To the Graduate Council:

I am submitting herewith a thesis written by Donnal Crohan entitled "Training to Enhance Sensitivity to Nonverbal Behavior." I have examined the final copy of this thesis for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Masters of Educational Psychology,

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Training to Enhance Sensitivity to Nonverbal Behavior

A Thesis

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Abstract

The purpose of this study was to determine the effectiveness of role-playing as training for increasing the nonverbal sensitivity of counselors in training. The Revised Self-Monitoring Scale (RSMS) was used to measure the subjects' sensitivity to nonverbal expressive behavior and their ability to modify self presentation. Role-playing activities, designed to enhance participant's sensitivity to nonverbal cues, were conducted with the experimental group. A control group participated in a counseling class without special emphasis on nonverbal sensitivity. Both groups received the RSMS as a pre and post test. Two scores were obtained on the RSMS: ability to modify self presentation and sensitivity to expressive behavior. No significant difference was found between the experimental group and the control group for scores on the ability to modify self presentation. The experimental group did, however, have significantly improved scores on their

sensitivity to expressive behavior. Results contribute to the literature about how to increase the sensitivity of counselors in training to the nonverbal cues of those they counsel.

Chapter 1

Introduction:

How well do counselors in training interpret non-verbal communication? Does the use of role-playing make for a more effective way to train counselors to be more aware of nonverbal cues? Could a method be devised that would better prepare counselor trainees for sensing nonverbal behavior, so essential to client contact? Would role-playing be an effective means to train counselors to be better able to modify their self presentation? Answers to these questions could have a valuable impact upon many fields, including but not limited to management, education, and of course, counseling.

Rationale:

Nonverbal sensitivity has become a recognized skill of value to therapists and training in this area has become an issue of concern. The need to master reading nonverbal cues is of great import to therapists, both to monitor their own behavior, and to certainly perceive the nonverbal cues of their clients (Archer, Akert, & Costanzo, 1993). There are several important reasons for therapists to learn to control their nonverbal cues and to be well trained in perceiving them. A foremost reason is for counselors to have the ability to detect unresolved or hidden issues (Cormier & Cormier, 1991). Some experts maintain that the majority of face to face communication occurs at a nonverbal level (Weiten & Lloyd, 1994). More over, nonverbal communication has been noted to include hidden messages, specific emotional cues, and can assist a therapist in detecting contradictions between words and the intent behind the words (Weiten & Lloyd, 1994). Though nonverbal sensitivity has been recognized as an important training issue, few methods have been validated as effective when preparing counselors for client contact (Grace, Kivlighan, & Kunce, 1995).

Role-playing has become often used and recognized as an effective tool in education and training. The use of role-

playing in counseling has had a wide range. Furthermore, it has been noted that the way in which role-playing is presented is essential to its success (Wehrenberg, 1986). To be successful, role-playing requires specific time periods of presentation, specific use of instructor modeling, and careful presentation, all of which contribute to a powerful teaching tool (Maier, 1989). It has been suggested that the use of role-playing should be studied to determine when it would be most effective in teaching nonverbal sensitivity (Cabral, 1987).

The studies discussed thus far have not measured the specific effectiveness of role-playing on training counselors to be more effective nonverbal discriminators. Such a study needs to be completed to satisfy this important query. To complete the study effectively, a measure should be chosen which would both satisfy the question, and prove to be a reliable and valid test.

The Revised Self Monitoring Scale (RSMS) contains two valuable subscales (Lennox & Wolfe, 1984). One of these scales measure a person's ability to modify their self presentation of their own nonverbal behavior and the other the sensitivity to nonverbal cues presented by others. The subscale measuring Sensitivity to Expressive Behavior of Others, conceptually measures best the factor most concerning this experiment. The decision to use the RSMS

scale, authored by Lennox/Wolfe, was made because of its independent subscales, and more specifically the Sensitivity to Expressive Behavior of Others subscale, which the experimenters considered most relevant. The measure was found to be internally consisitant and with both subscales correlating dissimiliarly, and had face validity (Lennox & Wolfe, 1984).

Statement of the Problem:

Brammer, Shostrom, and Abrego (1989) suggested that the effective counselor should attend to matching their nonverbal behavior to that of the client. They advise that "counselors attend to matching their non-verbal behavior to that of the client and maintain consistency between their verbal and non-verbal messages" (p. 111). Such an effort would increase the disclosure of the client, who would percieve a more empathic therapist (p. 111). Despite the opinions of established experts such as these, there has been limited effort to develop an effective technique for enhancing nonverbal sensitivity. Furthermore, there is limited and inconclusive research to answer the question of whether or not role-playing is effective in training

counseling students in skills of nonverbal sensitivity? A study examining the value of role-playing in teaching counseling students nonverbal sensitivity is needed. One way to determine the effectiveness of role-playing is to compare it to traditional techniques. Therefore, the purpose of the study was to examine the effectiveness of role-playing training on increasing the perception of nonverbal behavior in contrast to traditional training techniques.

Definition of Terms:

The following terms are defined to clarify their use in this study:

Nonverbal Sensitivity. A message sent to a target subject using body language, posture or any other variable other than voice or intonation (Waxer, 1974). The degree of non-verbal sensitivity and change of non-verbal sensitivity was measured by the Revised Self Monitoring Scale (Lennox & Wolfe, 1984).

Role-playing A session between two or more subjects involving "acting out" behaviors or responses for the purpose of creating a relatively approximate experience to an actual event (Sala, 1986 & Bailey, Deardorff, & Nay,

1977). Role-playing was used to train nonverbal sensitivity to the subjects assigned to the experimental group. Only the experimental group received role-playing training.

Revised Self Monitoring Scale. An instrument designed by Lennox and Wolfe (1984), which consists of a written form to be completed by the subject. The Revised Self Monitoring Scale was used as the measure to determine the effectiveness of the experimental treatment. Data can be obtained from two subscales of the RSMS. One subscale is a measure of the ability to modify self presentation. A second subscale is a measure of the sensitivity to nonverbal behavior.

Traditional Techniques. A term used for this study to describe lecture or reading, when preparing counseling students for non-verbal sensitivity recognition (Costanzo & Archer, 1991). Traditional teaching techniques were applied to the control group.

Chapter 2

Review of the Literature:

Introduction:

The purpose of this study was to determine whether the form of training devised (role-playing) was effective in training counseling students in nonverbal sensitivity skills. To accomplish this, a role-play based training technique and traditional training techniques were compared. The graduate students for this study were selected from a Group Methods and Techniques class at the University of Tennessee. The Revised Self Monitoring Scale was used to measure the effects of the experimental treatment. The purpose of the study was to examine the differences of role-playing and traditional teaching techniques for training counseling students.

This chapter presents a review of literature related to the use of role-playing in counselor sensitivity training. It also notes the lack of research to date qualifying role-playing as an accurate technique of non-verbal behavior training.

Background History:

Early efforts to train counselors in nonverbal sensitivity revolved around the use of videotape. One such study involved 67 students and clinical faculty, who replied to a questionnaire regarding their nonverbal awareness after watching silent (sound removed) videotaped interviews of patients, some of which had been diagnosed with depression (Waxer, 1974). It was concluded that raters were able to identify depressed patients better than chance, and that counseling students did significantly better using nonverbal messages alone. Though limited in its scope, Waxer was able to note the import of nonverbal cues when used in therapist diagnosis of depression.

Beck (1987) completed a study of sensitivity training. The variables in the training were limited to more

traditional lecture and activities, and role-playing was overlooked as a method of training.

Walker and Trimboli (1989) completed a study using 20 students who were exposed to videotaped messages with live persons delivering nonverbal messages along with a monologue which included a mixed nonverbal message. The experimenters examined whether the verbal or nonverbal channel was dominant. Walker determined that the nonverbal channel received the most feedback, and concluded that this evidence signified the importance of the nonverbal channels. The subject size was very small, therefore limiting the scope of the study's prediction.

Wehrenberg (1986) advocated the use of role play in training interpersonal skills. Though the paper focused upon management training instead of counseling, the intent to increase sensitivity to interpersonal awareness was of significance. The same year, Sala (1986) concluded that role-playing was a useful tool for training mental health professionals. Maier (1989) advocated the use of role-playing. Though the article attempted to examine both strength and weaknesses of the medium, it again failed to examine through experimental process the effectiveness of roleplaying.

The studies of the effectiveness of role-playing training on mental health care professionals have been

completed periodically over the past years. Studies were conducted as early as 1973 on the effectiveness of role playing in teaching students counseling techniques. Wile (1973) used a non directive role playing workshop to try to improve student abilities in counseling. Wile concluded that students preferred role playing as a technique to help them master the counseling material. The student trainees also expressed more confidence in their counseling skills after the workshop. Wile failed to provide substantive data validating the trainee's opinions, although he did note the positive effect the students said they had experienced.

Scheffler (1973) used a classroom role-playing session to increase college counselor's effectiveness and ability to note and reply to abnormal behavior. Scheffler concluded from observation that the use of role-playing was effective, but the author failed to provide any data to support his opinion. Similar conclusions were drawn using case examples of successes noted when training peer counselors and mental health professionals (Sala, 1986). Once again, the effectiveness of the use of role-playing to train counselors was suggested, but no data were collected to affirm the instructor's opinions.

Lippa (1976) attempted to examine extroversion with students who role-played mathematics teachers. The design employed 46 students to complete the paradigm, including

three role-playing trials and a use of the Snyder Self Monitoring Scale (1974) as a measure of effectiveness. The role-playing trials included portrayal of both extroverted and introverted personalities when playing the teacher. Though not designed to examine nonverbal expressiveness, the study did note a "leakage" of expressive behaviors through nonverbal gestures, including facial expressions, and other nonverbal body language. There was a definite consistency in the expressiveness of the role-players when they attempted to portray either extroverted or introverted characteristics.

An attempt at a more traditional experimental design was accomplished, noting an increase in counseling skills for students trained in a modeling-role-playing program (Teevan & Gabel, 1978). The subjects were college students, studying the mental health profession. The 45 students were divided into three groups; a traditional lecture discussion
group, a role-playing modeling group, and a control group. The training focused upon crisis management. One way analysis of variance indicated an increase in accurate responses on a helper inventory, with the lecture group displaying moderate improvement and no difference noted for the control group. The study was well conducted, but its general assumption of training programs being helpful to

counselor trainees gave little detail on what techniques would be most useful for specific skill development. Still, there was indication of the value of role-play in a general sense when used in counselor training.

The need for sensitivity became a specific measure of one of the necessary characteristics of a capable counselor in a study by Berkman and Rutchick (1987). They decided to examine the manner of increasing nonverbal sensitivity in students. Role-playing as a functional training method was employed as part of its framework. Three intervention groups were prepared. Group A consisted of 73 college students who were exposed to traditional humanistic courses and were given a questionnaire to measure their nonverbal sensitivity once the classes were complete. Group B consisted of 17 students who were given specialty training which included the use of role-play to master nonverbal sensitivity, and were given the same questionnaire after completion of the training. Group C consisted of 48 students who served as a control group, and completed the questionnaire prior to any related course work. Results indicated an increase in the scores of the students who had completed the Group B specialty training when compared to the traditional training of Group A. It was concluded that training could be used to improve a subject's sensitivity to empathic and interpersonal awareness. There was no

indication of increase, however, when compared with the Group C control group. The instrument, the Smith Test of Sensitivity, did not have established validity. Furthermore, the design of the study was problematic because it failed to employ a more desirable equivalent number in the comparison groups.

A study tested the use of role-playing comparing it to other techniques of training for counseling competency and their nonverbal skill development (Bailey, Deardorff, & Nay, 1977). Forty eight senior undergraduates were divided between four training groups, consisting of role-playing training alone (Group A), role-playing plus feedback (Group B), role-playing plus modeling (Group C), and a no treatment control group. Subjects were assigned randomly by groups. The students were pretested for self concept and attitude. They were then exposed to the treatment. A confederate was trained to act as a client/partner in a "mock therapists first interview." During participation, the subject was told to emulate a police officer, whom had been watched on a videotaped interview. The confederate would play the police officer as the client for the subject. The subjects were blind to all other design conditions. They were told they would participate in a "mock interview" with a partner, but were not informed that the partner would be a confederate. Each pair, the subject and the confederate, were placed in

the mock therapy session for twelve minutes, then separated. The confederate was asked to rate the subject on Guerney's Client Personal Reaction Questionnaire. At the same time they were asked to rate themselves several times on the same measure, with a delay between administrations. The subjects were asked to again assume the role of therapist, but to act as though they had never encountered the confederate before in another mock therapy session. The same administrations of the CPRQ were employed in the same manner as before after the completed second interview. The use of video taped feedback was employed between the two mock therapy sessions in the Group B, and in all other respects the treatment was the same. This feedback consisted of verbatim taping of the first role-playing session. Group C subjects received the same treatment as group A, but were also exposed to a modeling tape involving the author modeling a therapist in action with a police officer. This modeling tape was inserted between the first and second role-playing sessions. The control group was given the tests within the same time schedules as the other groups, but did not receive treatment. The mock sessions had been recorded, and all verbal and nonverbal behaviors were separately coded. The study found role-playing training inconsequential when compared to role-playing and feedback or role-playing and modeling,

but offered no comparison between role-playing and traditional lecture techniques. It did note a significant difference between no training and the three treatments, with role-playing/modeling having a significant increase in "positive therapist behavior" over the control. Bailey noted several weaknesses, including the shortness of the interviews to effectively simulate a therapy session and the use of undergraduate therapists as a general measure of therapists. It might also be true that the study was rather complex and almost unwieldy in its approach in an attempt to secure control, and could have provided too artificial an environment for an effective measure of actual therapy or even therapy training. The subjects chosen were also picked from a pool of introductory psychology students, perhaps not invested enough to place the interest and effort one would expect from a person training to become a professional counselor.

In another effort, role-playing was listed with verbal training as primary contributors to the success of social skills training (Kelly, 1983). Though the study primarily examined whether the introduction of self monitoring would increase the effects of standard social skills training, other affects were noted, including the supported assertion that didactic role-playing provided an effective means of training. The sample size of this study was very small,

consisting of only four subjects thereby limiting the generalizability of the results.

Experimentation was completed with adolescents involving their social skills. Jupp and Griffiths (1990) attempted to compare the effectiveness of discussion/activities approach to psychodramatic role-plays when used to train "shy-isolated" students in the area of social skills. Subjects were randomly divided between a traditional lecture training and a role playing training group. The role-playing group had more positive improvements in self concept and social skills than members of the lecture/training group. The conclusion reached was that those attending the role-playing group were more positively affected. The design, however, suffered from incomplete data, due to subject attrition. It also failed to conclude whether the contact from the role-playing session was due to the method or the interaction itself. What aspect of "social interaction" was most important was not clearly delineated either. The study did however encourage the examination of role-playing as a training medium.

Rosenfarb and Mintz (1992) examined role-playing's effectiveness and questioned the need of personal relevance of the role described when assessing social skills. Their conclusion was that personal relevance was of lesser import. They again failed to break down the term "social skills" into

any active component that could be analyzed as the intervening variable.

Most recently, Grace, Kivlighan, and Kunce (1995) completed a study where eighteen counselor trainees were divided between a control group and treatment group in an experiment involving the testing of trainee's sensitivity to nonverbal behavior after watching video presentations. The modest results indicated an increase in nonverbal sensitivity, despite the small sample size. The study gave an indication of the possibility of developing a medium with which to positively condition counselors to be more nonverbally sensitive.

Summary:

To summarize, examination of the use of role-playing in counselor training is necessary. The lack of research to qualify role-playing as an effective means of teaching non-verbal behavior leaves a gap in the literature.

Chapter 3

Research Methods:

Introduction:

The primary objective of this study was to examine the differences in the effectiveness of role-playing and traditional techniques for teaching non-verbal skills, and to determine whether the training program devised effectively increases nonverbal sensitivity in counseling trainees. The population of this study was obtained from students enrolled in graduate courses at The University of Tennessee. The Revised Self-Monitoring Scale was used to measure changes in subjects nonverbal sensitivity which may result from the role-playing activities.

This chapter describes the procedures used in the present study. This section includes background of the

instrument, selection of the sample, data collection methods and analysis of the data.

Background Data:

The instrument chosen was the Revised Self Monitoring Scale. The history of the measure indicates it is an effective and valid measure.

Snyder (1974) developed a measure proported to examine a subjects ability to self monitor, including measuring "self control of facial and vocal emotional expressive behavior." He stated at that time that the measure was sufficient. Others soon disagreed. Studies began to indicate that the validity of the test was questionable, as it didn't measure what it proposed to measure (Briggs & Cheek, 1988).

Lennox & Wolfe (1984) developed the Revised Self Monitoring Scale (RSMS) to answer some of the perceived omissions in the 1974 Snyder scale. The new scale provided two subscales, which were expected to be effective when used separately. One of the subscales measured an individual's ability to self monitor, and the other the ability to sense the expressive behavior of others. Internal

correlations showed it free from some of the inconsistancies of the Snyder scale, with the values of the coefficient alpha at .77 for the seven items measuring the ability to self-modify and . 70 for the six items measduring the sensitivity to the expressive behavior of others (Lennox & Wolfe, 1984). Allen found it to be reliable, except in the age group of 16-18 (Allen, 1986). It was also found to be valid throgh its measurement of the constructs seperately (Lennox & Wolfe, 1984).

Snyder (Snyder & Gangestand, 1986) attempted to defend his scale, and proposed a new 18 item scale to make up for any perceived errors. In the same year, the RSMS was further validated and displayed as a possible use in measuring self esteem, shyness and sociability for drug users (Cutler & Wolfe, 1989). Dillard (1989) argued that the Snyder scale failed to examine what it was designed to measure. What is more, he found that the consciousness scale seemed inadequate. Lennox (1988) further discredited the original 25 item Snyder scale and the revised 18 item scale. He noted several statistical abnormalities, including questions of validity and failed replications due to poor internal consistency. Lennox conceded that he had not tested his own models of comparison, and strongly recommended further analysis by researchers.

Shuptrine, Bearden,and Teel (1990) supported the use of the Revised Self Monitoring scale, noting the effectiveness of the two subscales. The authors did note low correlation's between the Snyder and Lennox/Wolfe scales, cautioning that they may not be measuring the same thing, but felt the RSMS was worthy of use.

A Revised Self-Monitoring Scale was used to measure perceptions of sensitivity to expressive behavior (Lennox, & Wolfe, 1984). The Lennox and Wolfe version also has a valuable subset, dividing interpretation into ability to self modify and the sensitivity to the expressive behavior of others. The sensitivity to expressive behavior of others is of primary concern in this study, and therefore the most valuable subset.

Selection of Sample:

The population selected for this study were 44 graduate students enrolled in a Group Methods and Techniques courses, at the University of Tennessee. The sample consisted of 11 male and 33 female students. The subjects listed ages ranging from 23 to 41. The control group was randomly selected from the three counselor

training classes available. The other two classes served as the experimental groups. The control group yielded 11 usable sets of pre and post tests. From the experimental groups, 33 usable sets of pre and post tests were obtained.

Role-playing Process:

The subjects chosen were a group of 44 counseling students enrolled in Group Methods and Techniques classes. Scores from the Revised Self-Monitoring tests, acquired prior to treatment, were compared with a second set of scores on the same test given after the experimental treatment. The results of the tests were not discussed with the subjects until the completion of the study.

A pilot study was run with 23 students (not included in the 44 subjects listed above) using The RSMS and another measuring instrument. The pilot consisted of one workshop consisting of treatment with two role-playing "games". The first "game" involved dividing the subjects into triads, in which two subjects served as actor and reflector. The third person in the triad was a judge of the effectiveness of the reflector's actions. The game consisted of the actor drawing a "feeling card," a slip of cardboard with an emotion printed

upon it, from an envelope. The actor would then act out the emotion with nonverbal gestures and facial expressions, while verbally giving a corresponding story to the reflector. The corrosponding story was some recent event in the specific actor's past that would have evoked the printed emotion. The reflector was supposed to mimic the nonverbals of the actor and reply verbally with encouraging remarks. The judge then gave feedback. The participants would switch roles and proceed with the same process as before. This was repeated until everyone had a chance to play all three roles of judge, actor and reflector.

The second game maintained the role and triad structure, but had the actor draw "feeling slips," or slips of paper with sentences describing emotional situations, from another envelope. The one sentence situations descibed only triggering events (car accidents, divorce, ancicipated test) from which the actor would have to make up the specifics. Again the actor would act out the emotions, the reflector would try to encourage disclosure and reflect the nonverbals and the judge would give feedback. This was repeated until everyone had a chance to play all three roles of judge, actor and reflector.

Several different measures were employed, including the Revised Self Monitoring Scale. The results were inconclusive, but indicated that the method and use of role-

play might be possibly effective if modifications to the training design were completed. The results did not yield valid conclusions, partially due to the complexity of the treatment design, the difficulty the counseling students had in adapting to the design, and the small sample size used to test the paradigm. The design was modified, and the measure that showed the best ability to indicate results with a modest sample was chosen. The selected test was the Revised Self Monitoring Scale.

The experimental treatment consisted of one guided seminar style role-playing workshop involving the participation of 44 subjects. Eleven members served as control subjects and the remaining 33 formed the experimental group. The seminar consisted of three "games" of similar design to each other. The first "game" included three to four subjects gathering in a "triad set up" [see Appendix A], with two participants acting out the roles of actor and reflector. The third participant(s) acted as observer(s). Sitting in an outer circle or an angle in order to get an effective view, the observernoted what nonverbal behavior was presented by the actor, and determined what feelings the actor was presenting. The observer also noted how well the reflector mimicked the emotions presented by the actor. Prior to the session, instructions were presented

and a sample session was acted out by appropriate models, then questions on the process were allowed.

In the first "game", the groups were instructed to have the actor make a face. The reflector would then mimic the face as best as the reflector was able. The observer would then give feedback on the reflector's success. Prior to the session, instructions were presented and a sample session was acted out by appropriate models [as per suggestion by Maier, 1989, that modeling be done whenever role-playing is used as an instructional tool]. Treatment consisted of three rounds, during which the roles of actor, reflector and observer were switched, allowing all participants to have had an opportunity to have been actor, reflector and observer. Questions were entertained regarding process and comments concerning what was noticed or learned were shared. The first "game" served both to train the participants in noting facial expression and to condition them to the design paradigm [see Appendix A].

The second game consisted of the same three to four subjects remaining in the triad, with two participants acting out the roles of actor and reflector. The third participant(s) acted as observer/judge(s). Sitting in an outer circle or an angle in order to get an effective view, the observe er noted what nonverbal behavior was presented by the actor, determined what feelings the actor was presenting,

and how well the reflector replied to and determined the feeling presented by the actor. Prior to the session, instructions were presented and a sample session was acted out by appropriate models, then questions on process were allowed. The subject groups were then given envelopes with several cards in them, each of which had an emotion labeling it. The actors playing the client read the card without showing it to the other participants. After considering the presentation of the emotion, the actor presented an impromptu expression of the emotion, complete with related story or oration. The reflector listened to the oration, and attempted to mimic the voice tone, stance, body posture, and to an extent, hand gestures presented by the client [as per suggestion by Wehrenberg, 1986, regarding the import of involvement of the participants in their association with the presented role-play]. Treatment will consist of three rounds, allowing each subject to switch roles, then questions were entertained regarding process and comments concerning what was learned or noticed were invited. Specific emphasis was placed on the feedback of each observer. The observer noted how well the reflector reflected the emotional behavior and nonverbals presented by the client, and whether the reflector encouraged further disclosure by emphatically expressing understanding [see Appendix B].

The third workshop consisted of the same three to four subjects remaining in the seated positions, with two participants acting out the roles of therapist and client. The third participant(s) acted as observer(s). Prior to the session, instructions were presented and a sample session was acted out by appropriate models, then questions on process were allowed. The subject groups were then given envelopes with problem oriented client roles in them, chosen from Egan's text (1994). The actors playing the client read the role description without showing it to the other participants, then acted out the role of the client in the script for the benefit of the therapist. The therapist tried to note the nonverbals presented by the client and facilitate disclosure through reflecting those nonverbals and by empathic encouragement. Sitting at a perpendicular angle to the actor/client and reflector/therapist, in order to get an effective view [see appendix], the observer noted what nonverbal behavior was presented by the actor/client, and determine what feelings the actor/client was presenting. The observer also noted how well the therapist/reflector reflected the emotions presented by the client, and whether the therapist/reflector encouraged further disclosure by emphatically expressing understanding. Treatment consisted of three rounds, allowing each subject to switch roles, then a processing time was encouraged concerning

learned techniques and noted observations. Specific emphasis was placed upon the feedback of the actor/clients regarding how effective they would have felt the session would have been for them, and feedback from the reflector/therapists upon what they noted particularly difficult and/or helpful in learning the process [see Appendix C]. After completing the experimental treatment, testing proceeded, with the Revised Self-Monitoring Scale serving as the measure.

Special emphasis was placed upon the performance of the reflector therapist through out all three "games." Though not addressed openly as the most important part of the treatment, the experimenters repeatedly asked the judge/observer about how well the reflector/therapist had noted and mimicked the actor/client. The same question was directed to the actor in a different form, regarding if the reflecting of the nonverbals made them feel more comfortable. Finally, during the last game, the experimenters "noticed" openly that the clients and observers noting the most effective therapists in the games were also those who reflected the nonverbals back to their clients. It was then mentioned that it is the opinion of some that reflecting nonverbals is an effective manner of making empathic contact with clients.

The control group was administered the test before traditional techniques of the counseling course were presented, with the role-playing training paradigm withheld. After completion of the traditional lecture presentation the counselor trainees were again administered the Revised Self Monitoring Scale.

The section of the scale that described scoring had been removed from all instruments before presentation to the subjects to remove any contamination of the results, and explanation of the scoring and the subjects performance was withheld until the last administration of the scale.

The results of the first and second administrations of the two groups tests were generated. A standard t-test was used to compare the scores, and examined to note any significant differences at the .05 level, using a two tailed test.

Chapter 4

Introduction:

The primary problem of this study was to determine whether the form of training devised was effective in training counseling students to develop improved nonverbal sensitivity. To accomplish this, the differences of a role-play based training technique and traditional counselor training techniques were compared. An experimental design compared a treatment group to a control group, not given the role-playing training. The Revised Self Monitoring Scale was used to measure the effect of the training.

Results:

The data were gathered from the scores of the four administrations of the Revised Self Monitoring Scale; the pre and post test of the control group and the pre and post test of the treatment group. Scores were statistically compared using a students t-test. A p-value of .05 using a two tailed test was set as the level of significance to be accepted.

To ensure the compatibility of the control and treatment groups, a comparison was made between the pretest's subscales of the control and treatment groups. A comparison of the Ability to Modify Self Presentation subscale on the pretests of both groups yielded a t-value of .2841. A similar comparison of the subscale, Sensitivity to Expressive Behavior of Others, was made between the two groups scores, yielding a t-value of .3247. Neither t-value indicated a significant difference indicating that the groups did not differ prior to the treament.

The RSMS has two subscales, the Ability to Modify Self Presentation subscale and the Sensitivity to Expressive Behavior of Others subscale. The highest possible score on the Ability to Modify Self Presentation was 35, with the lowest possible score being 7. During the pre-testing, the highest score obtained was a 29 from the treatment group and 25 for the control group. The lowest score obtained

from the treatment group was a 14, the same number that was obtained on the control pretest. Pre-test Means were 21.485 for the treament group and 20.273 for the control group. Post-test means for the treatment group were 21.364 and from the control group 21.091, with range of scores for the treatment group at 13-26 and for the control group 17-26 (See Table 1).

Table 1
Means, Standard Deviations, and Ranges for the Ability to Modify Self Presentation subscale.

Groups	M	SD	Range
Treatment Pre-test	21.485	3.203	14-29
Treatment Post-test	21.364	2.859	13-26
Control Pre-test	20.273	3.228	14-25
Control Post-test	21.091	2.773	17-26

The expressive behavior of others scale had a possible high score of 30 and a possible low of 6. On the pre-testing, the high score for the treatment group yielded 27 with a low score of 17 and a Mean of 21.349. The control group yielded a high score of 30 with a low score of 15 with a Mean of 20.364. The post-testing scores for the same scale were a

high of 27 and a low of 16 for the treatment group, while the control group scores yielded a high of 30 and a low score of 15. The Means for the post-test treatment group were 22.349 and 19.545 for the control group (See table 2).

Table 2
Means, Standard Deviations, and Ranges for the Sensitivity to the Expressive Behavior of Others subscale.

Groups	M	SD	Range
Treatment Pre-test	21.349	2.499	17-27
Treatment Post-test	22.349	2.68	16-27
Control Pre-test	20.364	4.13	15-30
Control Post-test	19.545	3.857	15-30

After the post-tests were administered, a comparison of scores was made between the control group scores. Scores on the Ability to Modify Self Presentation were compared using a paired t-test, yielding a t-value of .2847. Results on the pre and post test scores of the Sensitivity of the Expressive Behavior of Others subscale, yielded t-values of .2685, indicating no significant difference between the control group pre and post administrations.

The treatment scores were generated and pre and post tests were compared using a paired t-test. The Ability to Modify Self Presentation subscale yielded a t-value of .8196, not indicating a significant difference when compared to the p-value set at .05. The other subscale, the Sensitivity to the Expressive Behavior of Others, was compared generating a t-value of .0108 which was less than the p-value of .05, and accepted as significant (See table 3).

Table 3
Comparison of t-values to the chosen p-value for the Ability to Self Modify Presentation subscale and the Sensitivity to the Expressive Behavior of Others subscale.

Test	t-value generated
Ability to Modify Self Presentation subscale	.8196 not significant
Sensitivity to the Expressive Behavior of Others subscale	.0108 significant*

*p<.05, two tailed test

Summary:

The RSMS (Lennox & Wolfe, 1984) was used to test the role-playing treatment. The two subscales, Ability to Modify Self Presentation and Sensitivity to the Expressive Behavior of Others, were both used in data collection, with specific interest in the latter, since it most closely measured the treatment focus. The control group and treatment group were compared to determine their comparability, with no significant difference found. Data collected indicated no significant change in the Ability to Modify Self Presentation subscale scores, but significant difference between the control scores and treatment scores on the Sensitivity to the Expressive Behavior of Others subscale.

Chapter 5

Introduction:

The primary problem of this study was to determine whether the form of training devised was effective in training counseling students in nonverbal sensitivity. To accomplish this, the differences of a role-play based training technique and traditional counselor training techniques were compared. An experimental design compared a treatment group, with a control group, which was not given the role-playing training.

Discussion:

The training to enhance the nonverbal sensitivity of counselors did obtain a successful result, at least for one of

the two variables. The conclusion that counseling students exposed to a structured role-playing workshop increased their sensitivity to others' expressive behavior was supported by the data. The training did not, however, prove effective in increasing the subject's ability to modify self presentation. This may be due to the experimenter's focus upon improvement in their sensitivity, and not structuring the training effectively to enhance self modification. It is also possible that the present training, if presented in longer duration than a single workshop, could effectively increase self modification ability. The training paradigm may be viewed, at least partially, as an effective manner by which to prepare counselors for more effective client contact.

Further research is indicated by this study. Replication with a larger and more diverse sample would be a logical next step in the validation of the training process. Due to time factors involved, only a limited number of subjects could be gathered. Incresing the number of subjects over several periods of treatment, would increase the generalization of the results. Furthermore limited resources confined this sample to students enrolled at the University of Tennessee. Further sampling should involve counselor trainee's in different parts of the country and in different university settings.

Retesting to check for the effect of the duration of the training would note the practical effectiveness of this training. A study designed to retest the same trainees after they complete their degree requirements and had engaged in a practice would determine how effectively the training had been used. Do counselors in training continue to use the skills they learned, or more specifically, does training transfer into practice? Perhaps training of this type would require follow up sessions to "boost" sensitivity. Was the present training too brief to have the desired impact over a long period of time? Perhaps these booster sessions should be placed at regular intervals throughout the training.

Can the role-playing training component be developed to effect counselors in training to modify their self expression? The focus of the study was on the counselors ability to sense nonverbal cues of the client. For this reason, the emphasis of the training was on sensing, with less upon reflecting. However, the need for the therapist to effectively monitor and modify the non-verbals that they give off in a counseling session, has been stated as extremely important. Replication of the study with more training and focus upon the therapist trainee's ability to modify self presentation would be in order. Specific emphasis would have to be placed on the areas of modification that the experimentors failed to include, perhaps even comprising further "games"

focusing on the reflection of the non-verbals. Without increasing the ability to modify self non-verbal presentation, the training would be incomplete.

Further uses of the paradigm might benefit from video taping sessions, including instructor training and specific "game" activity. The use of video could allow examination of instructor presentation technique. The examination of specific "game" activity could offer clues to effective interactions, and therefore provide viewers a model of a successful session.

Conclusion:

The data gathered by the experimenter could provide a valuable set of tools for the couseling training field. Costanzo, Archer, and Akert (1993) indicated the skill of sensing non-verbal cues as valuable and of great import, for therapists to effectively counsel. Cormer and Cormer noted its import for detection of unresolved conflicts (1991). Nonverbal cues are of crucial import (Weiten & Lloyd, 1994) for noticing discomfort that is associated with disclosure (p.177).

Despite these concerns, few methods of non-verbal sensitivity training have been vadildated as effective in training counselors for client contact (Grace, Kivlighan, & Kunce, 1995). The preceeding paradigm promotes just such training. Its effectiveness to increase a counselor's sensitivity to the client's non-verbal cues could lead to more effective observation, understanding, and eventually empathic reflection. The training furthermore increases the counselor's awareness of the client as a multifaceted being with numerous ways to send messages. Such an awareness can promote stronger scrutiny of the client's presentation of issues, and avoid snap judgements or false conclusions. In short, effective training of this type could make better counselors, and more satisfied and cared for clients.

Summary:

The ability of a counselor to detect and reflect the nonverbal behavior of his clients, contributes to his effectiveness. "When the counselor's and client's body postures are similar, the client is likely to perceive the counselor as more empathic" states Cormier and Cormier

(1991). The training paradigm proposed by the researchers offers an opportunity to explore and expound upon this area of therapist competency, and increases the possibility of learning that may lead to more effective client care.

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Appendixes

Appendix A

Game 1:

Items:

one score sheet

Participants:

three; members A, B, & C

Round One:

Person A is the actor. A makes a face portraying an emotion.

Person B is the reflector. B watches Person A's performance, and tries to mimic A's facial expression.

There will be one minutes for Person A make a face, and for Person B to reflect their facial expression. Time will be called by the moderator.

Person C is the observer. C rates how well Person B emulated the performance. C then advises B on where there were discrepancies between the expression of A, and how effectively they were reflected by Person B. The ratings are scored on the score card and discussed. Triads will have three minutes to discuss Person C's observations.

Round Two:

Members will then trade roles.

Person B is the actor.

Person C is the reflector.

Person A is the observer. The ratings are put on the score card and discussed. Triads will have three minutes to discuss Person A's observations.

Round Three:

Members will then trade roles.

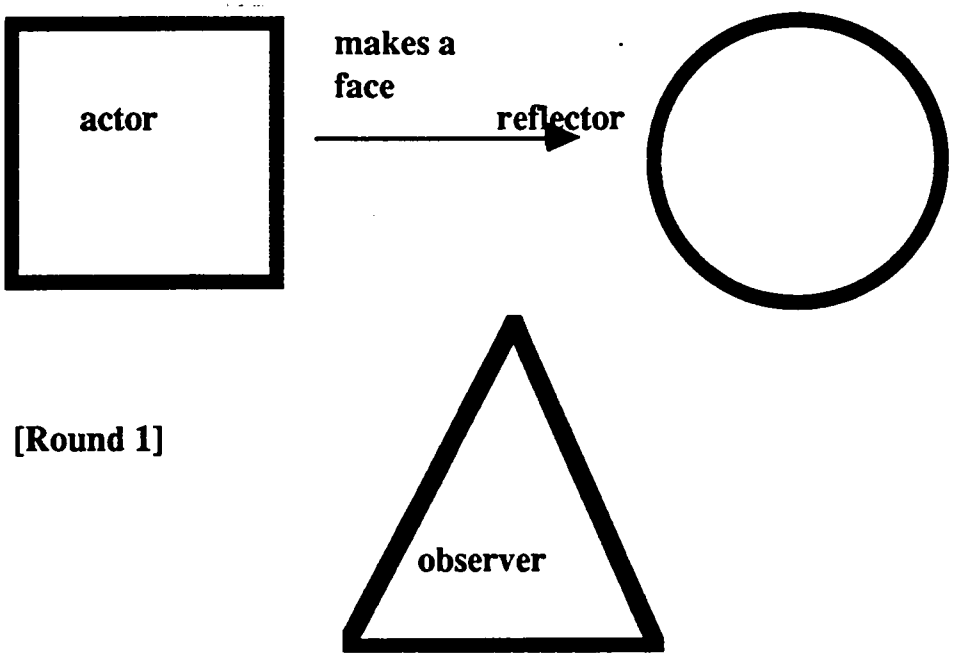
Person C is the actor.

Person A is the reflector.

Person B is the observer. The ratings are put on the score card and discussed. Triads will have three minutes to discuss Person B's observations.

Scores are compared with the highest score winning.

Game 1



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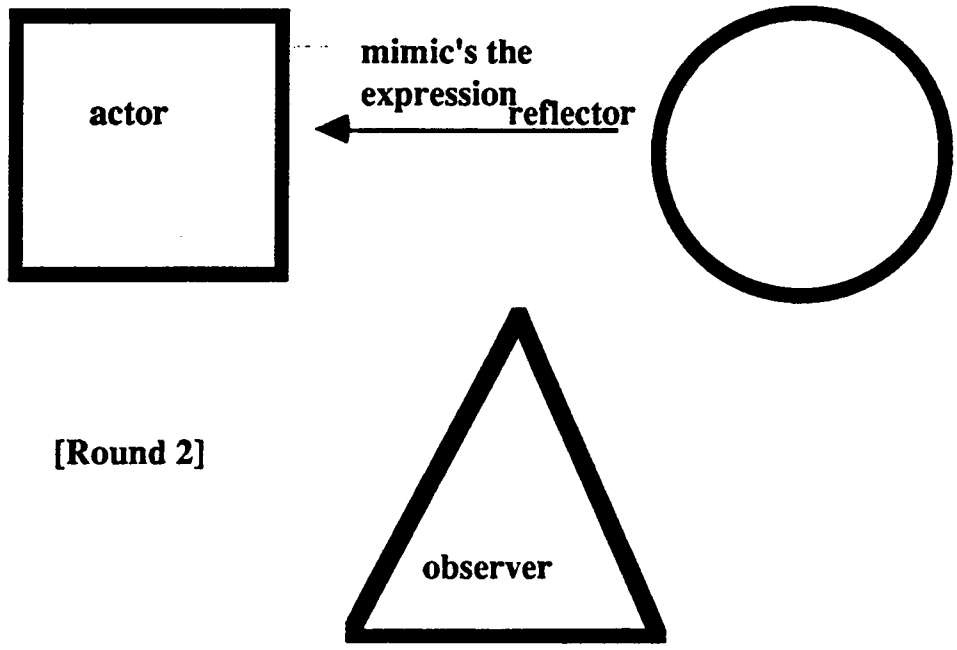

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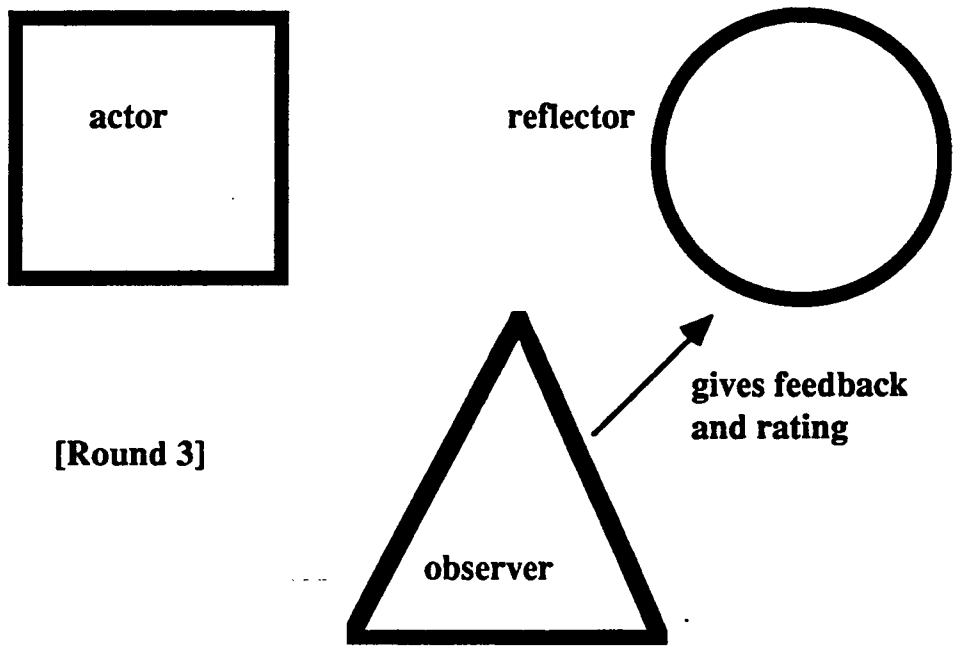


[Round 3]

Appendix B

Game 2:

Items:

one envelope containing seven feeling cards

one score sheet

Participants:

three; members A, B, & C

Round One:

Person A is the actor. A draws a card from the envelope and reads it silently. Person A then acts out the described emotion.

Person B is the reflector. B watches and listens to Person A's performance, and tries to reflect back

A's emotions, and finally tries to emulate the body posture, facial expressions, and any other body language Person A expresses.

There will be three minutes for Person A to act out their feelings, and for Person B to reflect their observations and emulate A's Body language. Time will be called by the moderator.

Person C is the observer. C rates how well Person B reflected the emotional description of A's performance and how well B emulated the performance. C then advises B on where there were discrepancies between the acted emotion by A, and how effectively they were reflected and emulated by Person B. The ratings are put on the score card and discussed. Triads will have three minutes to discuss Person C's card and discussed. Triads will have three minutes to discuss Person C's observations.

Round Two:

Members will then trade roles.

Person B is the actor.

Person C is the reflector.

There will be three minutes for Person B to act out their feelings, and for Person C to reflect their observations and emulate B's Body language. Time will be called by the moderator.

Person A is the observer. The ratings are put on the score card and discussed. Triads will have three minutes to discuss Person A's observations.

Round Three:

Members will then trade roles.

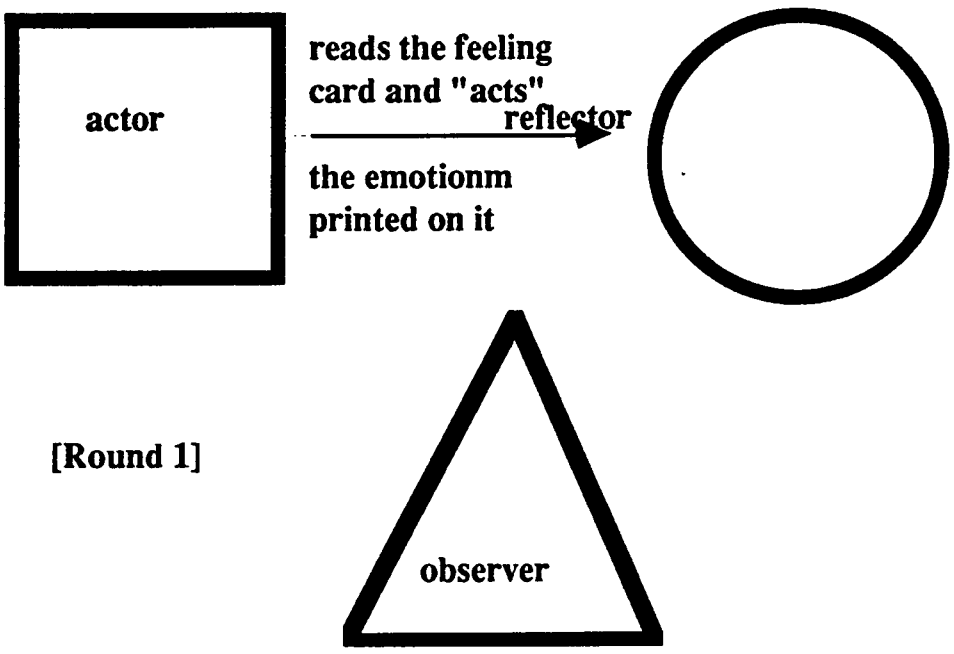
Person C is the actor.

Person A is the reflector.

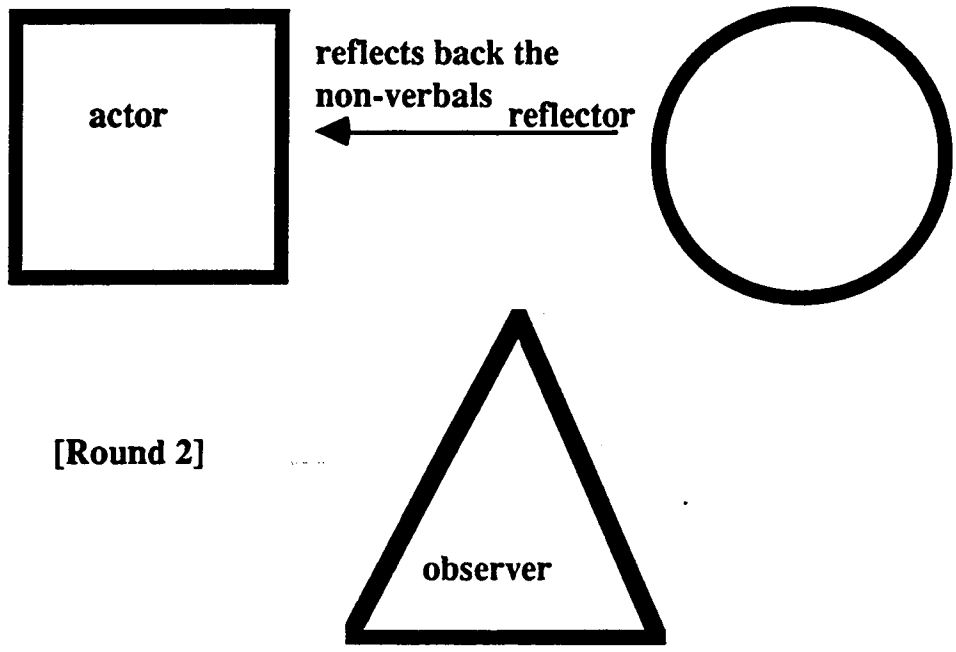
There will be three minutes for Person C to act out their feelings, and for Person A to reflect their observations and emulate C's Body language. Time will be called by the moderator.

Person B is the observer. The ratings are put on the score card and discussed. Triads will have three minutes to discuss Person B's observations.

Scores are compared with the highest score winning.


actor
reads the feeling
card and "acts"
reflector
the emotionm
printed on it
observer

[Round 1]



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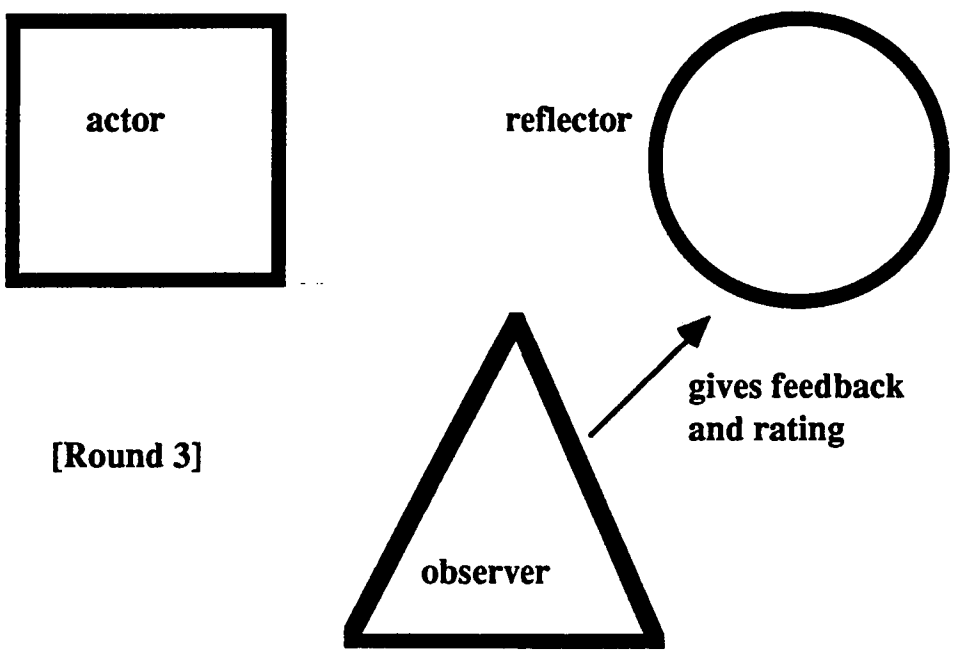


[Round 3]

Appendix C

Game 3:

Items:

one envelope containing four client scripts

one score sheet

Participants:

three; members A, B, & C

Round One:

Person A is the client. A draws a script from the envelope and reads it silently. Person A then acts out the described scene, paying particular attention to the emotions that would be appropriate.

Person B is the therapist. B watches and listens to Person A's performance, and tries to reflect back

A's emotions, and finally tries to emulate the body posture, facial expressions, and any other body language Person A expresses, as well as empathically encouraging further disclosure.

There will be five minutes for Person A to act out the script, and for Person B to reflect their observations, emulate A's Body language and encourage further disclosure. Time will be called by the moderator.

Person C is the observer. C rates how well Person B (the therapist) reflected the emotional description of A's (the client's) performance and how well B (the therapist) emulated the performance. C (the observer) then advises B (the therapist) on where there were discrepancies between the acted emotion by A (the client), and how effectively they were reflected and emulated by Person B (the therapist). The ratings are put on the score card and discussed. Triads will have five minutes to discuss Person C's observations.

Round Two:

Members will then trade roles.

Person B is the client.

Person C is the therapist.

There will be five minutes for Person B (the client) to act out the script, and for Person C (the therapist) to reflect their observations, emulate B's (the client's) body language and encourage encourage further disclosure. Time will be called by the moderator.

Person A is the observer. The ratings are put on the score card and discussed. Triads will have five minutes to discuss Person A's observations.

Round Three:

Members will then trade roles.

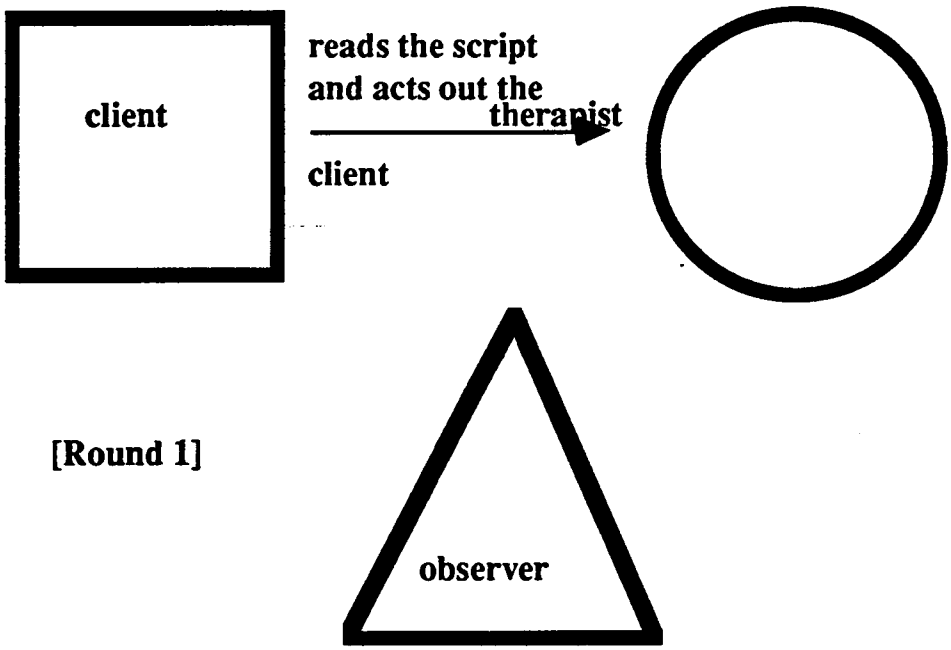
Person C is the client.

Person A is the therapist.

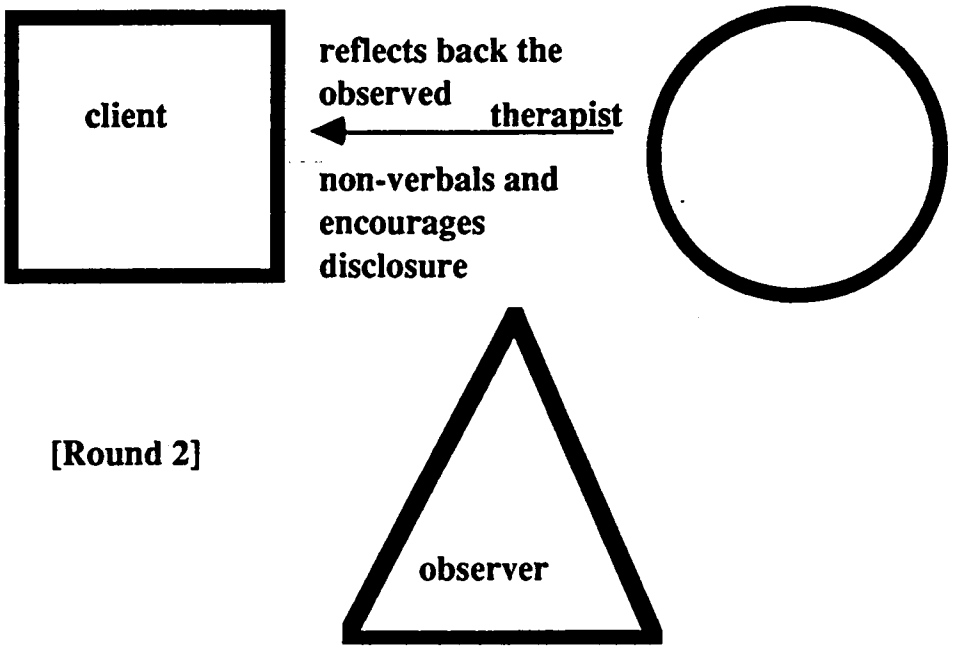
There will be five minutes for Person C (the client) to act out the script, and for Person A (the therapist) to reflect their observations, emulate C's (the client's) body language and encourage further disclosure. Time will be called by the moderator.

Person B is the observer. The ratings are put on the score card and discussed. Triads will have five minutes to discuss Person B's observations.

Scores are compared with the highest score winning.



[Round 1]



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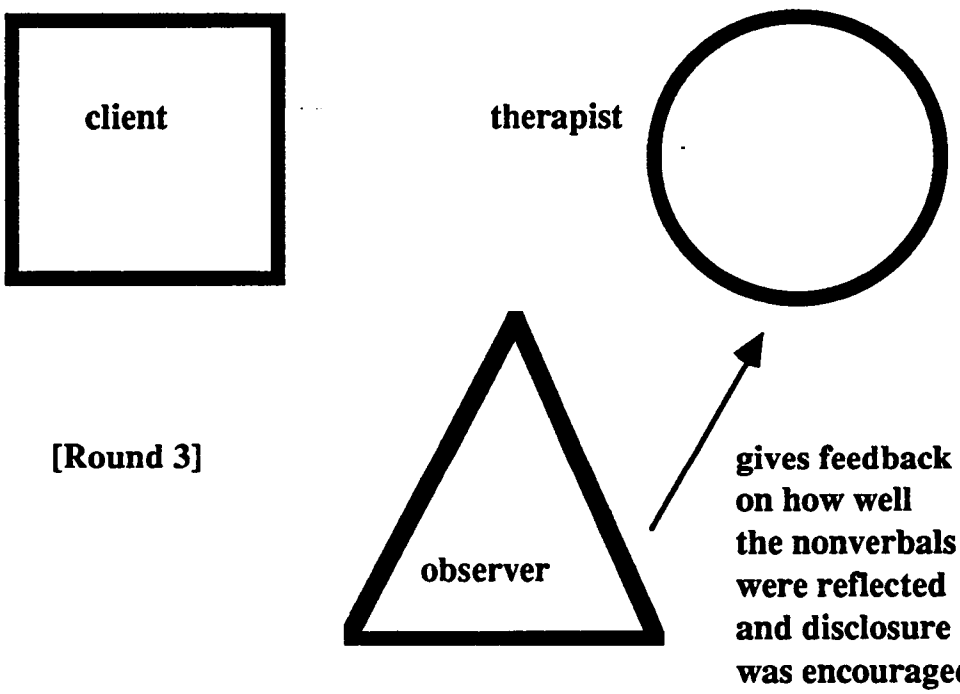

[Round 3]

VITA

Don Crohan was born on Long Island, New York. He received his high school education at Father Ryan in Nashville, Tennessee. He completed an Associates in Science from Aquinas Junior College, and his BA in Psychology and his BPS in Marketing/Advertising Psychology at Memphis State University. He is currently completing a Masters in Educational Psychology, with a Minor in Gerontology from the University of Tennessee. He is student representative for graduate students in his program and has served in elected student representation throughout his academic career.

Don Crohan has worked as a Psychological Assistant at Charter Lakeside. He was also employed with Knox County as a Resident Counselor II, where he developed several new group and therapy programs. He was involved in developing a group and individual counseling program with Hillcrest Corp. for a male geriatric population. He is currently employed at Reflections Treatment Center as an

adolescent counselor. He intends to continue his education by completing a Doctorate in Counseling Psychology.