td>
</tr>
<tr>
<td>III. Findings on the Therapeutic Effectiveness of Genuineness</td>
<td>30</td>
</tr>
<tr>
<td>IV. Findings on the Therapeutic Effectiveness of Accurate Empathy</td>
<td>34</td>
</tr>
<tr>
<td>V. Findings on the Therapeutic Effectiveness of Non-Possessive Warmth</td>
<td>37</td>
</tr>
<tr>
<td>VI. Outcome for Underachievers Receiving Control or Counseling Treatments</td>
<td>45</td>
</tr>
<tr>
<td>VII. Correlations Between Level of Perceived Therapeutic Conditions Offered by Vocational Instructor and Rehabilitation Client Functioning During Training</td>
<td>49</td>
</tr>
<tr>
<td>VIII. Direction of Changes of Gross Ratings of Patient Behavior by Ward Personnel</td>
<td>59</td>
</tr>
<tr>
<td>IX. Participating Sheltered Workshops</td>
<td>66</td>
</tr>
<tr>
<td>X. Number of Clients Served and Placed in 1968</td>
<td>67</td>
</tr>
<tr>
<td>XI. Rehabilitation Staff: Education and Staff/Client Ratios</td>
<td>68</td>
</tr>
<tr>
<td>XII. Participating Sheltered Workshops' Production Revenue as a Percentage of Total Budget</td>
<td>69</td>
</tr>
<tr>
<td>XIII. Age, Tenure, and Education of Experimental and Control Group Supervisors</td>
<td>72</td>
</tr>
<tr>
<td>XIV. Number of Clients Participating in Evaluation of Trained and Untrained Supervisors</td>
<td>73</td>
</tr>
<tr>
<td>Table</td>
<td>Page</td>
</tr>
<tr>
<td>-------</td>
<td>------</td>
</tr>
<tr>
<td>XV.</td>
<td>Disibilities of Clients in Experimental and Control Group</td>
</tr>
<tr>
<td>XVI.</td>
<td>Clients' Age, Education, Length of Time with Supervisor and in Sheltered Workshop</td>
</tr>
<tr>
<td>XVII.</td>
<td>Trainers' Communication of Empathy, Warmth, and Genuineness</td>
</tr>
<tr>
<td>XVIII.</td>
<td>Test of Difference Between Experimental and Control Empathy Scores</td>
</tr>
<tr>
<td>XIX.</td>
<td>Test of Difference Within Experimental and Control Empathy Scores</td>
</tr>
<tr>
<td>XX.</td>
<td>Test of Difference in Change of Empathy Scores from Pretest to Follow-Up</td>
</tr>
<tr>
<td>XXI.</td>
<td>Test of Difference Between Experimental and Control Level of Regard Scores</td>
</tr>
<tr>
<td>XXII.</td>
<td>Test of Difference Within Experimental and Control Level of Regard Scores</td>
</tr>
<tr>
<td>XXIII.</td>
<td>Test of Difference in Change of Level of Regard Scores from Pretest to Follow-Up</td>
</tr>
<tr>
<td>XXIV.</td>
<td>Test of Difference Between Experimental and Control Unconditionality of Regard Scores</td>
</tr>
<tr>
<td>XXV.</td>
<td>Test of Difference Within Experimental and Control Unconditionality of Regard Scores</td>
</tr>
<tr>
<td>XXVI.</td>
<td>Test of Difference in Change of Unconditionality of Regard Scores from Pretest to Follow-Up</td>
</tr>
<tr>
<td>XXVII.</td>
<td>Test of Difference Between Experimental and Control Genuineness Scores</td>
</tr>
<tr>
<td>XXVIII.</td>
<td>Test of Difference Within Experimental and Control Genuineness Scores</td>
</tr>
<tr>
<td>XXIX.</td>
<td>Test of Difference in Change of Genuineness Scores from Pretest to Follow-Up</td>
</tr>
<tr>
<td>Table</td>
<td>Description</td>
</tr>
<tr>
<td>-------</td>
<td>-------------</td>
</tr>
<tr>
<td>XXX.</td>
<td>Trainees' Rating of Various Methods Used in Training</td>
</tr>
<tr>
<td>XXXI.</td>
<td>Trainees' Rating of the Effectiveness of the Training</td>
</tr>
<tr>
<td>XXXII.</td>
<td>Trainees' Rating of the Value of this Training in Various Relationships</td>
</tr>
<tr>
<td>XXXIII.</td>
<td>Trainees' Overall Rating of Training</td>
</tr>
<tr>
<td>XXXIV.</td>
<td>Summary of Statistical Tests with Level of Significance</td>
</tr>
<tr>
<td>Figure</td>
<td>Page</td>
</tr>
<tr>
<td>--------</td>
<td>------</td>
</tr>
<tr>
<td>1. Composite Organization Chart</td>
<td>71</td>
</tr>
</tbody>
</table>
CHAPTER I

STATEMENT OF PROBLEM AND SCOPE OF STUDY

Introduction

In 1967 the author of this study was the Project Co-
ordinator on a training grant for rehabilitation facilities
at North Texas State University. The specific purpose of
this grant was to provide training for the staffs of sheltered
workshops in Arkansas, Louisiana, New Mexico, Oklahoma, and
Texas. In the fall of 1967 the grant supported an institute
at Little Rock, Arkansas, where the author was introduced to
the therapeutic triad—the communication of accurate empathy,
non-possessive warmth, and genuineness as an important re-
quirement for the success of many interpersonal relationships.

Further inquiry revealed a training model for improving
the ability to communicate empathy, warmth, and genuineness.
This study evaluates the effectiveness of this training model
when used as a method of improving the interpersonal skills
of sheltered workshop supervisors.

This chapter explores the sheltered workshop situation
to show the relevancy of the objectives of this training
model. These objectives are to increase the supervisors'
ability to communicate accurate empathy, non-possessive
warmth, and genuineness in terms of sheltered workshop
supervisor-client relationships. Secondly, the qualities of effective and ineffective sheltered workshop supervision are discussed and then related to the Therapeutic Triad. The remainder of the chapter contains the formal requirements of the study, including the statement of the problem, the hypotheses, and the limitations of the study.

The Sheltered Workshop Situation

The sheltered workshop movement is in a critical period of its history. Several factors make this particular time, the 1970's, crucial in determining what role the sheltered workshop will play in the future. These factors include the present labor requirements of our economy, the changing nature of the workshop client; the increased involvement of government agencies in rehabilitation and consequently in sheltered workshops, and as a consequence of these factors, the training of the staff members of sheltered workshops so that they can develop programs that are concomitant with the needs of the handicapped citizen and his environment.

Changing Demand for Labor

Changes in technology, mechanization, automation, and cybernation have tremendous impact on our labor force requirement which in turn has implications concerning the ultimate objective of sheltered workshops—the placement of the handicapped individual into a competitive job. As a result of advanced technology, mechanization, automation, and
cybernation, the output per man-hour has increased at the annual rate of 3.5 percent in recent years.\(^1\) With a 3.5 percent annual productivity increase and a labor force of 60 million persons, 2.1 million new jobs must be created each year to offset the more productive laborer. At the same time the labor force is growing by approximately 1.4 million per year.\(^2\) Therefore, the productivity gains and the increase in size of the labor force require an additional 3.5 million jobs each year to avoid increased unemployment.\(^3\) This situation requires very imaginative, resourceful sheltered workshop placement officers who are capable of placing trained clients into competitive jobs and into the normal stream of our society. Accepting the 3.5 million annual increase in the labor force, the sheltered workshop is competing with 3.5 million "normal" persons annually seeking employment.

**Changing Nature of Clients**

The second crucial factor for the sheltered workshop is the development of new programs for its clients. Traditionally, the sheltered workshop has provided rehabilitation primarily for the physically handicapped through vocational training to help clients overcome their physical deficiencies.


\(^2\) Ibid.

\(^3\) Ibid.
with respect to work. But the sheltered workshop population has expanded from those with physical handicaps to include those with other disabilities, such as the psychiatric, the culturally disadvantaged, and the aged. For example, nearly one-third of the sheltered workshop clients who participated in this study were diagnosed as being disabled for psychiatric reasons. Paul Lustig has stated that the new objective of the workshop program is "to help the person fit into our dominant culture with acceptance as an equal in rights and respect." This is something more than traditional vocational training.

Government Involvement in Sheltered Workshops

Financial support from various governmental agencies will enable sheltered workshops to increase the service of existing workshop programs, to extend workshop services to more people, and to offer services in more geographical areas. The Department of Health, Education, and Welfare has traditionally been the major source of federal funds for sheltered workshops.


workshop programs, but other government agencies now participate in funding. The Department of Labor in 1966 had at least fourteen projects in sheltered workshops for developing new employment preparation techniques for handicapped persons. Also in 1966, the Office of Economic Opportunity developed guidelines for the inclusion of sheltered workshops into its antipoverty operations. These new government financial programs create new opportunities and challenges for sheltered workshops at a time when the number of clients being served is also increasing significantly. Table I illustrates this increase. In the period from 1961 to 1966

**TABLE I**

**NUMBER OF CLIENTS AND WORKSHOPS IN TOP RANKING STATES**

<table>
<thead>
<tr>
<th>State</th>
<th>Number of Clients</th>
<th>Number of Workshops</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total, United States</td>
<td>29,657</td>
<td>48,039</td>
</tr>
<tr>
<td>California</td>
<td>3,792</td>
<td>5,591</td>
</tr>
<tr>
<td>New York</td>
<td>2,737</td>
<td>4,860</td>
</tr>
<tr>
<td>Ohio</td>
<td>3,044</td>
<td>4,281</td>
</tr>
<tr>
<td>Pennsylvania</td>
<td>1,888</td>
<td>3,442</td>
</tr>
<tr>
<td>Texas</td>
<td>1,427</td>
<td>2,528</td>
</tr>
<tr>
<td>Illinois</td>
<td>1,488</td>
<td>2,344</td>
</tr>
<tr>
<td>Michigan</td>
<td>1,450</td>
<td>2,193</td>
</tr>
</tbody>
</table>

there was approximately a 62 percent increase in the number of clients in sheltered workshops in the United States.

Training Programs for Sheltered Workshops

A definite need of sheltered workshop staff training programs has arisen because of the rapid increase in sheltered workshop programs and because the programs necessarily have had to change to adapt to a changing clientele and a changing labor market. To meet this need, ten training programs for sheltered workshop staff members have been started, primarily in universities, since 1963. These programs are training persons now employed and also individuals planning to enter into employment in sheltered workshops.

As shown in Table II, seven of the ten programs are structured for training in administration and four for training in evaluation. One program, at the Vocational Guidance and Rehabilitation Services in Cleveland, Ohio, is designed specifically for workshop supervisors. The typical courses for the administration programs are organization theory, production management, marketing, accounting, economics and a course dealing with philosophy of rehabilitation and the workshop's place in that philosophy. The evaluation curricula consist of areas for training such as psychometrics, work sampling, job analysis, and work adjustment. The one program for training supervisors is similar to the curricula for administration.
<table>
<thead>
<tr>
<th>Institution</th>
<th>Emphasis of Training</th>
<th>Method of Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>University of Arizona</td>
<td>Evaluation</td>
<td>No method</td>
</tr>
<tr>
<td>Auburn University</td>
<td>Administration</td>
<td>Advisory committee and student evaluation</td>
</tr>
<tr>
<td></td>
<td>Evaluation</td>
<td>Advisory committee</td>
</tr>
<tr>
<td>De Paul University</td>
<td>Administration</td>
<td>Personal visits to employing agencies</td>
</tr>
<tr>
<td></td>
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<td>Follow-up consultations with trainees</td>
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<tr>
<td></td>
<td></td>
<td>Advisory committee review</td>
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<tr>
<td></td>
<td></td>
<td>Contact with professional organizations</td>
</tr>
<tr>
<td>North Texas State University</td>
<td>Administration</td>
<td>Trainee questionnaire</td>
</tr>
<tr>
<td></td>
<td>Supervision</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Evaluation</td>
<td></td>
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<tr>
<td>Rutgers University</td>
<td>Administration</td>
<td>Comments on evaluation forms by students, instructors, and facility agency personnel</td>
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<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>University of San Francisco</td>
<td>Administration</td>
<td>Follow-up on student careers</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Feedback from external sources such as facilities, specialists, DVR, board members, etc.</td>
</tr>
<tr>
<td>Stout State University</td>
<td>Evaluation</td>
<td>Advisory Committee</td>
</tr>
<tr>
<td></td>
<td>Work Adjustment</td>
<td>Follow-up on students</td>
</tr>
<tr>
<td>Wayne State University</td>
<td>Administration</td>
<td>Five-year review of trainee salaries</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trainee questionnaire during training</td>
</tr>
<tr>
<td>Institution</td>
<td>Emphasis of Training</td>
<td>Method of Evaluation</td>
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<tr>
<td>----------------------------------</td>
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</tr>
<tr>
<td>University of Wisconsin</td>
<td>Administration</td>
<td>Individual interview with trainees</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Student anonymous written evaluation of each course</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Final master's examination</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Evaluation committee consisting of directors of agencies where students serve internships</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up on trainees pertaining to how the program contributed to their present job competence</td>
</tr>
<tr>
<td>Vocational Guidance and Rehabilitation Service</td>
<td>Supervision</td>
<td>Trainee evaluation questionnaire</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Trainee's supervisor's assessment questionnaire based on improvement of job function as result of training</td>
</tr>
</tbody>
</table>

Source: Compiled from "Listing of University and Agency Certificate, Degree, and Short-Term Training Programs for Rehabilitation Facility Personnel," edited by Richard Baker, Rehabilitation Services Education, Auburn University, Auburn, Alabama, n.d.
A review of the descriptions and formats of the ten training programs does not allow an accurate generalization of the value of any of the training programs. It does not allow for evaluating how well any of these programs have developed the training material that is appropriate for sheltered workshops. Areas for training can seem valid intuitively, but it seems that because of the newness of these training programs and the lack of principles, theories, and laws of workshop administration, the development of appropriate training materials and their validation would be of high priority. Various methods are being used to evaluate the effectiveness of the training programs, but if effectiveness is defined by the actual implementation and its effect upon the sheltered workshop rehabilitation process, a real evaluation of this training is not occurring. Table II shows the various methods being used for evaluating the programs. The evaluation techniques vary from informal feedback, advisory committee trainee questionnaire, to no evaluation at all.

The Conflicting Nature and Pressures of Sheltered Workshops

A sheltered workshop is a work-oriented rehabilitation facility with a controlled working environment and individualized vocational goals that uses work experience and related services for assisting the handicapped toward normal
living and a productive vocational status. This definition has been accepted by the National Association of Sheltered Workshop and Homebound Programs (NASWHP) and most workshop personnel would accept it as a valid definition. However, environmental pressures and differences in strategies make each sheltered workshop a unique entity.

There are theoretical differences and operational pressures that cause conflicts in the sheltered workshop, and consequently, roles vary. A major conflict faced by the sheltered workshop concerns its dual role—as a business and as a social service institution. This difference is evident at the operational level. Also evident at the operational level is the problem caused by the primary objective of the sheltered workshop—placing its most productive clients into the mainstream of society in competitive jobs. There are also different definitions of the rehabilitative function of the sheltered workshop and how it is best accomplished. These three areas will be discussed in turn.

The Sheltered Workshop—A Business and Social Service Institution

Some practices are characteristic of businesses and others are characteristic of social service institutions. A business enterprise's primary objective is profit, which

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is provided by the sale of its goods or services; whereas a social service organization's primary objective is service, which is benevolent and charitable with welfare and humanitarian goals. Sheltered workshops engage in activities that can be identified with business enterprises and other activities that can be identified with social service institutions. The sheltered workshop generates a portion of its budget from its production function in the same manner as a business. The workshops participating in this study generated the majority of their income from their production, and this income is therefore necessary for their survival. Still, the sheltered workshop's primary objective is the rehabilitation of its clients. The workshop then has two products— one, material goods and services that are sold; and two, people who are changed so that their labor can be sold. In workshops which depend on production for all or a majority of their income, this dependency can create a problem. Theoretically, production is used as a tool to rehabilitate the client. Lustig states that the social service function, rehabilitation of the client, and the workshop's production can be in opposition to each other: "... from the financial standpoint, the workshop attempts to become industrially

8Paul Lustig, "Sheltered Workshops: Business or Social Service Agency," address given at the California Conference of Workshops for the Handicapped, Los Angeles, California, January, 1966.

9Ibid.
efficient, lower costs, increase the productivity of each worker," and from the rehabilitation viewpoint "the workshop may need to become industrially inefficient and raise cost of production.\textsuperscript{10} Many workshops which depend upon their production as a major source of income cannot afford to have production "industrially inefficient." This is the dilemma, and there is a tendency for rehabilitation to be de-emphasized in order that the facility may survive.

If the primary objective of the sheltered workshop is rehabilitation, which has been defined as "the restoration of the handicapped to the fullest physical, mental, emotional, social, vocational, and economic usefulness,"\textsuperscript{11} there is not necessarily a conflict between production and rehabilitation. Within a theoretical context, production is a rehabilitative tool in the sheltered workshop, and secondly provides funds to aid in the support of the workshop's rehabilitative activities. This conflict does occur operationally in many sheltered workshops because many facilities depend on production for all or the vast majority of their income, de-emphasizing rehabilitation and the manipulation of the total work environment to aid in the rehabilitation of the handicapped.

\textsuperscript{10}Paul Lustig, "Conflicting Philosophies in the Workshop Movement," address given to the Iowa Rehabilitation Association Annual Meeting, Iowa City, 1964.

The Client Placement Conflict

The sheltered workshop also faces a problem when it fulfills its primary objective of placing clients into competitive employment. It "hires" employees (clients) who are, by definition, the unfit for employment, evaluates them, trains them, places them into competitive employment, and/or provides them long-term employment. This process is opposed to normal business practice in which a business firm attempts to hire the most qualified applicant (hoping he is already trained). Through recognition in the form of promotions and wage increases, business attempts to retain its employees. If the client in the sheltered workshop adapts to the world of work, the workshop strives to place him in competitive employment, not to retain him; and if he does not adapt to the world of work, he continues in his training or becomes an employee of the facility. The sheltered workshop's long-term employees are, in essence, their least productive clients. If an individual workshop has to rely on its production function, it would seem logical to assume that there would be a tendency for the workshop not to want to place its trained, qualified and productive clients into competitive employment. Consequently there are economic pressures pulling against the sheltered workshop's accomplishment of its basic objective, rehabilitation.
Different Approaches to Rehabilitation

What is rehabilitative in sheltered workshop programs? Opinions differ greatly on how rehabilitation is accomplished in the sheltered workshop. This ranges from work in itself's being considered a stimulus situation, a therapeutic milieu. Some rehabilitation professionals stress the importance of maintaining an industrial work atmosphere in the workshop. This line of logic assumes that work per se is a rehabilitative tool, and an efficient business enterprise will by its very nature provide rehabilitation for its disabled workers.\(^{12}\)

The workshop would be a fixed environment in which the client would attempt to adjust to the world of work. Typically, workshops tend to be fixed, stable environments although the NASWHP definition describes the sheltered workshop as a "controlled working environment." Lustig states that the sheltered workshop can be viewed as a stimulus situation which is controllable, but in the usual fixed environment the counselor and the shop personnel use responses to acts such as rewarding, cajoling, threatening, encouraging, etc., in order to change the client's behavior so that it conforms to the fixed, stable workshop environment. This is usually justified on the basis of helping the client adjust to reality.\(^{13}\)


\(^{13}\)Lustig, "Conflicting Philosophies in the Workshop Movement," p. 7.
There are also people in the rehabilitation field who say that it is not realistic to assume that the work situation alone will be able to deal effectively with serious problems of physical, personal, or social maladjustment.\footnote{14}{Galazan, "The Road Ahead."}

This other end of the continuum views the sheltered workshop's environment in terms of its manipulation and adjustment to aid in the rehabilitation of the handicapped individual.

The key stimulus determinants in this environment that are controllable have been broken down into five areas: inter-personal relationships, work tasks, work media, institutional mores, and the physical environment.\footnote{15}{John J. Killian and Delwyn Lindholm, An In-Service Training Program for Rehabilitation Personnel (Milwaukee, n.d.), p. 21.}

\footnote{16}{Ibid., p. 21.}

Killian and Lindholm suggest an atmosphere in the sheltered workshop "where behavior can be changed; where the client can test new behavior without undue negative feedback. . . . A workshop requires the combination of a real work setting and a therapeutic milieu that together both demand and permit changes in behavior." This view directly opposes the idea that the sheltered workshop need only be an efficient industrial organization.
The Sheltered Workshop Supervisor

The sheltered workshop supervisors are critical to the success of workshops' rehabilitation programs. This is an unusual situation because, generally speaking, the sheltered workshop supervisors are not professionally trained to accept this responsibility. It has been stated that if rehabilitation occurs in the sheltered workshop, it will be accomplished by the supervisors who direct the work of the handicapped clients. It seems strange that the supervisor, generally not considered a professional staff member, should be given the credit for the client's rehabilitation when professional rehabilitation staff members such as evaluators, social workers, and counselors are usually found in a workshop's employment. John Kimberly's research indicates why the supervisor and not the professional staff member is given credit for the rehabilitation of clients. He found that either

1. . . . repeated intervention on the shop floor by professionals is not regarded as an appropriate way of effecting desired modification, or that it is too costly.

2. A prevailing pattern seems to be to concentrate the bulk of professional services at the point of intake and in programs shortly thereafter, times when the client may or may not be performing reimbursed work.

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In other words, the sheltered workshop client's exposure to the counselors, psychologists, and other professional staff members occurs when he first enters the sheltered workshop rehabilitation program, primarily during evaluation. This situation places the supervisor in a critical situation because to the sheltered workshop client, the supervisor is the implementer of the majority of the workshop's rehabilitation program. He is the person on the staff who has continuous interpersonal relationships and directs and controls the minute-to-minute activities of the clients during most of the clients' time in the sheltered workshop.

In a study by E. H. Barton, Jr. and E. F. Barton of effective workshop supervision, seven major supervisor sub-roles were identified. The two most crucial in determining effective supervision were "Manager of Personnel and Rehabilitation Agent," and "Human Relations Agent and Leader."¹⁹ (For a definition of these two roles see Appendix A.) Using the critical incidence technique, 80 percent of the effective incidents and 61 percent of the ineffective behaviors related to these roles. The Bartons conclude that most of the critical behaviors of sheltered workshop supervisors have to do with promoting personal and vocational growth, and maintaining high levels of morale and work motivation among

¹⁹ E. H. Barton, Jr. and E. F. Barton, The Requirements of Effective Sheltered Workshop Supervision, VRA Project No. 1182 (San Jose, California, 1965), p. 139.
workshop clients, rather than with production and organizational activities. Even though the supervisor is formally located in the sheltered workshop's production function and usually reports to the production manager, only one of the top ten effective behavioral categories related more directly to enhancing the welfare of the organization (i.e., more production) than to directly serving people.  

The major critical ineffective behavioral category concerned the supervisor also as a human relations agent and leader. About half of these incidents described supervisors failing to respect workers' ideas, opinions, and feelings, making this the top ranking ineffective category. The two major barriers to good workshop supervision were identified as (1) personality inadequacies, poor understanding of shop objectives, low motivation, and rejection of the handicapped on the part of the supervisor and (2) lack of satisfactory rapport and communication with the disabled.  

The findings of the Barton and Barton study, in short, emphasize the importance of the human element or the quality of the interpersonal relationships between the supervisor and his clients. These findings support the value of human relation training programs and the type of training conducted for this dissertation.

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20 Ibid., pp. 94-95.  
21 Ibid., p. 95.  
22 Ibid., p. 102.
The Determinants of Effective Relationships

It has been established by research studies and supported by leaders in the field, that the sheltered workshop supervisor as a personnel manager, rehabilitation agent, human relations agent, and leader plays a significant role in the rehabilitation of a client. The supervisor has much to do with the success of the rehabilitation program, i.e., "... the restoration of the handicapped to the fullest physical, mental, emotional, social, vocational and economic usefulness of which they are capable." Recent research supports the validity of the interpersonal relationships, per se, as a change agent that can result in either integrative or disintegrative change. Three attributes, empathy, warmth, and genuineness, have been identified as significant elements in the effect of interpersonal encounters.

Most of the research on the three attributes, empathy, warmth, and genuineness, has been conducted within the parameters of psychotherapy and was initiated through the framework of client-centered therapy by Carl Rogers and his associates. Relative to its applicability to other relationships, Rogers states that "in a wide variety of professional work involving relationships with people--whether as a psychotherapist, teacher, religious worker, guidance counselor, social worker, national associations of sheltered workshops and home-bound programs, etc., the effective use of these three attributes can be observed."
or clinical psychologist—it is the quality of the interpersonal encounter with the client which is the most significant element in determining effectiveness." Given the role of the sheltered workshop supervisor, it clearly follows that the quality of the supervisor-client encounter, the quality of their interpersonal relationship is an important element in determining the client's successful rehabilitation.

Statement of the Problem

The problem of this study was to evaluate the effect of an integrated didactic and experiential supervisor training program designed to improve the sheltered workshop supervisor's ability to communicate empathy, non-possessive warmth, and genuineness to his clients.

Hypotheses

The following hypotheses were tested:

I. Sheltered workshop supervisors who have attended a three-day training session in which the Truax-Carkhuff Training Model has been used will communicate to their clients a statistically significant increase of empathy as compared to the communication of empathy by untrained supervisors to their clients, as measured by the "Relationship Inventory" at periods of thirty days and ninety days after the training.

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II. Sheltered workshop supervisors who have attended a three-day training session in which the Truax-Carkhuff Training Model has been used will communicate to their clients a statistically significant increase of non-possessive warmth as compared to the communication of non-possessive warmth by untrained supervisors to their clients, as measured by the "Relationship Inventory" at periods of thirty days and ninety days after the training.

III. Sheltered workshop supervisors who have attended a three-day training session in which the Truax-Carkhuff Training Model has been used will communicate to their clients a statistically significant increase of genuineness as compared to the communication of genuineness by untrained supervisors to their clients, as measured by the "Relationship Inventory" at periods of thirty days and ninety days after the training.

Limitations of the Study

1. The sample was limited to supervisors and clients of sheltered workshops in Arkansas, Louisiana, New Mexico, Oklahoma, and Texas.

2. The sample was further limited to the clients who were capable of taking the "Relationship Inventory," which excludes the blind clients and mentally retarded clients.

3. All supervisors were treated equally. A different research methodology could account for variances among individual supervisors.
4. The normal turnover and attrition of the clients in the sheltered workshops which participated in this study could not be controlled. Therefore, it was not possible to arrange for participation of supervisors with an equal number of clients throughout the period of evaluation.

Basic Assumptions

1. It was assumed that the cooperation of sheltered workshop managers would be sufficient to determine the validity of the hypotheses.

2. It was assumed that, at the given points in time, the "Relationship Inventory" scores were representative of the supervisors' communication of empathy, non-possessive warmth, and genuineness.

3. It was assumed that the "Relationship Inventory" was sufficiently validated.

Summary

The 1970's will be a critical period for the sheltered workshop because of the changing demands placed upon it. Internally, changing demands include more clients, more extensive programming, and more and different types of handicaps. Externally, new demands arise because of the changes taking place in the labor market and greater involvement of government agencies in sheltered workshop programs. With or without these changes, valid teaching models are needed for the development of sheltered workshop staffs.
The sheltered workshop supervisor has been identified as a critical part of the rehabilitation process in the sheltered workshop. His success and failure is largely determined by the quality of interpersonal relationship he is able to establish. Carl Rogers has proposed that the quality of the interpersonal relationship (in terms of empathy, warmth, and genuineness) is the most significant element in determining effectiveness in a wide variety of relationships.

The theory and research which justifies the design of the training model used for this study is presented in Chapter II.

Chapter III provides an overview of the actual training model and the research that has been conducted on it.

Chapter IV provides data concerning the environments of the sheltered workshops that participated in this study and also characteristics of the participating supervisors and clients. Chapters V and VI contain the statistical tests to determine the effectiveness of the training, the trainees' opinion of the training, and also recommendations for further research.
CHAPTER II

THE THERAPEUTIC TRIAD AND ITS EFFECT IN VARIOUS INTERPERSONAL RELATIONSHIPS

Introduction

Given that the purpose of the Truax-Carkhuff Training Model is to increase the communication of accurate empathy, non-possessive warmth, and genuineness, it is critical to show that these variables are related to the effectiveness of interpersonal relationships. For this reason, this chapter provides definitions of each variable, relates the variables to Rogers' personality propositions, and lastly, looks at the effect of these variables in various interpersonal relationships as evidenced by recognized research. The review of the research in areas other than psychotherapy is especially important.

The Bartons' study reported in Chapter I emphasized the importance of the sheltered workshop supervisor's dealing effectively with his clients' behavior. The purpose of reviewing the effect of the therapeutic triad in various relationships is to show that these qualities are not only important in psychotherapy but in many other relationships as well. Given the results of the Bartons' study, it would seem that these qualities are capable of helping the workshop
supervisor to deal more effectively with his clients' behavior.

The Therapeutic Triad

Recent research supports the hypothesis that the quality of the interpersonal relationship is the most significant element in determining effectiveness in a wide variety of professional work involving relationships with people. In regard to one of the most intimate of professional interpersonal relationships, psychotherapy, Carl Rogers states that constructive personality change will occur if the therapeutic process involves

1. Two persons in psychological contact,
2. A client in a state of incongruence,
3. A congruent therapist,
4. Unconditional positive regard by the therapist for the client,
5. Empathetic understanding of the client's internal frame of reference by the therapist,
6. The communication of the therapist's empathetic understanding and unconditional positive regard is achieved to a minimal degree.¹

Rogers feels that the preceding characteristics are, in essence, the "necessary and sufficient conditions"² of therapeutic change. If these conditions exist, and continue over a period, they will be sufficient and the process of constructive change will follow.³ He does not state that a

²Ibid.
³Ibid.
person who is effective as a therapist needs to be a psychologist, a counselor, or a social worker. In short, if two persons form a close interpersonal relationship which is characterized by accurate empathetic understanding, unconditional positive regard and genuineness, the relationship will be integrative.

Genuineness

Rogers' personality theory proposes that the adjusted personality is congruent and that this is a prerequisite for his "necessary and sufficient conditions for successful therapy." The rationale for this assumption is evident in the following excerpt from his personality theory concerning maladjustment and its causes.

Psychological maladjustment exists when the organism denies to awareness significant sensory and visceral experiences, which consequently are not symbolized and organized into the gestalt of the self-structure. When this exists there is a basic or potential psychological tension.5

4 Whereas Rogers' necessary conditions are termed unconditional positive regard and congruence, Truax uses non-possessive warmth and genuineness. The difference in unconditional positive regard and non-possessive warmth will be clarified later in this chapter, but the reasons for Truax and Rogers to use the two different terms, genuine and congruent, are unknown to the author. In recent literature, Truax uses genuine, whereas in the early literature he would refer to genuine or congruent behavior. The two terms describe the same behavior.

5 Carl R. Rogers, Client-Centered Therapy (Boston, 1951), p. 510.
According to Rogers, maladjustment occurs when an individual's private experiential world is denied symbolization. There is a discrepancy between the self and what the organism experiences. The self-structure may be defined as

"... the organized picture, existing in awareness either as figure (i.e., clear consciousness) or group (i.e., hazy consciousness or unconsciousness), of the self and the self-in-relationship (to the environment)."

Conversely, adjustment occurs when the experiential field, consisting of all sensory and visceral experiences of the organism, is allowed freedom to be assimilated at the symbolic level. Propositions XVI and XVII of Rogers' personality theory justify and extend themselves to the need of empathy, warmth, and genuineness as requirements for successful therapy. Primarily, these propositions state that any experiences which are perceived to be in conflict are perceived as threats to the self-structure. When this threat occurs, the self-structure builds defenses against the threats and creates a greater conflict or incongruence between the self and organism. Therefore, establishment of congruence can only be sought in a non-threatening situation which allows for a safe, secure environment for exploration of the client's feelings. Rogers feels this condition is a prerequisite for successful therapy.

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7 Rogers, *Client-Centered Therapy*, p. 520.
If therapists were dichotomized into two schools, directive and non-directive, many students would place client-centered into the latter category—non-directive. Rogers states that for the therapist to be genuine in the relationship he is "openly being the feeling and attitudes which are at that moment flowing in him." This statement clearly refutes the idea that the Rogerian therapist is not deeply involved with the client. The therapist has to be emotionally involved in the relationship to be genuine; he cannot be "neutral," nor can he be "non-directive" to the degree that he is simply a mirror to the client.

Of the three facilitative elements, empathy, warmth, and genuineness, the latter is perhaps of most basic significance. Charles Truax supports this and goes further to suggest that genuineness is an antecedent to both non-possessive warmth and empathy.

Accurate empathy and unconditional positive regard or non-possessive warmth interwind in a logical fashion that suggests that the achievement of a high level of accurate empathy is dependent upon first obtaining at least a minimally high level of non-possessive warmth for the patient. . . . However, neither of these two conditions could function properly without the therapist being himself integrated and genuine within the therapeutic encounter. At high levels of self-congruence this means that the therapist does not deny feelings and that he be integrated and genuine. . . . It does not mean that the therapist must burden the patient with over expression of all of his feelings—only that he

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must not be ingenuine. Genuineness is not taken to mean only the element of self-awareness, but also the presentation to the patient of a real person in the encounter. There is always a temptation to present a facade, a mask of professionalism or some type of confessional-repressive screen, i.e., the temptation to be ingenuine as a person.

Table III is an overview of studies concerning the therapeutic effect of genuineness. Tables IV and V are also overviews of studies concerning the effectiveness of non-possessive warmth and genuineness. The second portion of this chapter goes into several of the studies included in these tables.

In the studies included in Table III there were fifty-three specific outcome measures favoring the effectiveness of genuineness, and thirty-four that did not support the hypotheses. All seven of the overall combined outcome measures favored the therapeutic effectiveness of genuineness. The findings of these studies support Rogers' basic hypothesis concerning the effectiveness of genuineness in relationships with various types of clients.

The heterogeneity of the treatment groups in Table III is very significant for this study. The effect of genuineness in those diverse groups suggests its applicability to the sheltered workshop environment. It would seem to be relatively easy for two persons from the same environment,

TABLE III
FINDINGS ON THE THERAPEUTIC EFFECTIVENESS OF GENUINENESS

<table>
<thead>
<tr>
<th>Type of Client</th>
<th>Hospital</th>
<th>Outpatient</th>
<th>Hospital</th>
<th>Outpatient</th>
</tr>
</thead>
<tbody>
<tr>
<td>Delinquent</td>
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<td>80</td>
<td>160</td>
<td>40</td>
</tr>
<tr>
<td>Hospital</td>
<td>18</td>
<td>17</td>
<td>16</td>
<td>0</td>
</tr>
<tr>
<td>Outpatient</td>
<td>5</td>
<td>11</td>
<td>16</td>
<td>1</td>
</tr>
<tr>
<td>Hospital</td>
<td>1</td>
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<tr>
<td>Outpatient</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

- Number of clients in study 494
- Specific outcome measures favoring hypothesis (p .05) 53
- Specific outcome measures against hypothesis (p .05) 34
- Overall combined outcome measures favoring hypothesis 7
- Overall combined outcome measures against hypothesis 0


the same socioeconomic class, to be genuine. It would seem to be much more difficult for a professional person to be genuine, "openly being the feeling and attitudes which are at that moment flowing in him,"\(^{10}\) and still communicate non-possessive warmth and empathy with a person from perhaps another socioeconomic group or with a different value structure. Regardless, the importance of this trait is shown in

\(^{10}\)Rogers, "The Interpersonal Relationship: The Core of Guidance," p. 418.
Table III in the number of outcomes that indicate the effectiveness of this trait in interpersonal relationships.

**Empathy**

Empathy is simply the ability of an individual to participate in another person's feeling or ideas. If the individuality of a person's phenomenal field is accepted, this is probably the most difficult of the three conditions for the therapist to achieve. Rogers states in regard to each individual's private world that "it can only be known, in any genuine or complete sense, to the individual himself. . . . The world of experience is for each individual, in a very significant sense, a private world."\(^{11}\) Where does this leave empathy as a prerequisite for positive therapeutic change? Truax and Robert Carkhuff report that psychoanalytic theorists such as Alexander, Halpern, and Lesser, client-centered theorists such as Dymond, Jourard, and Rogers, as well as eclectic theorists such as Fox and Goldin, Hobbs, and Rausch have all stressed the importance of the therapist's ability to "sensitively and accurately understand the patient."\(^{12}\) In psychoanalysis, empathy is required for good interpretation.

\(^{11}\)Rogers, *Client-Centered Therapy*, p. 484.

In the following passage Truax expands on empathy as not only the capacity to participate in another's feelings or ideas but also to communicate this understanding.

Accurate empathic understanding requires of us that we be listeners, thinkers, and talkers. It involves both a sensitivity to what the patient is currently feeling or experiencing, and the verbal facility to communicate this understanding in a language attuned to the patient's current feeling. The accurately empathic therapist not only indicates a sensitive understanding of the apparent feelings, but goes further to clarify and expand what is hinted at by voice, posture, and content cues.\(^\text{13}\)

So communication of accurate empathetic understanding is a reinforcing agent in that it is positive feedback. Communication can serve to reinforce self-exploratory behavior and to desensitize anxiety.

Rogers places another dimension on empathy—"the absence of the therapist's value judgments in his empathetic communication to the client's confusion or his timidity or his anger or his feeling of being treated unfairly as if it were your own, yet without your own uncertainty or fear or anger or suspicion getting bound up in it."\(^\text{14}\)

Unconditional positive regard and empathy are interrelated in the sense that it is impossible to have unconditional positive regard without truly knowing a person. Unconditional

\(^\text{13}\)Charles B. Truax, Counseling and Psychotherapy: Process and Outcome (Fayetteville, Arkansas, 1966), pp. 10-12.

\(^\text{14}\)Rogers, "The Interpersonal Relationship: The Core of Guidance," p. 419.
positive regard is restricted to that portion of the individual that we know; low empathy equals "conditional positive regard." The theoretical definition of empathy is concluded with a quotation that explains this interdependence:

[He] sat among peasants in a village inn and listened to their conversation. Then he heard how one asked the other, "Do you love me?" And the first regarded him sadly and reproached him for such words: "How can you say you love me? Do you know, then, my faults?" And then the other fell silent, and silent they sat facing each other, for there was nothing more to say. He who truly loves knows, from the depths of his identity with the other, from the root ground of the other's being, he knows where his friend is wanting.15

Tables III, IV, and V show the effect of each attribute of the therapeutic triad in various relationships. Each of the studies reported in these tables used the same research scales that are an integral part of the Truax-Carkhuff Training Model. The scales are used in the training to aid in the shaping of the trainee relative to high and low conditions of the triad. Given the positive findings of these three tables, and using the same scales for the training model, allows for an operational transfer to the training. For example, the scores of the "Accurate Empathy Scale," which was used in the studies in Table IV, were positively related to the success of the relationships. This same scale is used in the training for the trainee to evaluate

<table>
<thead>
<tr>
<th>Type of Client</th>
<th>Hospital</th>
<th>Hospital</th>
<th>Outpatient</th>
<th>Hospital</th>
<th>Outpatient</th>
<th>Hospital</th>
<th>Outpatient</th>
<th>Hospital</th>
<th>Outpatient</th>
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</thead>
<tbody>
<tr>
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<td>40</td>
<td>160</td>
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<td>30</td>
</tr>
<tr>
<td>Number of clients in study</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>21</td>
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<td>Specific outcome measures significantly favoring hypothesis (p .05)</td>
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<tr>
<td>0</td>
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<td></td>
<td></td>
<td></td>
<td>Specific outcome measures significantly against hypothesis (p .05)</td>
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<tr>
<td>10</td>
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<td>Overall combined outcome measures favoring hypothesis (p .05)</td>
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<tr>
<td>0</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td>Overall combined outcome measures against hypothesis (p .05)</td>
<td></td>
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</tr>
</tbody>
</table>

his level and the level of others' communication of accurate empathy. Accepting the privacy and individuality of a person's phenomenal field, his unique frame of reference, the findings of Table IV are surprising. The "Accurate Empathy Scale" used in the studies and included in Appendix B uses a third party to measure if the therapist is communicating high or low levels of accurate empathy. How can a third party determine if the therapist has been able to participate in the client's phenomenal world when only the client can experience it? The "Relationship Inventory" is structured so that the client evaluates the therapist's communication of accurate empathy.

In the studies reported in Table IV, there were twenty-one specific outcome measures supporting and no specific outcome measures that did not support the therapeutic effectiveness of accurate empathy. All ten of the overall combined measures also supported the importance of accurate empathy.

Non-Possessive Warmth

The last requirement for the "necessary and sufficient conditions for therapeutic change" is the communication of the therapist's non-possessive warmth for the client. Rogers has defined this trait as unconditional positive regard,\(^1\)

\(^1\)Rogers, "The Necessary and Sufficient Conditions of Therapeutic Personality Change," pp. 95-103.
but in Truax's research, this trait's title has been changed to "non-possessive warmth" which would seem to remove any connotation of this being a paternalistic relationship (versus authoritarian, laissez faire, or democratic). The Barret-Lennard "Relationship Inventory" divides the trait non-possessive warmth into two dimensions: level of regard and unconditionality of regard. This would seem to nearly identify what Truax and Rogers are attempting to label. The level of regard refers to a like-dislike continuum and the unconditionality of regard refers to whether this affect is dependent upon the client having similar values.

The two-dimensional evaluation of non-possessive warmth coincides with both Rogers' and Truax's theoretical formulations. Rogers states that the therapist must experience a "warm, positive acceptance toward what is in the client," and that this is not one of "paternalism, nor sentimental nor superficially social and agreeable."\(^{17}\) Therefore, the therapist respects the client as a separate individual and does not attempt to possess nor dominate him and accepts the client regardless of his behavior. Truax defines unconditional positive regard as requiring "a non-possessive caring

\(^{17}\)Rogers, "The Interpersonal Relationship: The Core of Guidance," p. 418.
for the patient as a separate person with the inherent right and responsibility of self-determination.  

Table V is an overview of the research conducted to determine if there is a positive relationship between non-possessive warmth and case outcome. A majority of the studies

<table>
<thead>
<tr>
<th>Type of Client</th>
<th>Hospital Delinquent</th>
<th>Outpatient Delinquent</th>
<th>Hospital</th>
<th>Outpatient</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Total</td>
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<td>40</td>
<td>40</td>
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<td>2</td>
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</table>


support the positive value of non-possessive warmth. Six of the overall combined outcome measures support the positive effect of non-possessive warmth and two do not. One of the studies covered in this table did not support non-possessive warmth as a determinant of positive change. In this particular study, forty patients were initially seen by two different psychiatrists. Tape recordings from both the screening interview and the therapy interviews were analyzed to determine the extent of the effect on the patients. Twenty of the patients were then assigned randomly to each of the two psychiatrists. The finding indicated that

The two interviewers differed from each other significantly on both accurate empathy and therapist self-congruence, but not on non-possessive warmth. Since the variation between therapists was evaluated by the variation in conditions within therapists in interviewing patients, the findings clearly indicated that it was the interviewers who determined the level of empathy and congruence. The non-significant findings with warmth may mean either that the patients as well as the therapists affected the level of warmth or that these two interviewers happened to provide equal levels of warmth. Therefore, the data suggest that the level of empathy and the genuineness of the therapist remain constant with different clients, but not the level of non-possessive warmth.

This would seem to question the ability of all therapists to work successfully with all clients.

The Effect of the Therapeutic Triad in Various Interpersonal Relationships

The previous section dealt primarily with the theoretical considerations of the therapeutic triad. The following section covers research concerning the psychotherapy relationship as well as other relationships which indicate that the therapeutic triad is not restricted to psychotherapy, but might be what Rogers has called "a tentative formulation of a General Law of Interpersonal Relationships."\(^{20}\) The studies in this section concern many different types of interpersonal relationships, in different environments, with different purposes which, in essence, are a test of Rogers' "tentative" formulation of a law of interpersonal relationships. These studies also increase the probability of the value of the therapeutic triad in terms of the sheltered workshop supervisor-client relationship.

Psychotherapy with Schizophrenics

Individual psychotherapy, involving fourteen schizophrenics in the treatment group and fourteen matched control patients, was used to determine the effects of high and low conditions of the therapeutic triad upon constructive

personality change. The therapy patients received at least thirty individual therapy sessions and a maximum of 280 sessions throughout a three and one-half year period. The findings indicated that those patients receiving high levels of empathy, warmth, and genuineness showed an overall gain in psychological functioning; the control group showed moderate gains; and those patients who received low levels showed a loss in psychological functioning. Concerning change of the individual members in each group, the control group had a fifty-fifty split; that is, 50 percent improved, 50 percent deteriorated; the individuals receiving low conditions were all below the population's median change, and the patients receiving high conditions all showed positive change.

Psychoneurotic Outpatients and Psychotherapy

Forty psychoneurotic patients were assigned to four (ten patients each) resident psychiatrists at Henry Phipps Psychiatric Clinic Outpatient Department in order to determine if patients receiving psychotherapy from psychiatrists offering high levels of accurate empathetic understanding, non-possessive warmth, and genuineness would show greater improvement than those patients seen in psychotherapy by

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psychiatrists offering relatively low conditions. The therapists met with the patients at least once a week for one-hour sessions for four months.

Patients who received the highest levels of empathy, warmth, and genuineness tended to show significantly greater improvement. Ninety percent of the patients who received high conditions improved, while 50 percent of the patients treated by therapists offering low conditions showed no change or deterioration. This latter finding is consistent with Eysenck's conclusion that psychotherapy has effects which are not superior to "no psychotherapy."23

Ward Laymen and Group Counseling

After receiving 100 hours training in Truax and Carkhuff's integrated didactic and experiential model, hospital ward laymen were assigned as group therapists to groups of hospitalized mental patients. The outcome of this effort is discussed in Chapter III on the validation of this teaching model. In short, there were statistically significant differences in the improvement of patients who received group therapy from ward laymen who had been trained in


empathy, warmth, and genuineness. Further examination of
the data showed that the ward laymen had communicated high
conditions to thirty-two patients; sixteen had received
moderate levels, and twenty-six had received low levels.
The patients who received low conditions in group counseling
showed no benefit from group counseling and the patients who
received moderate or high levels showed significant improve-
ment of the four measures of patient behavior that were used.24

**Group Counseling and Female Juvenile Delinquents**

A study by Truax, Wargo, and Silber dealt with the
effects of high conditions of the therapeutic triad in group
counseling with female juvenile delinquents.25 This study
was unique in that only therapists who communicated high
levels of empathy, warmth, and genuineness worked with the
group. The control population was thirty and the therapy
population was forty. Both groups received the same insti-
tutional treatment except that the treatment population re-
ceived twenty-four sessions of group therapy. The results
were as follows:

24 Charles B. Truax, L. D. Silber, and Robert R. Carkhuff,
"Accurate Empathy, Non-Possessive Warmth, Genuineness and
Therapeutic Outcome in Lay Group Counseling," unpublished
manuscript, University of Arkansas, Fayetteville, 1966.

25 Charles B. Truax, D. G. Wargo, and L. D. Silber,
"Effects of High Accurate Empathy and Non-Possessive Warmth
During Group Psychotherapy upon Female Institutionalized
Delinquents," *Journal of Abnormal Psychology*, LXXI (August,
1966), 267-274.
1. On 12 measures taken before and after therapy, the treatment group showed improvement beyond that seen in the control group.
2. The treatment group showed significant gains over the control group on more adequate self concepts and toward perceiving parents and other authority figures as more reasonable and less threatening.
3. The treatment group showed significant superiority over the control group on a psychological test designed to differentiate delinquents and non-delinquents.
4. Relative to their ability to stay out of institutions, the treatment group was significantly favored during a one year follow-up.25

Group Counseling and College Underachievers

The effect of the therapeutic triad in group counseling upon college academic achievement in a group of emotionally disturbed college underachievers has been investigated by Dickenson and Trux.26 In a therapy and control population of forty-eight patients, those receiving group counseling showed significant improvement over the control patients. When those students receiving high levels of therapeutic conditions in group therapy were compared with the control population, the data indicated that those with high conditions showed the greatest positive gain in grade-point


average. Those receiving only moderate levels showed grade-point averages and changes approximating those in the control group. One of the most important findings from this study was that the students in group counseling, after receiving therapy, functioned at a level predicted by their college entrance examination scores and consequently were no longer "underachievers," while the control population continued to achieve at a level significantly below that predicted. These findings are shown in Table VI.

Parents and Children's Psychological Adjustment

A study by C. P. Hollenbech, using the Barrett-Lennard "Relationship Inventory," related the level of empathy, warmth, and genuineness of the parents, as perceived by their child, to the child's self-self ideal congruence and college achievement. The findings indicated that the more a college student perceives his parents offering high levels of empathy, warmth, and genuineness, the better his adjustment, as defined by self-self ideal congruency. The relationship was stronger if these conditions were offered by the father (versus the mother) and strongest when related to perceived conditions from both parents. The relationship between the level of conditions from parents and academic achievement was

TABLE VI
OUTCOME FOR UNDERACHIEVERS RECEIVING CONTROL OR COUNSELING TREATMENTS

<table>
<thead>
<tr>
<th></th>
<th>Control Under-achivers</th>
<th>Counseled Under-achivers</th>
<th>High Conditions</th>
<th>Moderate Conditions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of Subjects</td>
<td>24</td>
<td>24</td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td>Number Post with Passing Grades</td>
<td>11 (46%)</td>
<td>17 (71%)</td>
<td>13 (81%)</td>
<td>4 (50%)</td>
</tr>
<tr>
<td>Number Post with Higher Grades</td>
<td>11 (46%)</td>
<td>19 (79%)</td>
<td>15 (94%)</td>
<td>4 (50%)</td>
</tr>
<tr>
<td>Mean GPA Pre</td>
<td>1.73</td>
<td>1.73</td>
<td>1.72</td>
<td>1.75</td>
</tr>
<tr>
<td>Mean GPA Post</td>
<td>1.95</td>
<td>2.29</td>
<td>2.45</td>
<td>1.92</td>
</tr>
<tr>
<td>Mean Change Pre to Post in Under-achievement Score</td>
<td>+ .22</td>
<td>+ .57</td>
<td>+ .74</td>
<td>+ .19</td>
</tr>
<tr>
<td>Mean Under-achievement Score Post</td>
<td>- .39</td>
<td>- .08</td>
<td>- .04</td>
<td>- .37</td>
</tr>
</tbody>
</table>


statistically significant but very modest and held only for the men, not women.

The Student-Teacher Interpersonal Relationship

There are several research studies that deal with the effect of the teacher's empathetic understanding, non-possessive warmth, and genuineness communicated to students.
At the preschool level, Truax and C. R. Tatum found that the degree of warmth and the degree of empathy were significantly related to positive changes in the students' performance and social adjustment. The teacher's communication of genuineness was not related statistically to the two criteria. Christensen studied the relationship between degree of teacher warmth and school learning achievement. There was a significant relationship between teacher warmth and the students' level of achievement in tests of vocabulary and arithmetic.

Empathy has also been shown to be a determinant of effective teaching, as judged by students. G. R. Hawkes and R. L. Egbert found a significant relationship between the degree of the teacher's empathetic understanding of the students and the students' ratings of teacher competence.

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29 C. M. Christensen, "Relationships Between Pupil Achievement, Pupil Affect-Need, Teacher Warmth, and Teacher Permissiveness," *Journal of Educational Psychology*, LI (June, 1960), 169-174.

Diskin found that teachers high in empathy were also best able to maintain harmonious interpersonal relations in the classroom.  

D. N. Aspy studied the relationship between the level of therapeutic conditions offered by teachers of third-grade students and the gains in the children's reading achievement. His finding indicated that students receiving high levels from their teacher showed significantly greater gains in achievement than students receiving relatively lower levels. In that data, the effect of high versus low therapeutic conditions was as great as the effect of high versus low intelligence.

**Vocational Instructors and Rehabilitation Clients**

The effect of perceived therapeutic conditions offered by vocational instructors and individual rehabilitation client functioning was studied with a heterogeneous population of 219 vocational rehabilitation clients at the Hot Springs Rehabilitation Center. Client functioning was

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defined in terms of progress in the client's courses, work quality, work production, work attitude, dependability, and cooperativeness. The findings relating to the level of perceived therapeutic conditions and degree of improvement, as measured by progress evaluations by the Center's staff, are presented in Table VII. Forty-eight relationships were computed and were in the predicted direction. Of the forty-eight correlations, thirty-six were statistically significant. Because of the similarity between the objectives of clients in rehabilitative centers and sheltered workshops, this study is particularly relevant to sheltered workshops and especially to the sheltered workshop supervisor-client relationship.

Summary

In this chapter the therapeutic triad has been identified and defined. Various research studies were reported in which elements of this triad had been studied in various interpersonal relationships. The studies of the relationships support Rogers' formulation of the "necessary and sufficient conditions for therapeutic personality change" and also other relationships and criteria such as reading ability, work quality, and work attitudes. Most of the validation of the basic hypothesis has been in counseling and psychotherapy, which pervades much of the rehabilitation process. It may be deducted from these findings in counseling and psychotherapy that they would have meaning and
<table>
<thead>
<tr>
<th></th>
<th>Accurate Empathy</th>
<th>Non-possessive Warmth</th>
<th>Genuine-ness</th>
<th>Intensity &amp; Intimacy of Interpersonal Contact</th>
<th>Concrete-ness</th>
<th>Overall Therapeutic Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grades in Course (N = 219)</td>
<td>.14**</td>
<td>.08</td>
<td>.13*</td>
<td>.11*</td>
<td>.10</td>
<td>.13*</td>
</tr>
<tr>
<td>Progress Prior 30 Days (N = 219)</td>
<td>.17**</td>
<td>.12*</td>
<td>.01</td>
<td>.14**</td>
<td>.23***</td>
<td>.14**</td>
</tr>
<tr>
<td>Overall Progress in Course (N = 165)</td>
<td>.18**</td>
<td>.11</td>
<td>.04</td>
<td>.16**</td>
<td>.23***</td>
<td>.15*</td>
</tr>
<tr>
<td>Work Production (N = 165)</td>
<td>.05</td>
<td>.06</td>
<td>.01</td>
<td>.03</td>
<td>.01</td>
<td>.04</td>
</tr>
<tr>
<td>Work Quality (N = 165)</td>
<td>.26***</td>
<td>.23***</td>
<td>.20***</td>
<td>.23***</td>
<td>.19***</td>
<td>.23***</td>
</tr>
<tr>
<td>Work Attitude (N = 165)</td>
<td>.17**</td>
<td>.16**</td>
<td>.08</td>
<td>.18**</td>
<td>.16**</td>
<td>.18**</td>
</tr>
<tr>
<td>Dependability (N = 165)</td>
<td>.24***</td>
<td>.26***</td>
<td>.17***</td>
<td>.25***</td>
<td>.19**</td>
<td>.24***</td>
</tr>
<tr>
<td>Cooperativeness (N = 165)</td>
<td>.16**</td>
<td>.18**</td>
<td>.09</td>
<td>.18**</td>
<td>.13*</td>
<td>.19**</td>
</tr>
</tbody>
</table>

*p .05, one-tailed test.

**p .05, two-tailed test.

***p .01, two-tailed test.

application to virtually all interpersonal relationships involved in the rehabilitation of the client, especially the sheltered workshop supervisor-client relationship, given the conditions presented in Chapter I. The next chapter will present the approach used for this study to increase the sheltered workshop supervisor's level of communication of accurate empathy, non-possessive warmth, and genuineness.

34 Truax, Counseling and Psychotherapy: Process and Outcome, p. 12.
CHAPTER III

THE THERAPEUTIC TRIAD AND SUPERVISORY
TRAINING

Introduction

The research reported in Chapter II supports the hypothesis that empathy, warmth, and genuineness are integrative factors in various interpersonal relationships such as psychotherapy, dormitory counselor-student, juvenile delinquents-group counseling, parent-child, and student-teacher relationships. The purpose of this chapter is (1) to present the training model used in this study for increasing the sheltered workshop supervisor's ability to communicate empathy, warmth, and genuineness, and (2) to review the relevant research in order to validate this particular training model in regard to its effect in various interpersonal relationships.

The Approach to Training

The training model for this study was constructed by Truax and Carkhuff and is described at length in their text, Toward Effective Counseling and Psychotherapy: Training and Practice. The three central elements in this training approach have been summarized by Truax as (1) a therapeutic context in which the supervisor communicates high levels of accurate empathy, non-possessive warmth, and genuineness to
the trainees themselves; (2) a highly specific didactic training using research scales for "shaping" the trainees' responses toward high levels of empathy, warmth, and genuineness; and (3) a quasi-group therapy experience which allows the emergence of the trainee's own idiosyncratic therapeutic self through self-exploration and consequent integration of his didactic training with his personal values, goals, and life styles. These three elements of the training model are described in the following discussion and in the following order: first, the role of the trainer; second, the didactic training; and last, the quasi-group therapy.

The Trainer's Communication of Empathy, Warmth, and Genuineness

Since the purpose of training for interpersonal relationships clearly involves attitudinal and behavioral change, the variables found to be effective in psychotherapists are logically applied to trainer-trainee relations. This means that the trainer should provide the conditions of empathetic understanding and non-possessive warmth for the trainee in a relationship characterized by genuineness.¹

The trainer's offering of such conditions is deemed necessary for two reasons. First, research covered in

Chapter II indicates that there is a positive relationship between client improvement and client self-exploration. The communication of high therapeutic conditions is conducive to self-exploration. Second, the offering of high therapeutic conditions also provides the trainee with a clear and observable model of the therapist. This observable model of the therapist can be used by the trainee for imitation.²

Therefore, the trainer is something more than a source of information in this training design. He serves as a model for imitation, and he is also responsible for creating an environment conducive to learning. An outline of the didactic and experiential portions of the training follows.³ (The integrated didactic and experiential training approach is discussed in the publications listed in Appendix B.)

The Didactic Training

The didactic training places emphasis upon the direct teaching, structuring, or shaping of the thinking and responding of the trainee. Learning and training of the therapeutic triad takes place within a structured situation using the "Accurate Empathy Scale," the "Genuineness Scale,"

²The trainer's communication of empathy, warmth, and genuineness, a prerequisite for the success of this training, was determined by a questionnaire administered to the trainees at the end of the training period. The results of the ratings on the trainer's communication of empathy, warmth, and genuineness will be presented in Chapter V, Analysis of Data.

³Truax, "An Approach Toward Training for the Aid-Therapist: Research and Implications."
and the "Non-Possessive Warmth Scale." (These scales are included in Appendix C.) The majority of the research studies in Chapter II assessed the levels of empathy, warmth, and genuineness by the use of these scales. These same scales are used in the training session to identify tape-recorded samples of experienced therapists who are offering high levels of therapeutic conditions, thus providing models for imitation. Second, the trainees are taught the use of the scales so that they will learn to identify high and low levels of empathy, warmth, and genuineness in their own interpersonal relationships and in those of others. The approach used in training for each of the three variables follows.

**Empathy training.**—The trainees are presented a series of tape-recorded statements from a variety of therapy interviews; they are required to listen to the statements and then reformulate verbally the essential communication made by the patient, in terms of feelings and content. Initially, the "communication" and "feeling" are determined collectively. After this, the training supervisor selects a trainee to respond to the taped excerpts, forcing the trainee to concentrate on the "meaning" of the client's communication and developing the trainee's ability to communicate this meaning.

**Warmth training.**—As the training proceeds to the point where the trainees are capable of understanding and communicating the client's communication, "warmth training" is
initiated. The "Non-Possessive Warmth Scale" is used to rate the therapist's response to the client. As in the empathy training, initially the group determines the level of warmth communicated by the therapist, followed by the trainer requesting individual trainees to determine the level.

Genuineness training.--Direct shaping of the trainee's responses, aimed at making them more authentic, is carried out in much the same fashion as the "empathy training." "Genuineness training" occurs throughout the course, specifically from defining and identifying it in the didactic training, practicing genuineness in role playing, the quasi-group therapy, and in learning to communicate "genuine non-possessive warmth" or "genuine accurate empathic understanding."

Role playing is an integral part of the didactic and experiential portion of the training. In the role-playing situation, the trainee (as a sheltered workshop supervisor in the session for this study) attempts to communicate empathic understanding, non-possessive warmth, and genuineness in his relationship with another trainee (playing the role of a fellow sheltered workshop staff member or client). The other trainees evaluate the role-players' communication of accurate empathy, warmth, and genuineness. In some instances, these role-plays are taped or video-taped so that the players can evaluate themselves on these variables.
The Quasi-Group Therapy Experience

The aim of the quasi-group therapy experience is first to give the trainees experiential meaning for the role of the therapist by their own participation as clients. The second purpose is to provide an opportunity for self-exploration of their own goals, values, and experiences. It is hoped that this encounter will allow the trainees to move toward integrating their own personality, values, and goals with the didactic and cognitive learning. This experience is not aimed at uncovering deep emotional problems, thus the term quasi-group.5

The quasi-group therapy portion of the Truax and Carkhuff training model actually nurtures and elicits behavioral change on the part of the trainee. Truax and Carkhuff explain this phenomena thus:

The trainee comes to know what it means and feels like to be "helped": what accurate empathic understanding (or the lack of it), non-possessive warmth (or the lack of it), and a genuine human encounter (or the lack of it) mean to those whom he will dedicate his life to helping. It is only "quasi" therapy, but even so, it sometimes involves deeply personal revelations, tears, intense emotional experiences, and times that are "intellectual sessions": it at least approximates the therapeutic encounters. In such sessions the trainees also focus upon their feelings, conflicts, and problems which arise from their own initial attempts to be helpful in therapeutic relationships with patients. The trainee can explore his

5One trainer mentioned to the writer that the depth of the quasi-group therapy session was dependent upon the "openedness" or "closedness" of the particular training group and their familiarity with group therapy.
own feelings that his attempts to be helpful are to him "phony," that even when he tries he can't help being somehow cut off and aloof from the patient, that at some moments of therapy he wants to be a god or a mother or a lover instead of a therapist.

During these quasi-group therapy sessions, the trainee also has the opportunity to explore his own life values, his feelings of adequacy and inadequacy, his life choices, etc. Thus, trainees may explore their own inhibitions in expression of warmth and caring for patients, their own irrational feelings of hostility or anger at certain patients, or their need to play the role of a therapist, rather than be the person of a therapist.  

Review of the Research on the Truax-Carkhuff Didactic and Experiential Training Model

The Truax-Carkhuff Training Model has been evaluated in terms of its effectiveness using trainees from various environments and in terms of various criteria. It has been used and evaluated in the training of ward laymen in mental institutions, undergraduate dormitory counselors, and graduate students in clinical and counseling psychology. This section will review the effectiveness of those training sessions, the criteria used in determining its effectiveness, and the context of the various relationships.

In the pilot effort for the Truax-Carkhuff Training Model, the trainees were ward laymen in a mental hospital in

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eastern Kentucky. The trainees had no training in psychopathology, personality dynamics, or psychotherapy theory. The program consisted of 100 hours training. After the training, the ward laymen held group counseling sessions with the experimental or treatment group. The following is a description of the group session:

In the treatment process, the lay counselors were oriented only toward providing high levels of therapeutic conditions. They had no cognitive map of where they were going, except to attempt to elicit a degree of self-exploration relating to the problems and concerns which the patients brought to the session. The therapist's role was to communicate a warm and genuine concern and depth of understanding. There was no special focus for discussion; no topics were forbidden; and in general, as the sessions evolved, they included discussions of the usual range of emotion-laden or intellectualized topics, from sexual material to concerns regarding autonomy, and more immediate and pragmatic concerns like the method for "getting out" of the hospital, or even "staying in."

Table VIII shows the changes, as measured by the "Gross Ratings of Patient Behavior," of the patients who were in the experimental and control groups established. The average age of the experimental group was fifty, control, forty-seven. Both the control and experimental groups averaged approximately two admissions. The length of time for the current admissions was 11.23 years for the experimental group and 10.03 years for the control.

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8 An experimental and a control group were established. The average age of the experimental group was fifty, control, forty-seven. Both the control and experimental groups averaged approximately two admissions. The length of time for the current admissions was 11.23 years for the experimental group and 10.03 years for the control.

### TABLE VIII

**DIRECTION OF CHANGES OF GROSS RATINGS OF PATIENT BEHAVIOR BY WARD PERSONNEL**

<table>
<thead>
<tr>
<th>Patient Groups</th>
<th>Treatment</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Overall improvement:</strong> (Post-therapy ratings only)</td>
<td><em>(N = 74)</em></td>
<td><em>(N = 70)</em></td>
</tr>
<tr>
<td>Improved</td>
<td>38</td>
<td>19</td>
</tr>
<tr>
<td>Deteriorated</td>
<td>1</td>
<td>12</td>
</tr>
<tr>
<td>Unchanged</td>
<td>35</td>
<td>39</td>
</tr>
<tr>
<td><strong>Psychological disturbance:</strong> (Pre- and post-therapy ratings)</td>
<td><em>(N = 74)</em></td>
<td><em>(N = 50)</em></td>
</tr>
<tr>
<td>Improved</td>
<td>28</td>
<td>8</td>
</tr>
<tr>
<td>Deteriorated</td>
<td>19</td>
<td>5</td>
</tr>
<tr>
<td>Unchanged</td>
<td>27</td>
<td>37</td>
</tr>
<tr>
<td><strong>Interpersonal concerns:</strong> (Pre- and post-therapy ratings)</td>
<td><em>(N = 74)</em></td>
<td><em>(N = 50)</em></td>
</tr>
<tr>
<td>Improved</td>
<td>33</td>
<td>16</td>
</tr>
<tr>
<td>Deteriorated</td>
<td>14</td>
<td>2</td>
</tr>
<tr>
<td>Unchanged</td>
<td>27</td>
<td>32</td>
</tr>
<tr>
<td><strong>Intrapersonal concerns:</strong> (Pre- and post-therapy ratings)</td>
<td><em>(N = 74)</em></td>
<td><em>(N = 50)</em></td>
</tr>
<tr>
<td>Improved</td>
<td>28</td>
<td>15</td>
</tr>
<tr>
<td>Deteriorated</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Unchanged</td>
<td>30</td>
<td>31</td>
</tr>
</tbody>
</table>

*Significant at the .05 level.

**Significant at the .01 level.

***Significant at the .001 level.

treatment group (group counseling) and the control group. As will be seen in Table XIX, all scale differences between treatment and control groups were statistically significant by chi-square. Thirty-eight of the treatment group were judged improved "overall," while only one was rated as deteriorated. While twelve of the control group members were rated behaviorally deteriorated overall, nineteen of the control group were rated improved.10

The Truax-Carkhuff teaching model also has been used for training undergraduate dormitory counselors.11 After the training, the dormitory counselors were perceived as offering higher levels of therapeutic conditions. Also, a comparison of the trainees and the control group showed a significant superiority of the trained counselors on the

10 In the article reporting this research, the above discussion is the essence of the results discussed in the article. It seems important to discuss other changes in the treatment and control groups that were not reported. Approximately 25 percent of the treatment group deteriorated in terms of the "psychological disturbance" rating scales as compared to 7 percent of the control group. In terms of "intrapersonal concerns," 22 percent of the treatment group deteriorated compared to only 6 percent of the control group, and 19 percent of the treatment group deteriorated in their "interpersonal concerns" compared to only 3 percent of the control group. In short, on all four measures the treatment group improvement was nearly twice as high, which is emphasized in the report, but this is partially offset by the treatment group's larger percentage of deteriorated cases. The deterioration in the treatment group was not discussed by Truax in the literature.

levels of therapeutic conditions as perceived by their roommates.

A further study of the effectiveness of this particular training design involved graduate students in clinical and counseling psychology and five lay counselors who were compared in terms of the therapeutic conditions with experienced therapists. The experienced therapists included leaders in client-centered therapy, psychoanalytic psychotherapy, rational-emotive therapy, and eclectic therapy. After the training, the "Accurate Empathy Scale," the "Non-Possessive Warmth Scale," and the "Genuineness Scale" were used to determine the levels of the therapeutic conditions communicated to patients by lay and graduate school trainees and also by experienced therapists. In terms of the level of accurate empathy and non-possessive warmth communicated, there was no significant difference between the graduate students, lay counselors, or experienced psychotherapists. However, with respect to genuineness, the experienced therapists showed a significantly higher level of genuineness when compared to the lay counselor; the graduate student trainees did not differ from either the experienced therapists or the lay counselors.

12 Ibid.

13 This group included Carl Rogers, Albert Ellis, Rollo May, Julius Seeman, and Carl Wittaker.
The Truax-Carkhuff Training Model has also been used in a graduate counseling course.\textsuperscript{14} The effectiveness of this approach was determined by comparing the students' communication of the therapeutic conditions with that of students of a "traditional" counseling course. There was no significant difference between the levels of therapeutic conditions offered by the students from the traditional curriculum and the Truax-Carkhuff model in actual counseling interviews.

\textbf{Summary}

The Truax-Carkhuff training model comes out of the theoretical framework developed by Carl Rogers and his associates. This is of particular relevance because of the conclusion reached in Chapter II: basically, that people change in either a positive or negative direction, dependent upon the ability of the therapist to communicate accurate empathetic understanding, non-possessive warmth, and genuineness. The logic of the training design can be traced back to Proposition XVII of Rogers' Personality Theory, which states that "under certain conditions, involving primarily complete absence of any threat to the self structure,"

experiences which are inconsistent with it may be perceived and examined, and the structure of self revised to assimilate and include such experience.\textsuperscript{15} This is especially important to this research because the training model is designed to change attitudes and the effectiveness of its trainees in interpersonal relations with clients; in essence, to change the behavior of the trainee. Therefore, the training model calls for a trainer who provides the same attributes of the successful therapist, and a quasi-group therapy session specifically for self-exploration, both of which are supported by the research in Chapter II as being conducive to individual development.

Chapter IV presents the methodology used to evaluate the Truax-Carkhuff Training Model used as a three-day training session for sheltered workshop supervisors. An evaluation of characteristics of the participating organizations, supervisors, and clients are also included in order to provide information concerning their organizational environment.

\textsuperscript{15}Rogers, \textit{Client-Centered Therapy}, p. 517.
CHAPTER IV

METHOD AND PROCEDURES

Introduction

This research study was conducted to determine the effectiveness of Truax and Carkhuff's integrated didactic and experiential approach for training sheltered workshop supervisors in interpersonal relationships. Effectiveness was determined by comparing the client's perception of the trainee's ability to communicate empathy, warmth, and genuineness before and after the training.

Subjects

The trainees for this study were first-line supervisors of sheltered workshops who attended a Rehabilitation Services Administration Institute on interpersonal relationships. The first stage in selecting the supervisors to attend the training institute was to obtain a list of first-line supervisors from the sheltered workshops in Texas, Arkansas, Louisiana, New Mexico, and Oklahoma who could attend. It was a requirement of the grant that supported this training to allocate one traineeship to each sheltered workshop which submitted an application for a traineeship. The supervisor to represent each sheltered workshop was then picked randomly from a list of supervisors provided by each workshop. The
sampling technique was similar to a cluster or area sample which is conducive to having a heterogeneous sample. The control group consisted of untrained supervisors from the same facilities represented by supervisors in the training. The control supervisors were picked at random by their organization. Having an experimental and control supervisor from the same facility resulted in having similar organizational environments and clients in both the experimental and control groups.

The organization of each trainee was asked to participate in testing the effectiveness of the training session. Eight organizations volunteered. The reasons for the other organizations' failure to volunteer to participate is unknown but several of the organizations represented served only the blind or mentally retarded which made it impossible for their clients to score the "Relationship Inventory."

The Barrett-Lennard "Relationship Inventory" was administered to all of the clients of the supervisors of the experimental and control groups to measure the clients' perception of the supervisor's ability to communicate empathy, warmth, and genuineness before and after the training.

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The Organizations

Eight sheltered workshops participated in the study. The participating workshops and the average number of clients served daily in 1968 are listed in Table IX.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Average Daily Number of Clients (1968)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Abilities Unlimited</td>
<td>19</td>
</tr>
<tr>
<td>Fort Smith, Arkansas</td>
<td></td>
</tr>
<tr>
<td>Community Sheltered Workshop</td>
<td>85</td>
</tr>
<tr>
<td>Fort Worth, Texas</td>
<td></td>
</tr>
<tr>
<td>Easter Seal Sheltered Workshop</td>
<td>48</td>
</tr>
<tr>
<td>Little Rock, Arkansas</td>
<td></td>
</tr>
<tr>
<td>Goodwill Industries</td>
<td>65</td>
</tr>
<tr>
<td>Austin, Texas</td>
<td></td>
</tr>
<tr>
<td>Goodwill Industries</td>
<td>95</td>
</tr>
<tr>
<td>El Paso, Texas</td>
<td></td>
</tr>
<tr>
<td>Goodwill Industries</td>
<td>160</td>
</tr>
<tr>
<td>Fort Worth, Texas</td>
<td></td>
</tr>
<tr>
<td>Goodwill Industries</td>
<td>90</td>
</tr>
<tr>
<td>Waco, Texas</td>
<td></td>
</tr>
<tr>
<td>Opportunity Workshop</td>
<td>60</td>
</tr>
<tr>
<td>Wichita Falls, Texas</td>
<td></td>
</tr>
</tbody>
</table>

As evidenced in Table IX, the size of the facilities varied considerably with an average daily number of clients ranging from 19 to 160. This variation was also evident in the success of their rehabilitation programs, i.e., placement of clients into competitive employment. Table X shows the total number of clients served in 1968, the number of
clients placed into competitive employment, and the percentage of the placements that were successful.²

Again, it is evident that the success of the sheltered workshops in placing their clients successfully into competitive employment varies significantly. Establishing a ratio between placement and the total number of clients served shows a variation from approximately 13 percent to 43 percent. Each facility's success in placing clients (determined by continued employment at three months) also varies considerably, from a high of 90 percent to a low of 60 percent. These figures can be indicative of three things:

²The identities of the workshops, the clients, and supervisors are coded to maintain confidential agreements.
(1) type of client served (severe to less severe handicaps); (2) the availability of jobs in the local labor market; and (3) the quality of the individual facility's rehabilitation program.

Table XI illustrates the heterogeneity of the sample relative to the rehabilitation emphasis of the facility as determined by the ratio of rehabilitation staff members, their formal education achievement level, and the average

<table>
<thead>
<tr>
<th>Facility</th>
<th>Number on Rehabilitation Staff</th>
<th>Education</th>
<th>Staff/Client Ratio</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>4</td>
<td>Bachelor's Bachelor's 2 years college High school</td>
<td>1:16.2</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
<td>Master's Master's Master's</td>
<td>1:31.6</td>
</tr>
<tr>
<td>3</td>
<td>1</td>
<td>Ph.D.</td>
<td>1:85.0</td>
</tr>
<tr>
<td>4</td>
<td>3</td>
<td>Master's Master's Master's n.a.</td>
<td>1:33.3</td>
</tr>
<tr>
<td>5</td>
<td>1</td>
<td>Master's</td>
<td>1:19.0</td>
</tr>
<tr>
<td>6</td>
<td>2</td>
<td>Master's Master's Master's</td>
<td>1:24.0</td>
</tr>
<tr>
<td>7</td>
<td>4</td>
<td>Master's Master's Bachelor's Bachelor's</td>
<td>1:22.5</td>
</tr>
<tr>
<td>8</td>
<td>1</td>
<td>Master's</td>
<td>1:60.0</td>
</tr>
</tbody>
</table>
daily number of clients. Establishing a ratio between rehabilitation staff members and average number of clients gives ratios varying from a low of 1:16.2 to a high of 1:85. Perhaps the above ratios are not by design but are a result of the facility's financial situation. The financial plight of the participating facilities in this study, which suggests the necessity of a production emphasis, is evident in Table XII. The production function of the sheltered workshop can be used either as a rehabilitation tool, the major source of revenue for the facility, or both. The production function, as evidenced in Table XII, is creating a large majority of the participating facilities' operating budgets, varying from a low of 60 percent to a high of 95 percent. This would seem to indicate that production has to be emphasized in the participating facilities, perhaps to the detriment of their rehabilitation program and staffing.

<table>
<thead>
<tr>
<th>Facility</th>
<th>Production Revenue as a Percentage of Total Budget</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>81</td>
</tr>
<tr>
<td>2</td>
<td>95</td>
</tr>
<tr>
<td>3</td>
<td>86</td>
</tr>
<tr>
<td>4</td>
<td>94</td>
</tr>
<tr>
<td>5</td>
<td>65</td>
</tr>
<tr>
<td>6</td>
<td>55</td>
</tr>
<tr>
<td>7</td>
<td>96</td>
</tr>
<tr>
<td>8</td>
<td>60</td>
</tr>
</tbody>
</table>
Organization charts were requested from each of the participating facilities. Formal organizational analysis was conducted in order to determine their major functional areas and the lines of authority. Table XI established the ratio of professional rehabilitation staff members to clients but this does not show whether the rehabilitation staff and the production function have been formally integrated into the workshop program. Analysis of the organization chart allows a determination of the major functional areas and lines of authority between the rehabilitation and production staff. An integration of the two areas would suggest the use of work as a rehabilitative tool. Figure 1 is a composite organization chart of the participating facilities. The rehabilitation and production staffs are not functionally integrated.

The Supervisors

Table XIII shows the age, education, and length of current employment of the supervisors in the experimental and control group. The average age of the experimental group supervisors was 38.5 years, and the average age of the control group was 40.8. The average educational level of the experimental and control group supervisors was 12.5 years and 12.0 years, respectively. The average length of
Fig. 1--Composite organization chart
### TABLE XIII

**AGE, TENURE, AND EDUCATION OF EXPERIMENTAL AND CONTROL GROUP SUPERVISORS**

<table>
<thead>
<tr>
<th>Facility</th>
<th>Experimental</th>
<th>Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>Education</td>
<td>Length of Employment</td>
</tr>
<tr>
<td>1</td>
<td>37</td>
<td>12</td>
</tr>
<tr>
<td>2</td>
<td>35</td>
<td>14</td>
</tr>
<tr>
<td>3</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>4</td>
<td>45</td>
<td>12</td>
</tr>
<tr>
<td>5</td>
<td>51</td>
<td>12</td>
</tr>
<tr>
<td>6</td>
<td>31</td>
<td>12</td>
</tr>
<tr>
<td>7</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>8</td>
<td>56</td>
<td>10</td>
</tr>
</tbody>
</table>

$x = 38.5$ $x = 12.5$ $x = 2.88$ $x = 40.8$ $x = 12.0$ $x = 3.03$

employment was 2.88 years for the experimental group and 3.03 years for the control supervisors.³

Table XIV shows the breakdown of the supervisors' clients who were administered the "Relationship Inventory" for the pre-, post-, and follow-up testing. The difference in the number of clients at the pre-, post-, and follow-up testing was caused by natural turnover and attrition. This limitation was noted in Chapter I.

³ Other data that have implications for training workshop supervisors was collected and will be discussed in the recommendations for further research, in Chapter VI.
TABLE XIV

NUMBER OF CLIENTS PARTICIPATING IN EVALUATION OF TRAINED AND UNTRAINED SUPERVISORS

<table>
<thead>
<tr>
<th>Facility</th>
<th>Experimental</th>
<th></th>
<th></th>
<th></th>
<th>Control</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Pre-</td>
<td>Post-</td>
<td>Follow-Up</td>
<td>Pre-</td>
<td>Post-</td>
<td>Follow-Up</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>5</td>
<td>5</td>
<td>3</td>
<td>2</td>
<td>2</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>2</td>
<td>2</td>
<td>14</td>
<td>14</td>
<td>4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>6</td>
<td>6</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>8</td>
<td>8</td>
<td>3</td>
<td>9</td>
<td>9</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>3</td>
<td>3</td>
<td>1</td>
<td>4</td>
<td>4</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>5</td>
<td>5</td>
<td>2</td>
<td>4</td>
<td>4</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>7</td>
<td>7</td>
<td>3</td>
<td>10</td>
<td>10</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td>7</td>
<td>7</td>
<td>5</td>
<td>9</td>
<td>9</td>
<td>4</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

The Clients

Table XV shows the composition of the major disabilities of the clients of the supervisors in the experimental and control groups. Barton, studying the requirements of effective sheltered workshop supervision, concluded that the most effective supervisor behaviors were as follows:

1. The supervisor deals well with problems which hinder employment, such as defiant personalities and attitudes, poor work habits, and low productivity.

2. The supervisor tries—by a supportive relationship, careful training, and placement on the right job—to reduce client limitations.
TABLE XV

DISABILITIES OF CLIENTS IN EXPERIMENTAL AND CONTROL GROUPS

<table>
<thead>
<tr>
<th>Disability</th>
<th>Percentage of Experimental</th>
<th>Percentage of Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Orthopedic</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Brain Damage</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Amputation</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Mentally Retarded</td>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>Arthritic</td>
<td>5</td>
<td>2</td>
</tr>
<tr>
<td>Epileptic</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Neuromuscular</td>
<td>5</td>
<td>17</td>
</tr>
<tr>
<td>Psychiatric</td>
<td>33</td>
<td>36</td>
</tr>
<tr>
<td>Cord Injury</td>
<td>3</td>
<td>5</td>
</tr>
<tr>
<td>Internal Systemic</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Hemiplegia</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>Cardiovascular</td>
<td>8</td>
<td>2</td>
</tr>
<tr>
<td>Respiratory</td>
<td>3</td>
<td>-</td>
</tr>
<tr>
<td>Blind</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Deaf</td>
<td>-</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>7</td>
</tr>
<tr>
<td>Culturally Deprived</td>
<td>12</td>
<td>-</td>
</tr>
<tr>
<td>Narcotic Addiction</td>
<td>5</td>
<td>-</td>
</tr>
</tbody>
</table>

3. The supervisor promotes and maintains high morale and motivation by creating a positive social-emotional climate in the work group.⁴

⁴E. H. Barton, Jr. and E. F. Barton, The Requirements of Effective Sheltered Workshop Supervision, VRA project No. 1182 (San Jose, California, 1965), pp. 94-95.
Looking at the percentages of the experimental and control groups whose major disability is psychiatric—33 and 36 percent respectively—it becomes apparent that human relations training is not only beneficial for the supervisors in their relations with emotionally healthy individuals, but because of the value of empathy, warmth, and genuineness that has been discussed in Chapter III, it is especially necessary for their interpersonal relationships with their clients diagnosed as psychiatric.

The average age of the clients in the control group was 39.0 years, and the average age of the clients in the experimental group was 38.8 years, as shown in Table XVI. The average length of time in the sheltered workshop averaged 1.75 years for the control and 1.63 years for the experimental group. The average length of time with the present supervisor was 1.25 years for the clients in the experimental

| TABLE XVI |
| CLIENTS' AGE, EDUCATION, LENGTH OF TIME WITH SUPERVISOR, AND LENGTH OF TIME IN SHELTERED WORKSHOP |

<table>
<thead>
<tr>
<th></th>
<th>Experimental Group</th>
<th>Control Group</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>38.80 years</td>
<td>39.00 years</td>
</tr>
<tr>
<td>Education</td>
<td>9.96 years</td>
<td>9.76 years</td>
</tr>
<tr>
<td>Length of time with supervisor</td>
<td>1.25 years</td>
<td>1.22 years</td>
</tr>
<tr>
<td>Length of time in sheltered workshop</td>
<td>1.63 years</td>
<td>1.75 years</td>
</tr>
</tbody>
</table>
group and 1.22 years for the control group clients. The educational level achieved by the clients in the experimental group was 9.96 years and 9.75 years in the control group. The value of the data on education is doubtful, in that many of the clients participated in special education programs which should not be compared with standard programs.

The Training Sessions and the Trainers

The training session was conducted April 26, 27, and 28, 1969, at the Arkansas Rehabilitation Research and Training Center at Hot Springs, Arkansas. Twenty-one supervisors attended the training.

The trainers were Don Martin, Director of Client Services, Arkansas Rehabilitation Research and Training Center, and Vernon Glenn, Director of Training, Arkansas Rehabilitation Research and Training Center. Martin received his Doctor of Education degree in Counseling-Education from the University of Georgia in 1968. He had had previous experience as a counselor for public schools and as a counselor for a community mental health center. At the time of this training, he had one year experience with the Truax-Carkhuff Training Model. Glenn received his Doctor of Education degree in Education Administration from the University of Arkansas in 1968 (his master's degree was in Counseling). His previous experience includes rehabilitation counseling, rehabilitation administration, and vocational training. Glenn had had two
two years experience with the Truax-Carkhuff Training Model at the time of this training.

Truax and Carkhuff stipulate in their teaching model the prerequisite of a "therapeutic context in which the supervisor (trainer) communicates high levels of accurate empathy, non-possessive warmth, and genuineness to the trainees." Ratings by the trainees were collected to determine the trainers' level of functioning during the training session. (See Appendix E for the Trainee Evaluation Form.) Table XVII shows the compilation of the ratings. Of the twenty-one trainees attending the training session and completing the trainee rating form, eight participated in the

<table>
<thead>
<tr>
<th>Degree</th>
<th>Communication of Empathy</th>
<th>Communication of Warmth</th>
<th>Communication of Genuineness</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very high</td>
<td>11</td>
<td>13</td>
<td>13</td>
</tr>
<tr>
<td>High</td>
<td>5</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Above average</td>
<td>4</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Below average</td>
<td>1</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Low</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Very low</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

5Truax, "An Approach Toward Training for the Aid-Therapist: Research and Implications."
study. Consequently, the ratings in Table XVII are those of both the trainees who did and did not participate in this study. Given the high outcome of the ratings, the eight participating supervisors' ratings had to be high in terms of the trainers' communication of empathy, warmth, and genuineness, because all of the ratings except one was above average or higher. From the trainees' ratings, it would seem that the trainers did satisfy the prerequisite of communicating high levels of the therapeutic triad.

Research Instrument and Collection of Data

The instrument used to determine the effectiveness of the training session was G. T. Barrett-Lennard's "Relationship Inventory." The "Relationship Inventory" was designed to gather data and provide measuring scales for four therapist-response variables: empathic understanding, level of regard, unconditionality of regard, and congruence. A copy of the "Relationship Inventory" is found in Appendix D.

The "Relationship Inventory" consists of sixty-four questions, sixteen questions for each of the four variables. The group of questions representing each variable is dispersed throughout the inventory, so as to maximize independence of answers. Positive and negative items are also arranged in essentially random fashion, but in the arrangement of specific items the attempt was made to avoid
sequences whereby a particular answer to one item would seem to imply a particular answer to the next one.\(^6\)

As mentioned previously, the "Relationship Inventory" was designed to provide measuring scales on four therapist response variables: empathetic understanding, level of regard, unconditionality of regard, and congruence. This seems like a change from Rogers' "necessary and sufficient conditions." Truax and Rogers have labeled this attribute non-possessive warmth or unconditional positive regard; Barrett-Lennard has simply divided this attribute into two factions, the level of regard and the unconditionality of regard. The level of regard refers to the affective aspect of one person's response to another. The level of regard can be conceptualized as a continuum from positive feeling such as liking, appreciation, etc., to negative feeling including dislike, impatience, contempt, etc. Unconditionality of regard is specifically concerned with the variability there is in one person's affective response to another. This allows a deeper interpretation than the level of warmth of the relationship; it also focuses the unconditionality of the relationship, i.e., the relationship is not predicated on one acting a certain way, he accepts "me" as "I" am.

The test is made up of separate groups or items for each variable. The preparation of each item involved interaction between the Rogerian theoretical framework and operational expressions. By structuring the items thus, it was thought that most items could be regarded as either a positive or negative expression of the variable that they were designed to represent. To validate the "Relationship Inventory" the following was undertaken:

A formal content validation procedure was carried out. Formal directions and definitions of the variables were given to five judges who were all client-centered counselors of varying levels of experience. The judges classified each item as either a positive or negative indicator of the variable in question, and gave a neutral rating to any item they regarded as irrelevant or ambiguous. . . . There was perfect agreement between judges at the level of classing an item positive or negative, on all except four items. Three of these items were eliminated, the one being retained only having the inconsistency of a neutral rating by one judge.

Reliability coefficients have been determined for the four categories of the test and the total scores. The reliability scores varied from .86 for empathetic understanding to .92 for both congruence and total score. The lowest reliability figures found in the literature ranged from .61 to .81 for test-retest correlations calculated upon a six-month interval in which maturation could have had significant impact.

7Ibid. 8Ibid. 9Ibid.
The Collection of Data

The sheltered workshop clients were administered the "Relationship Inventory" at three different times in order to determine the effectiveness of the training. The pre-test during the week before the training, the post-training test thirty days after the training, and the follow-up sixty days after the post-training test.

The Procedure for Treating the Data

The trained and untrained supervisors' "Relationship Inventory" scores were analyzed statistically on the basis of their relevance to the hypotheses. The analyses of the results were obtained through two statistical procedures: a t test for correlated means to measure the change in the experimental group and the change in the control group, and a t test for independent means to test the difference between the experimental and control group.10

Several statistical tests are used to test the hypothesis of this study for each of the four variables measured on the "Relationship Inventory." (Each test of difference is coded in the tables. The symbols are as follows: E = empathy, LR = level of regard, UR = unconditionality of regard, and G = genuineness; A = experimental, B = control; 1 = pretest, 2 = posttest, and 3 = follow-up test.) The specific tests for each variable are as follows:

1. Test of difference between the experimental and control group before the training \((A_1 - B_1)\).

2. Test of difference between the experimental and control group thirty days after the training (posttest) \((A_2 - B_2)\).

3. Test of difference between the experimental and control group ninety days after the training (follow-up test) \((A_3 - B_3)\).

4. Test of difference between the pretest and posttest for the experimental group \((A_1 - A_2)\).

5. Test of difference between the pretest and posttest scores for the control group \((B_1 - B_2)\).

6. Test of difference between the pretest and follow-up scores for the experimental group \((A_1 - A_3)\).

7. Test of difference between the pretest and follow-up scores for the control group \((B_1 - B_3)\).

8. Test of difference in change of pretest and follow-up scores of the experimental group versus the change of pretest and follow-up scores of the control group \((A_1 - A_3) - (B_1 - B_3)\).

Summary

This chapter includes information about the trainees, clients, and organizations which participated in this study. It also covers the statistical tests which are used in the next chapter, Chapter V, to test the hypotheses of this dissertation.
Eight organizations participated in this study. It would not be a gross exaggeration to state that their only common characteristic is that they are all called sheltered workshops. This is evident from the data in this chapter concerning size, rehabilitation staff, placement success, and their dependence on production. During the field visits to these organizations, other factors were also noted that could not be quantified or classified. For instance, one organization did not have any staff members who could be considered professionally qualified. One prerequisite for this organization's staff members is that they must be handicapped in some way. The author participated in one of their in-service training sessions. A psychoanalyst gave the staff members a lecture on some basic Freudian ideas, such as the Oedipus and Electra complex. At the time, the two presentations—the training session for this dissertation and the psychoanalyst's—were mentally compared by the author. Given the background of the staff members and the nature of their "rehabilitation" program, the training session used for this dissertation seemed excellent.

The clients of the supervisors involved in this study also support the need for training of the type used for this study. Approximately one-third of the major disabilities were classified as psychiatric and discussions with sheltered workshop staff members indicated that even though there are many clients whose major handicaps are classified as
physical, these clients are also handicapped by psychological problems. Given the environment described in this chapter and characteristics of the supervisors and clients involved, the next chapter, Chapter V, presents the analysis of the data in order to test the effect of the training on the sheltered workshop supervisor-client relationship.
CHAPTER V

ANALYSIS OF DATA

Introduction

The research for this study involved a pre-training, post-training (thirty days after), and follow-up (ninety days after) administration of the "Relationship Inventory" in order to determine the effectiveness of the Truax-Carkhuff Training Model for a three-day training session. The "Relationship Inventory" was administered to sheltered workshop clients of trained and untrained supervisors.

The procedures and formats for testing the supervisors' communication of empathy, communication of non-possessive warmth, and the communication of genuineness were the same. For each variable there were tests of significant differences between the means of the pre-training, post-training, and follow-up scores. The purpose of these tests was to determine if there was any difference in the scores within the experimental and control groups. The second tests for each variable were comparisons between the experimental group and the control group pre-training, post-training, and follow-up mean scores. The last test for each variable is a test for the significant difference of the change of the experimental
group mean scores (follow-up mean score—pre-training mean score) versus the change of the control group mean scores.

The symbols for each test were presented in Chapter IV. In short, $E$ = empathy, $UR$ = unconditionality of regard, $LR$ = level of regard, and $G$ = genuineness mean scores. "A" denotes the experimental group and "B" the control group. The number "1" stands for the pre-training test, "2" for the post-training test, and "3" for the follow-up test.

For the pretest and the posttest, the "Relationship Inventory" was administered to forty-three clients of the trained supervisors and fifty-six clients of the untrained supervisors. For the follow-up test, the "Relationship Inventory" was administered to twenty-one of the initial forty-three clients of the trained supervisors and to twenty-two of the initial fifty-six clients of the untrained supervisors. The remainder of the clients were not present for testing or had changed supervisors. Two sets of statistics were required to assure valid comparisons. One set was used to compare the pretest and posttest, and the other to compare pretest and follow-up test. In other words, the dropout in the sample between the posttest and follow-up called for scores of only that portion of the original sample who also were available for the follow-up scores, which resulted in the calculation of two sets of statistics for the pretest scores. Those individuals who were available only for the pretests were deleted completely.
The test of significant difference is tested at the .05 level of confidence. The tests are "greater than" and therefore one-tailed tests. The discussion of the statistical results is included in Chapter VI.

An evaluation questionnaire of the training session was completed by the supervisor trainees. The purpose of this questionnaire was to compare the effect of the training session from the viewpoint of the sheltered workshop client's perception of the trained supervisor and also from the viewpoint of the trainee. The results of this evaluation follow the statistical tests of the "Relationship Inventory" scores.

Empathy

This attribute was defined as the capacity for participating in another's feelings and awareness. The statistics concerning the "Relationship Inventory" empathy scores are presented in Tables XVIII and XIX.

Table XVIII presents the statistics for the test of significant difference between the experimental and control group means. The tests in Table XVIII are the basic ones for testing the trainees' increased communication of empathy. There was no significant difference between the experimental and control group empathy mean scores for pre-training, post-training, or follow-up testing.
TABLE XVIII

TEST OF DIFFERENCE BETWEEN EXPERIMENTAL AND CONTROL EMPATHY SCORES

<table>
<thead>
<tr>
<th>Test</th>
<th>Experimental</th>
<th></th>
<th>Control</th>
<th></th>
<th>t</th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( \bar{x} )</td>
<td>( \sigma )</td>
<td>( \bar{x} )</td>
<td>( \sigma )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( E_{A_1-B_1} )</td>
<td>10.6046</td>
<td>3.6032</td>
<td>10.7500</td>
<td>3.2691</td>
<td>.2068</td>
<td>No</td>
</tr>
<tr>
<td>( E_{A_2-B_2} )</td>
<td>11.3720</td>
<td>3.1917</td>
<td>10.2500</td>
<td>3.5063</td>
<td>1.6238</td>
<td>No</td>
</tr>
<tr>
<td>( E_{A_3-B_3} )</td>
<td>11.4761</td>
<td>2.8721</td>
<td>10.6818</td>
<td>3.4296</td>
<td>.8021</td>
<td>No</td>
</tr>
</tbody>
</table>

Table XIX shows the statistics for determining the significance of the change of scores within the experimental and control groups. The means of the control group's

TABLE XIX

TEST OF DIFFERENCE WITHIN EXPERIMENTAL AND CONTROL EMPATHY SCORES

<table>
<thead>
<tr>
<th>Test</th>
<th>Experimental</th>
<th></th>
<th>Control</th>
<th></th>
<th>t</th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( \bar{x} )</td>
<td>( \sigma )</td>
<td>( \bar{x} )</td>
<td>( \sigma )</td>
<td></td>
<td></td>
</tr>
<tr>
<td>( E_{A_1-A_2} )</td>
<td>10.6046</td>
<td>3.6032</td>
<td>11.3720</td>
<td>3.1917</td>
<td>1.9934</td>
<td>Yes</td>
</tr>
<tr>
<td>( E_{A_1-A_3} )</td>
<td>10.0952</td>
<td>3.3509</td>
<td>11.4761</td>
<td>2.8721</td>
<td>2.1773</td>
<td>Yes</td>
</tr>
<tr>
<td>( E_{B_1-B_2} )</td>
<td>10.7500</td>
<td>3.2691</td>
<td>10.2500</td>
<td>3.5063</td>
<td>-1.3319</td>
<td>No</td>
</tr>
<tr>
<td>( E_{B_1-B_3} )</td>
<td>10.8636</td>
<td>3.1808</td>
<td>10.6818</td>
<td>3.4296</td>
<td>- .2615</td>
<td>No</td>
</tr>
</tbody>
</table>
pre-training, post-training, and follow-up scores were not significantly different at the .05 level of confidence. There was a significant change in the experimental group's empathy scores, but it was not large enough to be significantly greater than the control group's empathy scores. The statistics for testing the difference in the change of the experimental versus the control group are presented in Table XX. The change in scores was not significant at the .05 level of confidence.

**TABLE XX**

**TEST OF DIFFERENCE IN CHANGE OF EMPATHY SCORES FROM PRETEST TO FOLLOW-UP**

<table>
<thead>
<tr>
<th>$E(A_1 - A_3)$</th>
<th>$E(B_1 - B_3)$</th>
<th>$t$</th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.3809</td>
<td>-.1818</td>
<td>1.6561</td>
<td>No</td>
</tr>
</tbody>
</table>

**Level of Regard**

Level of regard was defined as the quality and strength of positive feelings such as respect, liking, appreciation, and affection; conversely, negative feelings included dislike, impatience, and contempt. The statistics for the "Relationship Inventory" level of regard scores are presented in Tables XXI, XXII, and XXIII. There was no significant difference between the experimental group's level of regard scores and the control group's level of regard scores before
TABLE XXI

TEST OF DIFFERENCE BETWEEN EXPERIMENTAL AND CONTROL
LEVEL OF REGARD SCORES

<table>
<thead>
<tr>
<th>Test</th>
<th>Experimental</th>
<th></th>
<th>Control</th>
<th></th>
<th></th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( \overline{x} )</td>
<td>( \sigma )</td>
<td>( \overline{x} )</td>
<td>( \sigma )</td>
<td>( t )</td>
<td></td>
</tr>
<tr>
<td>LR(_{A_1-B_1})</td>
<td>12.4186</td>
<td>3.4589</td>
<td>12.7678</td>
<td>2.7450</td>
<td>.5395</td>
<td>No</td>
</tr>
<tr>
<td>LR(_{A_2-B_2})</td>
<td>12.7209</td>
<td>3.5850</td>
<td>11.6250</td>
<td>3.4463</td>
<td>1.5254</td>
<td>No</td>
</tr>
<tr>
<td>LR(_{A_3-B_3})</td>
<td>13.6666</td>
<td>2.9493</td>
<td>11.4545</td>
<td>3.8932</td>
<td>2.0436</td>
<td>Yes</td>
</tr>
</tbody>
</table>

or thirty days after the training. There was a significant difference ninety days after the training.

Table XXII contains the statistics concerning the changes of the level of regard scores within the experimental

TABLE XXII

TEST OF DIFFERENCE WITHIN EXPERIMENTAL AND CONTROL
LEVEL OF REGARD SCORES

<table>
<thead>
<tr>
<th>Test</th>
<th>Experimental</th>
<th></th>
<th>Control</th>
<th></th>
<th></th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>( \overline{x} )</td>
<td>( \sigma )</td>
<td>( \overline{x} )</td>
<td>( \sigma )</td>
<td>( t )</td>
<td></td>
</tr>
<tr>
<td>LR(_{A_1-A_2})</td>
<td>12.4186</td>
<td>3.4589</td>
<td>12.7209</td>
<td>3.5850</td>
<td>.80445</td>
<td>No</td>
</tr>
<tr>
<td>LR(_{A_1-A_3})</td>
<td>12.0952</td>
<td>3.1457</td>
<td>13.6666</td>
<td>2.9493</td>
<td>2.6023</td>
<td>Yes*</td>
</tr>
<tr>
<td>LR(_{A_2-B_2})</td>
<td>12.7678</td>
<td>2.7450</td>
<td>11.6250</td>
<td>3.4463</td>
<td>-3.3575</td>
<td>No</td>
</tr>
<tr>
<td>LR(_{A_3-B_3})</td>
<td>13.0454</td>
<td>2.1208</td>
<td>11.4545</td>
<td>3.8932</td>
<td>-1.9017</td>
<td>No</td>
</tr>
</tbody>
</table>

*Significant also at .01.
and control groups. There was no significant difference in the control group's mean scores for pre-training, post-training, or follow-up testing. There was no significant difference between the experimental group's pretest scores and posttest scores. There was a significant difference between the experimental group's pretest and follow-up test scores at the .05 level.

The statistics for testing the difference in the change of the experimental versus the change in the control group are presented in Table XXIII. The change in scores was significant at the .05 level of confidence.

<table>
<thead>
<tr>
<th></th>
<th>LR(A₁-A₃)</th>
<th>LR(B₁-B₃)</th>
<th>t</th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>L₁₁</td>
<td>1.5714</td>
<td>-1.5909</td>
<td>3.0406</td>
<td>Yes*</td>
</tr>
</tbody>
</table>

*Significant also at .01.

Unconditionality of Regard

Unconditionality of regard refers to the variability of one person's (the supervisor's) affective response to another person. This is accepting the person for what he is instead of acceptance based upon conditions. Table XXIV, Table XXV, and Table XXVI present the statistics relevant to testing
the significance of difference of means of the experimental and control groups' scores.

The experimental and control groups' unconditionality of regard scores were not significantly different on pretest, posttest, or follow-up, as shown in Table XXIV.

**TABLE XXIV**

**TEST OF DIFFERENCE BETWEEN EXPERIMENTAL AND CONTROL UNCONDITIONALITY OF REGARD SCORES**

<table>
<thead>
<tr>
<th>Test</th>
<th>Experimental</th>
<th>Control</th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\bar{x}$</td>
<td>$\sigma$</td>
<td>$\bar{x}$</td>
</tr>
<tr>
<td>$UR_{A_1-B_1}$</td>
<td>7.9767</td>
<td>2.3475</td>
<td>8.0000</td>
</tr>
<tr>
<td>$UR_{A_2-B_2}$</td>
<td>3.2533</td>
<td>2.5733</td>
<td>8.0173</td>
</tr>
<tr>
<td>$UR_{A_3-B_3}$</td>
<td>6.8095</td>
<td>2.4807</td>
<td>7.2727</td>
</tr>
</tbody>
</table>

Table XXV contains the statistics for testing the change of unconditionality of regard scores within the experimental and control group. None of the $t$ values reached the .05 level of significance.

The statistical results of the $t$ test for the significance of change in the experimental group versus the change within the control group are found in Table XXVI. As might be expected (based upon the results of the two previous tables), the $t$ value was not significant. The test for the unconditionality of regard scores, as a matter of interest,
TABLE XXV

TEST OF DIFFERENCE WITHIN EXPERIMENTAL AND CONTROL GROUPS' UNCONDITIONALITY OF REGARD SCORES

<table>
<thead>
<tr>
<th>Test</th>
<th>Experimental</th>
<th>Control</th>
<th>t</th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>UR_{A_1-A_2}</td>
<td>7.9767</td>
<td>8.2558</td>
<td>-.6262</td>
<td>No</td>
</tr>
<tr>
<td>UR_{A_1-A_3}</td>
<td>6.7619</td>
<td>6.8095</td>
<td>.1012</td>
<td>No</td>
</tr>
<tr>
<td>UR_{B_1-B_2}</td>
<td>8.0000</td>
<td>8.0178</td>
<td>.0432</td>
<td>No</td>
</tr>
<tr>
<td>UR_{B_1-B_3}</td>
<td>7.5454</td>
<td>7.2727</td>
<td>-.5388</td>
<td>No</td>
</tr>
</tbody>
</table>

TABLE XXVI

TEST OF DIFFERENCE IN CHANGE OF UNCONDITIONALITY OF REGARD SCORES FROM PRETEST TO FOLLOW-UP

<table>
<thead>
<tr>
<th>UR_{(A_1-A_3)}</th>
<th>UR_{(B_1-B_3)}</th>
<th>t</th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>-.0476</td>
<td>-.2727</td>
<td>.4625</td>
<td>No</td>
</tr>
</tbody>
</table>

resulted in the smallest t values of the four variables tested.

Genuineness

Genuineness was defined in terms of self-awareness and being a real person (versus using facades and professional barriers). To be genuine is also to be honest, direct, and sincere. Table XXVII, Table XXVIII, and Table XXIX present
the statistics for testing the difference between the experimental and control groups' genuineness scores from the "Relationship Inventory."

Table XXVII contains the statistics for the test of significant difference between the experimental and control

<table>
<thead>
<tr>
<th>Test</th>
<th>Experimental</th>
<th>Control</th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>$G_{A_1-B_1}$</td>
<td>10.5813 3.0745</td>
<td>11.4285 2.9268</td>
<td>-1.3865 No</td>
</tr>
<tr>
<td>$G_{A_2-B_2}$</td>
<td>11.3223 3.1222</td>
<td>10.75714 3.5196</td>
<td>1.0633 No</td>
</tr>
<tr>
<td>$G_{A_3-B_3}$</td>
<td>11.3809 3.2729</td>
<td>11.0000 2.7136</td>
<td>.4064 No</td>
</tr>
</tbody>
</table>

group scores on the genuineness of trained and untrained supervisors. Relative to the statistical data there was no significant difference between the genuineness of the experimental and control supervisors on the pretest, posttest, or follow-up.

Table XXVIII shows the statistics for testing the difference within the pretest, posttest, and follow-up scores in the two groups. There was no significant difference between the pretest and posttest scores of the experimental group, but the difference between the experimental group's
### TABLE XXVIII
TEST OF DIFFERENCE WITHIN EXPERIMENTAL AND CONTROL GENUINENESS SCORES

<table>
<thead>
<tr>
<th>Test</th>
<th>Experimental</th>
<th>Control</th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>$\bar{x}$</td>
<td>$\sigma$</td>
<td>$\bar{x}$</td>
</tr>
<tr>
<td>$G_{A_1-A_2}$</td>
<td>10.5813</td>
<td>3.0745</td>
<td>11.3023</td>
</tr>
<tr>
<td>$G_{A_1-A_3}$</td>
<td>10.2857</td>
<td>3.1189</td>
<td>11.3096</td>
</tr>
<tr>
<td>$G_{B_1-B_2}$</td>
<td>11.4285</td>
<td>2.9268</td>
<td>10.5714</td>
</tr>
<tr>
<td>$G_{B_1-B_3}$</td>
<td>11.6363</td>
<td>2.6891</td>
<td>11.0000</td>
</tr>
</tbody>
</table>

The change in scores was significant at the .05 level. The experimental supervisors were perceived as being more genuine ninety days after the training.

The statistics for testing the difference in the change in means of the experimental versus the change in means of the control group are presented in Table XXIX. The change in scores was significant at the .05 level of confidence.

### TABLE XXIX
TEST OF DIFFERENCE IN CHANGE OF GENUINENESS SCORES FROM PRETEST TO FOLLOW-UP

<table>
<thead>
<tr>
<th>$G_{(A_1-A_3)}$</th>
<th>$G_{(B_1-B_3)}$</th>
<th>$t$</th>
<th>Significant at .05</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0952</td>
<td>-.6363</td>
<td>2.4677</td>
<td>Yes*</td>
</tr>
</tbody>
</table>

*Also significant at .01.
Thirty-two statistical tests were used to test the effectiveness of the training. Four of those tests were concerned with the difference between the experimental and control group scores before the training. Twenty-eight tests deal specifically with testing the effectiveness of the training. Seven of the twenty-eight tests support the hypotheses at the .05 level. Twenty do not. There are several other factors that are suggested by the data. Disregarding the significance of the change, the experimental group's scores increased from before the training to thirty days to ninety days after the training, except for unconditionality of regard scores. Decreases in scores were common among the control group scores between at least one period for each variable. One possible explanation for these decreases is that the clients were not sure that they could be honest on the first testing but felt more secure in the post- and follow-up testing, seeing that there had been no repercussions from their responses on the pretest.

Analysis of Trainee Questionnaire

A questionnaire was used at the end of the training session in Hot Springs, April 28th. (The questionnaire is included in Appendix E.) It was completed and returned before the trainees left the training session. The trainees were instructed not to write their names on the questionnaire. It was felt that their evaluations would be more objective
if their responses to questions concerning the success of this training model were confidential.

Question number one called for an evaluation of different training techniques used in this training session. Table XXX shows the results of the trainees' ratings.

**TABLE XXX**

**TRAINEE'S RATING OF VARIOUS METHODS USED IN TRAINING**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Response Training</th>
<th>Role Playing</th>
<th>Listening to Tapes of Experienced Persons</th>
<th>Quasi-Group Therapy</th>
<th>Reading Material</th>
<th>Rating of Tapes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very high</td>
<td>2</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>High</td>
<td>13</td>
<td>9</td>
<td>8</td>
<td>6</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Above average</td>
<td>5</td>
<td>3</td>
<td>6</td>
<td>7</td>
<td>6</td>
<td>9</td>
</tr>
<tr>
<td>Below average</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Low</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Very low</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>

The "rating of tapes" and "listening to tapes of experienced persons" occurred simultaneously. The purpose of this portion of the training was to force the trainees' attention on specific levels of therapeutic conditions as operationally defined on the "Accurate Empathy Scale," "Non-Possessive Warmth Scale," and "Genuineness Scale." Only one person scored the "rating of tapes" and "listening to tapes of experienced persons" below average (relative to its usefulness). Twelve of the trainees evaluated "rating of tapes" as "very
high" (usefulness), while nine evaluated it "above average."

Two other "training techniques" evaluated pertain to the
didactic portion of the training, the "response training"
and the "use of TV." In the response training, the trainees
learned to identify high and low levels of each of the three
attributes of the therapeutic triad. Initially, with the
aid of the trainer, the entire training group decided on the
therapeutic level of the excerpt. After the group was
capable of recognizing different levels, the trainees were
individually asked to "respond" whenever the trainer pointed
to them. The response training asked for individual
decision-making which forced the trainee to listen intently,
for instance, to the real meaning of the client's communica-
tion. The "response training" received high ratings with
fifteen of the twenty-one evaluating it "high" and "very
high" relative to its usefulness. "Use of TV" received the
worst rating of our training techniques. Five of the
trainees rated this portion of the training below average.
The "Use of TV" is not included in Table XXX because one
half the trainees were not able to use this training aid.
Given this, their rating validity has to be questioned.

The "quasi-group therapy" was very popular. Twenty of
the trainees rated this part of the training at least above
average. The only training technique which received a higher
rating was role playing, which was used simultaneously with
the "quasi-group therapy" experience.
The "reading materials" made available for this institute did not receive high rating when compared to the techniques used in the training. Reading materials were made available but not a reading bibliography specifically designed for the sheltered workshop environment. (The bibliography for Chapter I and Chapter II of this study might be a more acceptable reading list.)

Table XXXI presents a summary of the trainees' evaluation of this training session's effectiveness in improving their communication of empathy, warmth and genuineness. This is similar to the basic problem of this study, but instead of an evaluation through the perception of their subordinates, the trainees themselves evaluated the training's effectiveness. By weighting the responses to the questionnaire (six for very high, five for high, and so forth), this training
model was most effective in improving the trainees' communication of genuineness, second most effective in improving the communication of warmth, and third most effective in improving the communication of empathy.

Table XXXII is concerned with the value of the training in various interpersonal relationships. The relationships specified were relationships with superior, co-workers, students/clients, and communication with community groups. Weighting the responses gives a comparison of the value of the training in the four relationships. Using the same weighting method (six for very high, five for high, etc.) results in the following ranking relationship: with co-workers, 107 points; with students/clients, 106 points; with superiors, 101 points; and with community groups, 89 points.

TABLE XXXII

<table>
<thead>
<tr>
<th>Degree</th>
<th>Relationship with Superiors</th>
<th>Relationship with Coworkers</th>
<th>Relationship with Clients</th>
<th>Communicating with Community Groups</th>
</tr>
</thead>
<tbody>
<tr>
<td>Very high</td>
<td>4</td>
<td>6</td>
<td>7</td>
<td>2</td>
</tr>
<tr>
<td>High</td>
<td>9</td>
<td>11</td>
<td>8</td>
<td>7</td>
</tr>
<tr>
<td>Above average</td>
<td>8</td>
<td>4</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Below average</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>6</td>
</tr>
<tr>
<td>Low</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Very low</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
</tbody>
</table>
The last portion of the questionnaire is concerned with an overall rating or, in essence, a synthesis of the previous questions. Table XXXIII presents a summary of the trainees' responses to an overall rating of the approach and an overall rating of values gained. The trainees' responses showed that they felt the approach to be successful and also that it was a valuable training session.

**Summary**

In this chapter statistical results were presented for testing the effectiveness of the Truax-Carkhuff Training Model for sheltered workshop supervisors. Table XXXIV is a summary of the statistical tests. The level of significance for these tests is .05.
It is interesting to compare these findings to the results of the trainees' evaluation questionnaire. If this training session had been evaluated only by the responses of the trainees, it would have to be judged very successful. All but one of the trainees rated this training session at least above average in its effectiveness in improving the communication of empathy, non-possessive warmth, and genuineness. Evaluating this training in terms of the perceptions of trainees' clients did not indicate the same results. In the next chapter, Chapter VI, the results of the statistical tests will be evaluated in terms of the hypotheses of the study.
CONCLUSIONS AND RECOMMENDATIONS FOR FURTHER RESEARCH

Introduction

The primary function of a sheltered workshop is the development of the handicapped person to his fullest physical, mental, emotional, social, vocational, and economic usefulness. In its simplest form, the sheltered workshop rehabilitates through evaluating the handicapped person's interests, aptitudes, and abilities; work adjustment training; and placing the client into a work situation. In the past, the majority of the sheltered workshop rehabilitation programs emphasized physical rehabilitation. The major programs emphasized physical rehabilitation. The major disability of the sheltered workshop clients involved in this study indicates that the emotionally handicapped client has become a significant part of the workshop client population. The major disability of over 30 percent of the clients in this study was psychiatric. Rehabilitation of the emotionally handicapped would seem to require a different program than would be required for the physically handicapped.

Recent research supports the hypothesis that the quality of the interpersonal relationship is a significant element in determining the effectiveness of a wide variety of
professional work involving relationships with people. Psychotherapy research has shown that if the therapy process involves a genuine therapist who communicates empathetic understanding and non-possessive warmth for his clients, positive personality change will occur. Research has also shown that these same three attributes are predictive of the outcome of many other relationships. These relationships are as diverse as student-teacher and parent-child. Given that the objective of the sheltered workshop is the development of the handicapped person to his fullest physical, mental, emotional, social, vocational, and economic usefulness, the quality of the supervision-client relationship in the sheltered workshop would seem to be critical for successful rehabilitation.

Selected sheltered workshop supervisors attended a three-day training session. The purpose of this training was to increase their communication of empathy, non-possessive warmth, and genuineness with their clients. In order to evaluate the training, the clients of both trained and untrained supervisors were administered the "Relationship Inventory" before the training and after the training at thirty and ninety day intervals.

Test of Hypotheses

Hypothesis I stated that sheltered workshop supervisors who have attended a three-day training session in which the
Truax-Carkhuff Training Model has been used will communicate to their clients a statistically significant increase of empathy as compared to the communication of empathy by untrained supervisors to their clients, as measured by the "Relationship Inventory" at periods of thirty days and ninety days after the training.

Hypothesis I was not supported. The trained supervisors' mean empathy scores were not significantly greater than untrained supervisors' mean scores at thirty or ninety days after the training. Trained supervisors did increase their communication of empathy; there was a significant difference in the trained supervisors' empathy mean scores before and thirty and ninety days after the training, but this increase was not great enough to be significantly different from the untrained supervisors' mean empathy scores.

Hypothesis II stated that sheltered workshop supervisors who have attended a three-day training session in which the Truax-Carkhuff Training Model has been used will communicate to their clients a statistically significant increase of non-possessive warmth as compared to the communication of non-possessive warmth by untrained supervisors to their clients, as measured by the "Relationship Inventory" at periods of thirty days and ninety days after the training.

Hypothesis II was not supported. In order for this hypothesis to be supported, the statistical tests for level of regard and unconditionality of regard must both be favorable. The level of regard statistical tests support
Hypothesis II; the unconditionality of regard tests do not. Based upon the statistical tests, the trained supervisors' communication of level of regard was not higher than that of the untrained supervisors thirty days after the training. A significant difference between the trained and untrained supervisors did exist ninety days after the training. Ninety days after the training, the clients perceived the trained supervisors as communicating higher degrees of level of regard, but not of unconditionality of regard. None of the statistical tests for unconditionality of regard supported Hypothesis II in any way. None of the tests, in terms of difference between the trained and untrained supervisors, suggest that the training was effective in reference to this trait, nor was there any significant difference between the trained supervisors' unconditionality of regard scores before and after the training. This was the only variable that did not have at least one statistical test supporting the effectiveness of the training.

Hypothesis III stated that sheltered workshop supervisors who have attended a three-day training session in which the Truax-Carkhuff Training Model has been used will communicate to their clients a statistically significant increase of genuineness as compared to the communication of genuineness by untrained supervisors to their clients, as measured by the "Relationship Inventory" at periods of thirty days and ninety days after the training.
Hypothesis III was not supported. The trained supervisors' communication of genuineness was not significantly greater than that of untrained supervisors. There was a significant increase in the trained supervisors' communication of genuineness from before the training to thirty and ninety days after the training, but this change was not large enough to be significantly different from that of the untrained supervisors.

In summary, the statistical tests did not support the effectiveness of the Truax-Carkhuff Training Model used in a three-day training session for sheltered workshop supervisors. In terms of communication of the therapeutic triad, there was a significant increase in the trained supervisors' communication of empathy, level of regard, and genuineness, but when compared to the untrained supervisors (control group), only level of regard—which is one of the two requirements of non-possessive warmth—was significant. Conversely, the trainees' evaluation of this training was very favorable. The trainees felt that the session increased their communication of empathy, non-possessive warmth, and genuineness, but their clients' feeling of their communication of these three variables did not substantiate the effectiveness of the training.
Discussion of Results Relative to Other Findings

When this study was initiated, the research results concerning the Truax-Carkhuff integrated didactic and experiential approach to training in interpersonal skills were favorable. The present study and the Buckner study raise questions that are relevant to the validity of this training model.

First is the matter of the trainers. There is a possibility that Truax and/or Carkhuff are the cause of the success of the training and not the training model. The training sessions in which Truax and Carkhuff participated as the trainers were effective. The present study and Buckner's study used other qualified individuals as trainers. Neither research supported the validity of the training as a method to increase the level of the trainees' communication of the therapeutic triad.

Evaluations of the trainers' communication of the therapeutic triad were high for this study. The two trainers, Martin and Glenn, had considerable knowledge of the training model, and were experienced trainers, as mentioned previously in Chapter IV. Their expertise and successful communication of the therapeutic triad for this training suggest another question, the matter of time.

One of the Truax and Carkhuff sessions consisted of 100 hours, and the other of 46-48 hours of training spread
over several months. The Buckner training lasted for 30 one-hour class sessions, and the session for this study lasted for three days. The trainers for this study were not Truax and Carkhuff, but both were theoretically qualified, with trainer experience. This line of logic leads to the conclusion that time is a critical factor for the success of the Truax-Carkhuff Training Model. Time in terms of duration of the individual training session as well as the number of hours for the entire training program are important areas for further research, and are discussed in the next section.

Recommendations for Further Research

During the review of the literature, the training session itself, and interviews with the staffs of the sheltered workshops which participated in this study, several factors were noted that have implications for further research. These include the psychological environment of the participating facilities, the length of the training session, the personality characteristics of the supervisor trainees, and the disabilities of the clients. The specific recommendations follow.

1. Further study should be considered to determine if this training is more effective for some sheltered workshops compared to other sheltered workshops.

In order for human relations training to be effective, it is important for the trainees' organization to reward and
support the objectives of the training. It is difficult for training to produce lasting change in interpersonal relationships unless the psychological environment of the organization supports the training. 1 Several characteristics of the sheltered workshops involved in this study suggest different psychological environments, particularly the rehabilitation staff/client ratios, organization structure (production and rehabilitation functions not integrated), and emphasis upon production (percentage of budget derived from production). Descriptive data in Chapter III testify to these differences.

2. Further study should be considered to determine the effectiveness of a longer training session for sheltered workshop supervisors.

For many of the supervisors who participated in this training, this was their first exposure to human relations training. If this is indeed the case of most sheltered workshop supervisors, perhaps they require a training period longer than three days in this type of training.

3. Further research should be directed toward the effectiveness of this training model in respect to particular personality types.

It was obvious during the training sessions that some of the trainees were comfortable in this type of training and some were not. Some of the trainees seemed threatened and seemed to withdraw from the group. Is it possible that this training model is more effective with certain personality types?

4. Further study should be conducted to determine if this training has more impact on trained supervisors' relationships with certain "types" of clients.

Is it possible that this training is more effective for the relationships of supervisor and clients whose relationships are relatively "new" compared to "older" relationships? Is it also possible that there is a significant difference in how the clients whose major disability is psychiatric perceived their supervisors before and after the training? Perhaps the training is more effective for the "non-psychiatric" disabled clients or vice versa.
APPENDIX A

DEFINITION OF EFFECTIVE SUPERVISORY BEHAVIOR

"The Supervisor as a Manager of Personnel and a Rehabilitation Agent" is:

As a manager of personnel and a rehabilitation agent, the workshop supervisor must grant to handicapped workers referred to him fair and reasonable opportunities to develop their vocational potential through appropriate placement, clear orientation, sound guidance, skillful training, and objective evaluation. In working with these workers, the supervisor must deal effectively with special or general behavior problems and work limitations which often prohibit these workers from meeting the requirement of competitive employment. . . .

And "The Supervisor as a Human Relations Agent and Leader":

As a human relations agent and leader of men, the supervisor must establish an emotional-social climate in his department which fosters high morale and good work motivation. In establishing this climate, the supervisor must relate himself appropriately to his workers. He must exercise respect for the feeling and dignity of his men and give appropriate praise and recognition for his workers' good efforts. He must strive for fair treatment of his workers and display concern for their general welfare. In addition, he must demonstrate self-control under personal pressure or provocation in his relations with the workers.
APPENDIX B

BIBLIOGRAPHY OF SOURCES FOR THE INTEGRATED
DIDACTIC AND EXPERIENTIAL APPROACH


APPENDIX C

A TENTATIVE SCALE FOR THE MEASUREMENT OF THERAPIST GENUINENESS OR SELF-CONGRUENCE

General Definition

Perhaps the most difficult scale to develop has been that of therapist genuineness. However, though there are notable points of inconsistency in the research evidence, there is also here an extensive body of literature supporting the efficacy of this construct in counseling and therapeutic processes.

This scale is an attempt to define five degrees of therapist genuineness, beginning at a very low level where the therapist presents a facade or defends and denies feelings; and continuing to a high level of self-congruence where the therapist is freely and deeply himself. A high level of self-congruence does not mean that the therapist must overtly express his feelings but only that he does not deny them. Thus, the therapist may be actively reflecting, interpreting, analyzing, or in other ways functioning as a therapist; but this functioning must be self-congruent, so that he is being himself in the moment rather than presenting a professional facade. Thus the therapist's response must be sincere rather than phony; it must express his real feelings or being rather than defensiveness.
"Being himself" simply means that at the moment the therapist is really whatever his response denotes. It does not mean that the therapist must disclose his total self, but only that whatever he does show is a real aspect of himself, not a response growing out of defensiveness or a merely "professional" response that has been learned and repeated.

Stage 1

The therapist is clearly defensive in the interaction, and there is explicit evidence of a very considerable discrepancy between what he says and what he experiences. There may be striking contradictions in the therapist's statements, the content of his verbalization may contradict the voice qualities or nonverbal cues (. . ., the upset therapist stating in a strained voice that he is "not bothered at all" by the patient's anger).

Stage 2

The therapist responds appropriately but in a professional rather than a personal manner, giving the impression that his responses are said because they sound good from a distance but do not express what he really feels or means. There is a somewhat contrived or rehearsed quality or air of professionalism present.

Stage 3

The therapist is implicitly either defensive or professional, although there is no explicit evidence.

Stage 4

There is neither implicit nor explicit evidence of defensiveness or the presence of a facade. The therapist shows no self-incongruence.
A TENTATIVE SCALE FOR THE MEASUREMENT
OF ACCURATE EMPATHY

General Definition

Accurate empathy involves more than just the ability of the therapist to sense the client or patient's "private world" as if it were his own. It also involves more than just his ability to know what the patient means. Accurate empathy involves both the therapist's sensitivity to current feelings and his verbal facility to communicate this understanding in a language attuned to the client's current feelings.

It is not necessary—indeed it would seem undesirable—for the therapist to share the client's feelings in any sense that would require him to feel the same emotions. It is instead an appreciation and a sensitive awareness of those feelings. At deeper levels of empathy, it also involves enough understanding of patterns of human feelings and experience to sense feelings that the client only partially reveals. With such experience and knowledge, the therapist can communicate what the client clearly knows as well as meanings in the client's experience of which he is scarcely aware.

At a high level of accurate empathy the message "I am with you" is unmistakably clear—the therapist's remarks fit
perfectly with the client's mood and content. His responses not only indicate his sensitive understanding of the obvious feelings, but also serve to clarify and expand the client's awareness of his own feelings or experiences. Such empathy is communicated by both the language used and all the voice qualities, which unerringly reflect the therapist's seriousness and depth of feeling. The therapist's intent concentration upon the client keeps him continuously aware of the client's shifting emotional content so that he can shift his own responses to correct for language or content errors when he temporarily loses touch and is not "with" the client.

At a low level of accurate empathy the therapist may go off on a tangent of his own or may misinterpret what the patient is feeling. At a very low level he may be so preoccupied and interested in his own intellectual interpretations that he is scarcely aware of the client's "being." The therapist at this low level of accurate empathy may even be uninterested in the client, or may be concentrating on the intellectual content of what the client says rather than what he "is" at the moment, and so may ignore or misunderstand the client's current feelings and experiences. At this low level of empathy the therapist is doing something other than "listening," "understanding," or "being sensitive"; he may be evaluating the client, giving advice, sermonizing, or simply reflecting upon his own feelings or experiences. Indeed, he may be accurately describing psychodynamics to
the patient—but in the wrong language for the client, or at
the wrong time, when those dynamics are far removed from the
client's current feelings, so that the interaction takes on
the flavor of "teacher-pupil."

Stage 1

Therapist seems completely unaware of even the most
conspicuous of the client's feelings; his responses are not
appropriate to the mood and content of the client's state-
ments. There is no determinable quality of empathy, and
hence no accuracy whatsoever. The therapist may be bored
and disinterested or actively offering advice, but he is not
communicating an awareness of the client's current feelings.

Stage 2

Therapist shows an almost negligible degree of accuracy
in his responses, and that only toward the client's most ob-
vious feelings. Any emotions which are not clearly defined
he tends to ignore all together. He may be correctly sensi-
tive to obvious feelings and yet misunderstand much of what
the client is really trying to say. By his response he may
block off or may misdirect the patient. Stage 2 is dis-
tinguishable from Stage 3 in that the therapist ignores
feelings rather than displaying an inability to understand
them.

Stage 3

Therapist often responds accurately to client's more
exposed feelings. He also displays concern for the deeper,
more hidden feelings, which he seems to sense must be present,
though he does not understand their nature or sense their
meaning to the patient.

Stage 4

Therapist usually responds accurately to the client's
more obvious feelings and occasionally recognizes some that
are less apparent. In the process of this tentative probing,
however, he may misinterpret some present feelings and
anticipate some which are not current. Sensitivity and
awareness do exist in the therapist, but he is not entirely
"with" the patient in the current situation or experience.
The desire and effort to understand are both present, but
his accuracy is low. This stage is distinguishable from
Stage 3 in that the therapist does occasionally recognize
less apparent feelings. He also may seem to have a theory about the patient and may even know how or why the patient feels a particular way, but he is definitely not "with" the patient. In short, the therapist may be diagnostically accurate, but not emphatically accurate in his sensitivity to the patient's current feelings.

**Stage 5**

Therapist accurately responds to all of the client's more readily discernible feelings. He also shows awareness of many less evident feelings and experiences, but he tends to be somewhat inaccurate in his understanding of these. However, when he does not understand completely, this lack of complete understanding is communicated without an anticipatory or jarring note. His misunderstandings are not disruptive by their tentative nature. Sometimes in Stage 5 the therapist simply communicates his awareness of the problem of understanding another person's inner world. This stage is the midpoint of the continuum of accurate empathy.

**Stage 6**

Therapist recognizes most of the client's present feelings, including those which are not readily apparent. Although he understands their content, he sometimes tends to misjudge the intensity of these veiled feelings, so that his responses are not always accurately suited to the exact mood of the client. The therapist does deal directly with feelings the patient is currently experiencing although he may misjudge the intensity of those less apparent. Although sensing the feelings, he often is unable to communicate meaning to them. In contrast to Stage 7, the therapist's statements contain an almost static quality in the sense that he handles those feelings that the patient offers but does not bring new elements to life. He is "with" the client but doesn't encourage exploration. His manner of communicating his understanding is such that he makes of it a finished thing.

**Stage 7**

Therapist responds accurately to most of the client's present feelings and shows awareness of the precise intensity of most of the underlying emotions. However, his responses move only slightly beyond the client's own awareness, so that feelings may be present which neither the client nor therapist recognizes. The therapist initiates moves toward more emotionally laden material, and may communicate simply that he and the patient are moving towards more emotionally significant material. Stage 7 is distinguishable from
Stage 6 in that often the therapist's response is a kind of precise pointing of the finger toward emotionally significant material.

Stage 8

Therapist accurately interprets all the client's present, acknowledged feelings. He also uncovers the most deeply shrouded of the client's feelings, voicing meanings in the client's experience of which the client is scarcely aware. Since the therapist must necessarily utilize a method of trial and error in the new uncharted areas, there are minor flaws in the accuracy of his understanding, but these inaccuracies are held tentatively. With sensitivity and accuracy he moves into feelings and experiences that the client has only hinted at. The therapist offers specific explanations or additions to the patient's understanding so that underlying emotions are both pointed out and specifically talked about. The content that comes to life may be new but it is not alien.

Although the therapist in Stage 8 makes mistakes, these mistakes are not jarring because they are covered by the tentative character of the response. Also, this therapist is sensitive to his mistakes and quickly changes his response in midstream, indicating that he has recognized what is being talked about and what the patient is seeking in his own explorations. The therapist reflects a togetherness with the patient in tentative trial and error exploration. His voice tone reflects the seriousness and depth of his empathic grasp.

Stage 9

The therapist in this stage unerringly responds to the client's full range of feelings in their exact intensity. Without hesitation, he recognizes each emotional nuance and communicates an understanding of every deepest feeling. He is completely attuned to the client's shifting emotional content; he senses each of the client's feelings and reflects them in his words and voice. With sensitive accuracy, he expands the client's hints into a full-scale (though tentative) elaboration of feeling or experience. He shows precision both in understanding and in communication of this understanding, and expresses and experiences them without hesitancy.
A TENTATIVE SCALE FOR THE MEASUREMENT
OF NON-POSSESSIVE WARMTH

General Definition

The dimension of non-possessive warmth or unconditional positive regard, ranges from a high level where the therapist warmly accepts the patient's experience as part of that person, without imposing conditions; to a low level where the therapist evaluates a patient or his feelings, expresses dislike or disapproval, or expresses warmth in a selective and evaluative way.

Thus, a warm, positive feeling toward the client may still rate quite low in this scale if it is given conditionally. Non-possessive warmth for the client means accepting him as a person with human potentialities. It involves a non-possessive caring for him as a separate person and, thus, a willingness to share equally his joys and aspirations or his depressions and failures. It involves valuing the patient as a person, separate from any evaluation of his behavior or thoughts. Thus, a therapist can evaluate the patient's behavior or his thoughts but still rate high on warmth if it is quite clear that his valuing of the individual as a person is uncontaminated and unconditional. At its highest level this unconditional warmth involves a non-possessive caring for the patient as a separate person who is allowed to have his own feelings and experiences; a
prizing of the patient for himself regardless of his behavior.

Stage 1

The therapist is actively offering advice or giving clear negative regard. He may be telling the patient what would be "best for him," or in other ways actively approving or disapproving of his behavior. The therapist's actions make himself the locus of evaluation; he sees himself as responsible for the patient.

Stage 2

The therapist responds mechanically to the client, indicating little positive regard and hence little non-possessive warmth. He may ignore the patient or his feelings or display a lack of concern or interest. The therapist ignores the client at times when a non-possessively warm response would be expected; he shows a complete passivity that communicates almost unconditional lack of regard.

Stage 3

The therapist indicates a positive caring for the patient or client, but it is a semi-possessive caring in the sense that he communicates to the client that his behavior matters to him. That is, the therapist communicates such things as "It is not all right if you act immorally," "I want you to get along at work," or "It's important to me that you get along with the ward staff." The therapist sees himself as responsible for the client.

Stage 4

The therapist clearly communicates a very deep interest and concern for the welfare of the patient, showing a non-evaluative and unconditional warmth in almost all areas of his functioning. Although there remains some conditionality in the more personal and private areas, the patient is given freedom to be himself and to be liked as himself. There is little evaluation of thoughts and behaviors. In deeply personal areas, however, the therapist may be conditional and communicate the idea that the client may act in any way he wishes—except that it is important to the therapist that he be more mature or not regress in therapy or accept and like the therapist. In all other areas, however, non-possessive warmth is communicated. The therapist sees himself as responsible for the client.
Stage 5

At stage 5, the therapist communicates warmth without restriction. There is a deep respect for the patient's worth as a person and his rights as a free individual. At this level the patient is free to be himself even if this means that he is regressing, being defensive, or even disliking or rejecting the therapist himself. At this stage the therapist cares deeply for the patient as a person, but it does not matter to him how the patient chooses to behave. He genuinely cares for and deeply prizes the patient for his human potentials, apart from evaluations of his behavior or his thoughts. He is willing to share equally the patient's joys and aspirations or depressions and failures. The only channeling by the therapist may be the demand that the patient communicate personally relevant material.
APPENDIX D

RELATIONSHIP INVENTORY

In the following questions there are listed a variety of ways that one person may feel or behave in relation to another person.

Please consider each statement with reference to your present relationship with your supervisor, who is ____________________________

Mark each statement of the following inventory either "Yes" or "No" according to whether you agree or disagree with its content concerning your relationship with your supervisor.

Name: ____________________________________________________________

Workshop: __________________________________________________________

City: _______________________________________________________________
1. He (she) respects me as a person.
2. He (she) wants to understand how I see things.
3. His (her) interest in me depends upon the things I say or do.
4. He (she) is comfortable and at ease in our relationship.
5. He (she) feels a true liking for me.
6. He (she) may understand my words but does not see the way I feel.
7. Whether I am feeling happy or unhappy with myself makes no real difference to the way he (she) feels about me.
8. I feel that he (she) puts on a role or front with me.
9. He (she) is impatient with me.
10. He (she) nearly always knows exactly what I mean.
11. Depending upon my behavior, he (she) has a better opinion of me sometimes than he (she) has at other times.
12. I feel that he (she) is real and genuine with me.
13. I feel appreciated by him (her).
14. He (she) looks at what I do from her own point of view.
15. His (her) feeling toward me doesn't depend upon how I feel toward her.
16. It makes him (her) uneasy when I ask or talk about certain things.
17. He (she) is indifferent to me.
18. He (she) usually senses or realizes what I am feeling.
19. He (she) wants me to be a particular kind of person.
20. I nearly always feel that what he (she) says expresses exactly what he (she) is feeling and thinking as he (she) says it.
21. He (she) finds me rather dull and uninteresting.
22. His (her) own attitudes toward some of the things I do or say prevent him (her) from understanding me.
23. I can (or could) be openly critical or appreciative of him (her) without really making him (her) feel any differently about me.
24. He (she) wants me to think that he (she) likes me or understands me more than he (she) really does.
25. He (she) cares for me.
26. Sometimes he (she) thinks that I feel a certain way, because that's the way he (she) feels.
27. He (she) likes certain things about me, and there are other things he (she) does not like.
28. He (she) does not avoid anything that is important for our relationship.
29. I feel that he (she) disapproves of me.
30. He (she) realizes what I mean even when I have difficulty in saying it.
31. His (her) attitude toward me stays the same; he (she) is not pleased with me sometimes and critical or disappointed at other times.
32. Sometimes he (she) is not at all comfortable but we go on, outwardly ignoring it.
33. He (she) just tolerates me.
34. He (she) usually understands the whole of what I mean.
35. If I show that I am angry with him (her), he (she) becomes hurt or angry with me, too.
36. He (she) expresses his (her) true impressions and feelings with me.

37. He (she) is friendly and warm with me.

38. He (she) just takes no notice of some things that I think or feel.

39. How much he (she) likes or dislikes me is not altered by anything that I tell him (her) about myself.

40. At times I sense that he (she) is not aware of what he (she) is really feeling with me.

41. I feel that he (she) really values me.

42. He (she) appreciates exactly how the things I experience feel to me.

43. He (she) approves of some things I do, and plainly disapproves of others.

44. He (she) is willing to express whatever is actually in his (her) mind with me, including any feelings about himself (herself) or about me.

45. He (she) doesn't like me for myself.

46. At times he (she) thinks that I feel a lot more strongly about a particular thing than I really do.

47. Whether I am in good spirits or feeling upset does not make him (her) feel any more or less appreciative of me.

48. He (she) is openly himself (herself) in our relationship.

49. I seem to irritate and bother him (her).

50. He (she) does not realize how sensitive I am about some of the things we discuss.

51. Whether the ideas and feelings I express are "good" or bad seems to make no difference to his (her) feeling toward me.

52. There are times when I feel that his (her) outward response to me is quite different from the way he (she) feels underneath.
53. At times he (she) feels contempt for me.

54. He (she) understands me.

55. Sometimes I am more worthwhile in his (her) eyes than I am at other times.

56. I have not felt that he (she) tries to hide anything from himself (herself) that he (she) feels with me.

57. He (she) is truly interested in me.

58. His (her) response to me is usually so fixed and automatic that I don't really get through to him (her).

59. I don't think that anything I say or do really changes the way he (she) feels toward me.

60. What he (she) says to me often gives a wrong impression of his (her) whole thought or feeling at the time.

61. He (she) feels deep affection for me.

62. When I am hurt or upset he (she) can recognize my feelings exactly, without becoming upset himself (herself).

63. What other people think of me does (or would, if he (she) knew) affect the way he (she) feels toward me.

64. I believe that he (she) has feelings he (she) does not tell me about that are causing difficulty in our relationship.
APPENDIX E

TRAINING RATING FORM

Rate the following topics as to their effectiveness or usefulness in this training session.

Make your rating by placing a circle around the appropriate number. (1) very low (2) low (3) below average (4) above average (5) high (6) very high

1. Usefulness of the following in this training session:

   very high  very low

   Rating of tapes       6  5  4  3  2  1
   Response training     6  5  4  3  2  1
   Role playing          6  5  4  3  2  1
   Use of T.V.           6  5  4  3  2  1
   Listening to tapes of experienced persons  6  5  4  3  2  1
   Quasi-group therapy experience  6  5  4  3  2  1
   Reading material      6  5  4  3  2  1

2. Effectiveness of this training in improving my own interpersonal skills.

   Communication of empathic ability       6  5  4  3  2  1
   Communication of warmth                 6  5  4  3  2  1
   Communication of genuineness            6  5  4  3  2  1
   Theoretical knowledge of conditions     6  5  4  3  2  1
3. Value of this training in the following specific situations:

<table>
<thead>
<tr>
<th>Situation</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationships with superiors</td>
<td>6 5 4 3 2 1</td>
</tr>
<tr>
<td>Relationships with co-workers</td>
<td>6 5 4 3 2 1</td>
</tr>
<tr>
<td>Relationships with students/clients</td>
<td>6 5 4 3 2 1</td>
</tr>
<tr>
<td>Communication with community groups</td>
<td>6 5 4 3 2 1</td>
</tr>
</tbody>
</table>

4. Rating of staff members on their level of functioning during this training session.

<table>
<thead>
<tr>
<th>Communication ability</th>
<th>Rating</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication of empathic ability</td>
<td>6 5 4 3 2 1</td>
</tr>
<tr>
<td>Communication of warmth</td>
<td>6 5 4 3 2 1</td>
</tr>
<tr>
<td>Communication of genuineness</td>
<td>6 5 4 3 2 1</td>
</tr>
</tbody>
</table>

5. Overall rating of this approach to training | Rating |
<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td></td>
<td>6 5 4 3 2 1</td>
</tr>
</tbody>
</table>

6. Overall rating of values gained from this training session | Rating |
<table>
<thead>
<tr>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td></td>
<td>6 5 4 3 2 1</td>
</tr>
</tbody>
</table>

7. Additional comments or suggestions:
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