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The Use of Reinforcement and Punishment by Differently-Oriented Counselors

Victor Alvarado

Western Michigan University

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THE USE OF REINFORCEMENT AND PUNISHMENT
BY DIFFERENTLY-ORIENTED COUNSELORS

by

Victor Alvarado

A Project Report
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Specialist in Education Degree

Western Michigan University
Kalamazoo, Michigan
August 1970
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Victor Alvarado
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Education, guidance and counseling

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"I have made a ceaseless effort
not to ridicule,
not to bewail,
nor to scorn
human actions,
but to understand them."

Spinoza
CHAPTER I

THE PROBLEM

Since taxonomy appeared in the world of natural sciences there has been an increasing interest in applying its principles of classification to all sciences, to all kinds of subjects. Psychotherapy is no exception to this tendency. And, since science is a process and not just a terminal product, the question for the scientist is not how to get there but how to keep progressing in that direction. With this idea in mind it is easy to understand that the predicament of psychotherapy is not the absence of theory but its proliferation. There is a need in psychotherapy for a variety of theories and conceptual frames.

That psychotherapy is divided into schools is not necessarily a mark of immaturity. It is the result of a wide range not only of styles, but also of interests, problems and approaches. The history of psychotherapy is undeniably the history of the successive replacement of poor theories by better ones, but advances depend on the way in which each takes account of the achievement of its predecessors. New theories do not refute the old ones but somehow remake them.

Particularly since the debates between Rogers and Skinner (1956) there has been an increasing interest in the analysis of the antecedents to constructive behavioral or personality change in the client.

The other area that focused the attention of researchers is the study of the therapist's personality in relation to his treatment techniques.
Many studies have polarized around two major theoretical orientations: client-centered and learning theory approaches.

The former includes a group of theories in which the therapist is mainly concerned with the relationship aspects with the client and the attitudinal conditions of the therapist for a successful counseling process.

On the other hand, learning theory includes a group of schools in psychotherapy with a more cognitive, directive and didactic emphasis. Rational-emotive and behaviorist therapists are exponents of this orientation.

It appears as highly provocative to submit client-centered therapists to the same type of experimental analysis of behavior that is common in learning theory therapy. It seems possible to predict the discovery of some commonalities between them that perhaps are hidden behind a semantic rather than a real therapeutic difference. It is possible to discover real differences between them that could be the consequence of personality type in which the therapist is dealing with the client in such a way that he can satisfy a particular basic need of his personality structure and dynamics.

The central philosophical issue that differentiates the two extreme orientations described before is the question of the use of control and intentional modification of the client's behavior. From the repertoire of methods and techniques used by learning theory therapists in behavior modification, two categories—reinforcement and punishment—have been selected for designing a comparative analysis of two groups of counselors which represent the two major theoretical orientations.
This study analyzed whether or not, and to what extent, differences exist in the use of reinforcement and punishment in a counseling modality by client-centered and learning theory therapists.

Statement of The Problem

There is a growing trend to explore the counselor's behavior during the counseling process. This study was designed in order to explore and submit to quantitative analysis the extent of the use of reinforcement and punishment by a group of client-centered counselors and a group of learning theory therapists.

Delimitations of The Study

The analysis and discussion in the study were limited to a 2 x 2 factorial analysis of the frequency in which reinforcement and punishment have been used by a group of twelve counselors divided according to two major theoretical approaches to therapy, namely client-centered and learning theory orientations.

The recorded sessions used in this study were randomly obtained from those available directly or indirectly from therapists at the Counseling Center, Counseling and Personnel Department and Psychology Department, Western Michigan University.

The therapists selected for this study were six counselors whose theoretical orientation allowed the investigator to classify them as client-centered therapists and six other therapists who could be classified as learning theory oriented.
The instrument used for classifying the therapists was a self-rating questionnaire developed by Sundlad and Barker (1962) and modified by Paul (1966) and Di Loreto (1969). (See Appendix A)

Another delimitation of this study was the analysis of only two behavioral categories—reinforcement and punishment—defined from a phenomenological and practical point of view rather than from a strictly behavioristic one. (See Appendix B)

Importance of The Study

This study provided additional knowledge about some of the variables and dynamics of the counseling process. Its implications are varied:

Additional criticism about the use of reinforcement, by client-centered therapists contingent upon the client's verbal behavior. The use of punishment in therapy by client-centered therapists is a rather unexplored aspect of analysis in this area of study.

The studies conducted in order to establish the relationship between the therapist's personality and his treatment will eventually profit from some additional data confirming or challenging their results. It is possible to confirm or reject the fact that the frequency of the use of reinforcement and punishment in therapy is a function of the therapist's affiliation rather than contingent upon the client's verbal behavior.

One of the possible and most provocative implications could be—in the case of confirming such a functional relationship—the need for research in order to determine the actual weight and functional rela-
tionships of some of the variables involved in therapy, i.e., therapeutist's affiliation, therapist's personality and client's personality.

Assumptions

Some of the basic assumptions underlying this piece of research were:

1. Treatment and techniques of treatment are consistent with the therapist's theoretical orientation.

2. For client-centered therapists an unconditional understanding and acceptance is one of the constant therapeutic conditions.

3. Intentional modification and control of the client's behavior by means of reinforcement and punishment is a characteristic of learning theory therapists that are generally considered as incompatible with client-centered practices.

4. The choice of six client-centered and six learning theory therapists, with tapes of therapy sessions randomly selected, provides a sizeable sample of these two theoretical orientations in therapy. They also provide a sample sizeable enough to be submitted to factorial analysis of variance.

5. Non-professional people, after receiving some basic information for categorizing some human interactions, provide equal or better judgment than highly trained psychologists.

Definition of Terms

For the purpose of this study, the following definitions were accepted:

Client-centered therapist - based on the notion of empathy as the reflection by the counselor of the client's feelings. Empathic reflection amounts to little more than a restatement of the client's original statement. There is no attempt to shift or alter the client's meaning, only to understand it.

Learning theory therapist - based on the operant emphasis on reinforcement and punishment in order to influence the behavior of the clients.
Reinforcement - a rewarding response. Any time the therapist praises, paraphrases or agrees with the opinions of the client.

Punishment - an aversive response. Any time the therapist disagrees, confronts, denies, shows dissatisfaction, challenges, opposes, points out inconsistencies in his thinking, feelings and/or behavior.

These last two definitions are intended to be more operational than theoretical. They are intended to provide the raters used in this study with a means to perceive these concepts from a phenomenological level of analysis. (See Appendix B)

Hypotheses

This project was developed in accordance with the following model.

<table>
<thead>
<tr>
<th>B Affiliation</th>
<th>A Operant Techniques</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I Reinforcement</td>
</tr>
<tr>
<td>I Client-centered</td>
<td>a</td>
</tr>
<tr>
<td>II Learning theory</td>
<td>c</td>
</tr>
</tbody>
</table>

At the same time this piece of research was attempted to test the following hypotheses:

$H_1$ Mean frequencies of verbal reinforcement and punishment from counselors defined in terms of client-centered and learning theory affiliation will differ significantly.

$H_2$ Cell mean frequencies from groups of counselors defined in terms of client-centered and learning theory affiliation, and reinforcement and punishment categories, jointly will differ significantly from the cell mean frequencies expected by the simple addition of the appropriate single effects.
CHAPTER II
REVIEW OF SELECTED AND RELATED STUDIES

After a long period of proliferation and divergence of theories of counseling an increasing number of studies have tried to analyze the plethora of therapeutic approaches to counseling paying attention to the theoretical and practical problems involved in an effort to reduce current confusion and increase certainty in knowledge.

An early attempt at integration was made by Mowrer (1948) in his analysis of psychotherapy from the point of view of learning theory. Later on, Collier (1949) (1953) suggested some bases for integration through an attempt to discover some continuities among the common aspects of therapy, some of which are emphasized by one school, others by different schools. As a result of this study he suggested that the distinction between non-directive and directive psychotherapies is impossible. It seems to be a rather gradual transition from one to another. In order to determine quantitatively the nature of this transition he developed a scale for rating the responses of the psychotherapist.

Besides these attempts for integration through the discovery of commonalities between theories, the validity and consistency of some theoretical concepts have been the object of an increasing number of studies. Bergman (1951) incorporated a provocative study that supported the operant model's prediction concerning the differential
reinforcement effects of empathy. His instrument of measuring the patient-therapist interaction has partially inspired the analysis of the variables present in this study.

Similarly, one of the bases for the already classic Rogers-Skinner debates (1956) was the incompatibility of the behavioristic view of therapy with the client-centered assumption that the so-called "therapeutic conditions" of empathic understanding and acceptance are not specifically contingent upon the client's verbalization or behavior.

This debate has been followed by different studies that support either Rogers' or Skinner's point of view. Since Rogers tentatively proposed the necessary and sufficient conditions for therapeutic change, numerous pieces of research have been providing evidence that confirms that unconditional positive regard and accurate empathy are significant antecedents to therapeutic change (Rogers, 1962; Gendlin and Truax, 1965).

But, again, the validity of this point of view has been challenged by some studies whose results suggest that differential levels of empathy and warmth produce a significantly higher degree of behavioral change than with unconditional and constant levels (Cartwright & Lerner, 1963; Dickenson & Truax, 1965; Lesser, 1961; Strupp, 1960; Truax, 1961a, 1961b, 1963; Truax & Carkhuff, 1964; Truax, Wargo & Silber, 1965).

Simultaneous to this line of thought, different studies tested the extent and consistency of the learning theory model in therapy in terms of client-centered therapy. Waskow (1963) tested the importance of the therapist's attitudes defined as unconditional positive regard by Rogers or tolerance by Fenichel. This piece of research obtained
some results which also conflict with some of the non-directive therapeutic assumptions. The direction of the therapist-client relationship was, in all cases, opposite to the direction predicted, i.e., the rate of therapeutic change was higher with a more judgmental and directive attitude of the therapist. According to client-centered therapy a judgmental counselor would inhibit rather than facilitate change in the client's verbal behavior.

In support of learning theory, Ulrich (1966) reported a study conducted by Azrin, Holtz, Ulrich and Goldiamond based on a previous piece of research conducted by Verplank (1955) to analyze the control of the content of conversation through reinforcement with some positive results supporting the behavioristic viewpoints.

Evidence has been increasingly giving support to the operant view that therapists through verbal rewards and punishments are able to change the client's verbal behavior when applied selectively. Truax (1966) in an analysis of a single, long-term successful case handled by Rogers reported that important selective reinforcement effects occur in non-directive therapy, contingent upon the patient's behavior.

In the light of the above data, it seems that at this point there is a need for more extensive and intensive research in order to test the validity of both the client-centered and learning theory points of view concerning the prevalence and consistency of therapeutic practices with theoretical orientations. This type of study appears to be necessary in view of the fact that some investigators, such as Fiedler (1950), Strupp (1954), Arbuckle (1950) and Wrenn (1960) have challenged the relative influence of theoretical orientation upon the kinds of
techniques used in therapy. For instance, Fiedler (1950) in a compara­
tive analysis of therapeutic relationships in psychoanalytic, non­
directive and Adlerian therapies reported that experienced therapists
are more alike in their practices regardless of school than are ther­
pists and students within a school. According to Arbuckle (1967) there
is a higher correlation between personality and treatment techniques
than between theoretical orientation and therapeutic practices. And
Wrenn (1960), in light of the absence of relationship between concrete
situational responses and theoretical affiliation of the therapist,
suggested that it is time to look at what the therapists do rather
than what they say they do.

Psychotherapy appears to be almost through with the period of frag­
mentation and divergent emphases that often occurs in a field of
science prior to greater unification. At this point we can expect the
emerging of new trends after going through a degree of resolution of
the controversies. This project is intended to be a contribution in
this particular area by analyzing the incidence and prevalence of the
use of verbal punishment and reinforcement in a random sample of inter­
actions that occurred in a selected group of counselors which represent
two major orientations in therapy, i.e., learning theory and client­
centered therapy. This study is particularly appealing since, accord­
ing to their postulates, both points of view are supposed to be
mutually exclusive and incompatible in both theory and practice.
CHAPTER III

DESIGN AND METHOD

The Sample

This research was conducted at Western Michigan University, which provides a varied and well-trained group of counselors. This university provides three different settings for the purpose of training therapists.

First of all, the Psychology Department, which has a definite behavioristic orientation. The Counseling and Personnel Department also trains a considerable number of therapists. The therapists of this department represent a wide spectrum of therapeutic orientation among which we find some rational-emotive therapists, some client-centered counselors and a few other theoretical approaches to counseling. Finally, the Counseling Bureau consists of a sizeable number of therapists who cover a wide range of philosophic and therapeutic methods and techniques.

From these three sources a sample of twelve different therapists was selected: six of them representing client-centered therapy, mainly Rogerian and existentialist orientation, and the other six counselors representing behavioristic and rational-emotive therapies and which we have classified as belonging to a broader group, the learning theory orientation.

In this sample no eclectic therapist was included purposely in order to emphasize the difference—if there is any—between the two
extreme methodologies in therapy mentioned above.

Therapist Orientation Sheet

Seventeen therapists from Western Michigan University completed self ratings on a Therapist Orientation Sheet developed by Sundland and Barker (1962), Paul (1966) and modified by Di Loreto (1969). This rating scale was complemented by a list of the authors who had been most influential in their specific attitudes toward psychotherapy.

From these seventeen therapists a group of six counselors with client-centered orientation was selected for this study. In the same way another group of six learning theory oriented therapists was selected. A third group of five therapists was not included in the study as a result of their self rating as "eclectic" orientation and the wider fluctuations of their self rated responses and techniques.

On the Therapist Orientation Sheet scales learning theory and client-centered therapists differed by responding in opposite directions, without overlapping on the five point scale on 4 of the 25 areas covered: No. 7, relationship-therapist actions; No. 19, learning process in therapy; No. 20, therapeutically significant topics; and No. 25, curative aspects of therapists.

There was one point overlapping on the five point scale, but still showing opposite directions, on 5 other areas: No. 2, activity-type; No. 10, goal formalization; No. 14, therapeutic gains-self understanding; No. 17, therapeutic gains-social adjustment; and No. 23, theory of motivation.
In the rest of the areas analyzed, the polarization of the scores showed too much variation and overlapping to be considered as representative of either orientation in particular.

In the second group of scores—use of specific techniques in psychotherapy—there was not a clearcut distinction between the two groups. The most significant areas presented one point overlapping in the five point scale and they seemed to show a difference in orientation: Nos. 32, 33 and 34, interpretation of feelings, content and behavior; Nos. 35, 36 and 37, direct confrontation of feelings, content and behavior; No. 40, information and advice giving; No. 42, attention listening; No. 44, positive attitude-confidence; No. 46, reinforcement; and No. 47, conditioning. Nos. 49 and 50 considering their amplitude were not taken into account, in spite of their non-overlapping scores.

Procedure

From each one of the therapists involved in this project a tape recorded from one of their therapy sessions was obtained. In eight cases the tapes were obtained directly from the therapists who were asked for a "good example" of their counseling. The other four tapes were obtained from a tape library existing at the Counseling Center and Counseling and Personnel Department, Western Michigan University.

This sample included therapy sessions that occurred at different stages of the counseling process. Three of them were initial interviews, seven happened early in therapy (second to fifth interviews) and two later (seventh and eleventh interviews):
These sound recorded therapy sessions were divided into interaction units consisting of:

1. a therapist statement,
2. a succeeding patient statement, and
3. the succeeding therapist statement.

These interaction units (TPT, Therapist-Patient-Therapist) were submitted simultaneously to three different judges for rating according to their perception of the use of reinforcement and punishment. An average number of ten interactions for each tape was obtained, with a three-minute interval between them.

Three inexperienced non-professionals were used as raters. They were secretaries at WMU who did not have any systematic training in counseling or psychology. They rated each one of the units (TPT) simultaneously and without communicating with each other. They classified the therapist's second statement in the TPT unit according to three different criteria:

1. The therapist reinforces the client's behavior.
2. The therapist punishes the client's behavior.
3. The therapist uses neither reinforcement nor punishment.

Before they actually rated the TPT units used in this project, the raters were exposed to a conjoint training in order to guarantee con-
consistent and reliable rating criteria. After they reached a consistent agreement of 90% and up in their ratings, they were exposed to the actual rating of the experimental counseling interaction units. This procedure was done without allowing any verbal interaction between the raters so that they did not influence each other in their ratings.

(See Appendix B)

Due to the fact that non-professional raters were involved in this study, it was necessary to define some of the concepts used in this piece of research from an operational and phenomenological point of view rather than using an abstract and essential definition of the terms.

**Reinforcement** - a rewarding response. Any time the therapist praises, paraphrases or agrees with the opinions of the client.

**Punishment** - an aversive response. Any time the therapist disagrees, confronts, denies, shows dissatisfaction, challenges, opposes, points out inconsistencies in his thinking, feelings and/or behavior.

**Null Hypotheses**

\[ H^0_1 \] There is no significant difference between mean frequencies of reinforcement and punishment employed by counselors regardless of affiliation.

\[ H^0_2 \] There is no interaction between cell mean frequencies from groups of counselors defined in terms of client-centered and learning theory affiliation, and reinforcement and punishment categories.

**Statistical Analysis**

In this study two variables were analyzed by means of a double-classification factorial design. One of the variables involved was the
use of operant techniques in counseling (A), including in this particular case two categories: I, the use of verbal reinforcement, and II, the use of verbal punishment.

The other variable in this factorial analysis of variance was different theoretical affiliation in counseling (B), grouped in two categories: I, client-centered therapists, and II, learning theory therapists.

This particular analysis of variance provided three kinds of statements about our results:

1. The main effects of Variable A—theoretical affiliation— independent of variations in Variable B—use of operant technique.

2. The main effects of Variable B—use of operant techniques— independent of variations in A conditions (affiliation).

In order to determine the main effects of the use of operant techniques—verbal reinforcement and punishment—and the effects of two differently oriented groups of counselors the null hypothesis $H_0$ was tested. The hypothesis that each A group (operant techniques) averaged over all B groups (affiliation) is drawn from a population with the same mean, and that any differences among the means of the A groups (operant techniques) are therefore due to chance factors, and similarly any differences among the means of the B groups (affiliation) are also due to chance. Or, as it was stated before, there is significant difference between mean frequencies of reinforcement and punishment employed by counselors regardless of affiliation.

3. The joint effects or interaction of variables, A (affiliation) and B (operant techniques).
In this case the null hypothesis $H_0$ was tested which implies the possibility that there is no interaction between these two variables, and thus they combine in an additive fashion.

In addition to a factorial analysis of variance the Newman-Keuls test was included which is indicated as a particularly useful instrument in probing the nature of the differences between treatment means following a significant $F$ value.
CHAPTER IV
RESULTS AND ANALYSIS OF DATA

Analysis of data was accomplished in this study by means of a 2 x 2 factorial analysis of variance. This statistical method provided a means of analyzing each main effect separately (Variable A, use of operant techniques, and Variable b, affiliation of counselors) and allowed for the possible interaction effects.

Table 1 presents some basic statistical results obtained from the data collected (Table A, Appendix C). The first cell (a) on this table represents the frequency of the use of verbal reinforcement by client-centered counselors. This cell shows the highest value in mean frequency (5.16) and in standard deviation (2.416) of the sample. The next cell (b) shows similar values for the use of verbal punishment by client-centered counselors (X = 2.00, SD = 1.824). In the same way the next cell (c) represents the use of verbal reinforcement by learning theory therapists (X = 2.66, SD = 1.587) and the last one (d) the use of punishment by learning theory counselors (X = 4.33, SD = 1.596).
### TABLE 1
Sums of Scores, Means and Standard Deviations

<table>
<thead>
<tr>
<th>Affiliation (Variable B)</th>
<th>Operant Techniques (Variable A)</th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>I Reinforcement</td>
<td>II Punishment</td>
<td></td>
</tr>
<tr>
<td>I Client-centered</td>
<td>a:</td>
<td>b:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$\Sigma X = 31$</td>
<td>$\Sigma X = 12$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$\bar{X} = 5.16$</td>
<td>$\bar{X} = 2.00$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SD = 2.416</td>
<td>SD = 1.824</td>
<td></td>
</tr>
<tr>
<td>II Learning theory</td>
<td>c:</td>
<td>d:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$\Sigma X = 16$</td>
<td>$\Sigma X = 26$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$\bar{X} = 2.66$</td>
<td>$\bar{X} = 4.33$</td>
<td></td>
</tr>
<tr>
<td></td>
<td>SD = 1.587</td>
<td>SD = 1.596</td>
<td></td>
</tr>
</tbody>
</table>

Findings

As indicated in Table 2, F ratios of each main effect (Variable A, operant techniques, and Variable B, affiliation) did not reach significance at the .05 level. The observed F ratio for interaction, however, was significant ($p < .01$). Thus, the cell means from groups of counselors defined in terms of affiliation and use of operant techniques jointly differed significantly from the cell means expected from the simple addition of the appropriate single effects.
TABLE 2
Summary of The Analysis of Variance on Theoretical Affiliation—Client-centered and Learning Theory Schools—as Related to Use of Operant Techniques—Verbal Reinforcement and Punishment

<table>
<thead>
<tr>
<th>Source of Variation</th>
<th>Sum of Squares (SS)</th>
<th>df</th>
<th>Mean Square (MS)</th>
<th>Obtained F Value</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Operant Techniques</td>
<td>3.37</td>
<td>1</td>
<td>3.37</td>
<td>.78</td>
<td>N.S.</td>
</tr>
<tr>
<td>Affiliation</td>
<td>.04</td>
<td>1</td>
<td>.04</td>
<td>.009</td>
<td>N.S.</td>
</tr>
<tr>
<td>Interaction A x B</td>
<td>34.89</td>
<td>1</td>
<td>34.89</td>
<td>8.61</td>
<td>.01</td>
</tr>
<tr>
<td>Within Groups</td>
<td>85.7</td>
<td>20</td>
<td>4.28</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

$F_{.05}$ for 1 and 20 df = 4.35
$F_{.01}$ for 1 and 20 df = 8.10

The factorial analysis of variance described above was complemented by the Newman-Keuls method after having obtained the F values. This test provided inferences regarding the significance between treatment means (or totals). According to these results, when the differences between treatment totals were compared to their critical values we had to reject the possibility of any significant difference at the .01 level between them and accept the fact that our experi-
mental groups were drawn from a population with the same mean. It should be added, though, that at the .05 level—usually not recommended for this test—the difference between cells a (reinforcement in client-centered therapists) and b (punishment in client-centered therapists) was significant.

These results confirmed some of the conclusions previously obtained by the factorial analysis of variance.
CHAPTER V

DISCUSSION, SUMMARY AND CONCLUSIONS, AND RECOMMENDATIONS

Discussion

In this study an analysis was made of the extent two differently oriented groups of counselors, i.e., client-centered and learning theory therapists, employed verbal reinforcement and punishment. The analysis of the categorized data was designed to answer the following questions: Do client-centered counselors use verbal reinforcement and/or verbal punishment to any extent? In actual counseling, are client-centered and learning theory therapists as diametrically opposed as theoretically they claim to be?

In accordance with the findings the operant techniques—verbal reinforcement and punishment—are present in client-centered therapy and the difference in the total mean frequencies with which these techniques are used by counselors with this theoretical affiliation and learning theory therapists are slight and statistically non-significant.

The evidence for this conclusion was provided by the factorial analysis of the main effects of the two variables considered in this study, i.e., affiliation groups (B) and operant techniques (A).

These results are quite paradoxical and seem to be in conflict with a pristine and pure client-centered position in which a 100% positive reinforcement would be expected; and, according to these
results, it appears that the Rogerian "unconditional positive regard" cannot be considered as one of the essential and sine qua non antecedents to constructive behavioral or personality change in client-centered therapy.

On the other hand, the factorial analysis of variance, besides providing inferences about the main effects of the two variables A and B, gave evidence that there is interaction between the affiliation of these two differently oriented groups of therapists and the frequency of use of operant techniques. This interaction is statistically significant and predictable in a definite direction. In the same line of thought, and by inspecting the cells of our sample, it was possible to state that: Client-centered therapists appear to make consistently more frequent use of verbal reinforcement than learning theory therapists, and learning theory therapists consistently make more use of verbal punishment than client-centered therapists.

The only significant difference in the use of operant techniques appears in client-centered therapists, according to the Newman-Keuls test. According to this test, at the .05 level of significance the only significant difference in the use of verbal reinforcement and punishment exists in client-centered therapists who systematically use verbal reinforcement more than verbal punishment.

At this point it can be concluded that the difference in the use of operant techniques between client-centered and learning theory therapists is not statistically significant. That is, the total frequency in the use of verbal reinforcement and punishment does not differ significantly between these two differently oriented groups.
of counselors.

The fact that client-centered therapists make a consistent and more frequent use of verbal reinforcement than learning theory therapists does not necessarily argue against a client-centered view of psychotherapy. It would be expected that client-centered therapists as a result of their empathic understanding and acceptance would certainly use reinforcement to a much greater extent than learning theory therapists, whose treatment normally includes all kinds of operant techniques. On the other hand, the possibility of an indiscriminate and continuous use of reinforcement by client-centered therapists does not seem to typify client-centered therapy, particularly after some conclusive studies reported by Truax whose findings suggest that selective reinforcement happens in client-centered therapy contingent upon the client's behavior.

These results are not in conflict with Rogers' viewpoint of psychotherapy if we analyze them in light of his more recent interpretation of some key concepts of his theory. His early notion of empathy as the direct reflection by the therapist of the patient's feeling has evolved to a definitely different view in which he only stresses counseling via empathic responses. The client-centered therapist—in his view—is consciously and purposely trying to facilitate the discovery by the patient of meanings which are implicit in his inner experiences. This interpretation of empathic understanding and acceptance does not appear to be incompatible with the use of differential reinforcement contingent upon the client's behavior.
But, coming back to the findings, there is still a question that needs to be answered, and that is the fact that client-centered therapists use punishment at a level that is not significantly different from that which is found in learning theory therapists. (Inspection of the cells shows that client-centered therapists use less punishment than do learning theory therapists.)

This result is quite surprising, particularly in light of the well polarized theoretical orientations. What is the reason for this convergence in practice when there is such a divergence in theory? Is the use of punishment another level that should be added to the differential levels of empathy which were already found in Rogers by Truax? Or does the client-centered therapist compromise his theory when it comes to actual counseling? It is possible that in this study client-centered therapists were not of the pure variety, if indeed a pure variety exists.

The findings suggest that the difference between schools is a reality, but in actual practice there seems to be a compromise which could be the result of an implicit recognition of some of the therapeutic values existing in other approaches to psychotherapy.

While predictable interaction in the distribution and quality of operant techniques is probably associated with theoretical orientations, it seems that in addition to this affiliation variable there are other factors which may have influenced the observed interaction such as the personality of the therapist. For example, Di Loreto (1969) found meaningful and significant differences in personality between groups of counselors representing different schools of
psychotherapy. The client-centered group is best described as gregarious, non-aggressive and extremely extrovert; they like to be needed by others and prefer strong interpersonal relations. Di Loreto's findings were also supported by Tosi and Thomas (1969).

Learning theory oriented counselors can be characterized as exhibitionistic, aggressive, independent and non-conforming; they tend to rely more on themselves than on others and prefer to relate interpersonally on a thinking, logical or factual level.

But, after this analysis there still exist several questions that need to be answered: If there is a functional relationship between these three variables— theoretical affiliation, personality, techniques— what is the actual sequence and weight of each one of them? Is the sequence: personality → theoretical affiliation → techniques? In this case the personality dynamics previous to any type of training in psychotherapy is the determining factor in the choice of a particular school of psychotherapy and of a particular set of techniques. Or, is the sequence: theoretical affiliation and training → personality → techniques? If so, we are assuming that the school of psychotherapy that inspired the counselor's training is a determining factor in changing his personality and thus is modifying his techniques.

In either case, what should be the attitude of counselor educators when facing the responsibility of training counselors? Should they try to expose the trainee to different schools of psychotherapy and let him decide and adopt the one that better satisfies and fits his particular personality dynamics? Or should they try to get the
trainee to become proficient and expert in one particular school of psychology and disregard his personality as irrelevant, because if the personality type is the main factor determining posterior attitudes and methods used in actual counseling, the trainee will certainly evolve to a school of psychotherapy that will be more in sympathy with his personality, disregarding any previous training.

This problem would be equally irrelevant in case theoretical affiliation is the determining factor in the particular style of counseling. A personality change will happen when necessary, if necessary, in order to develop a harmonic counseling system within every particular counselor.

Summary and Conclusions

The present study reexamined the process of client-centered therapy by means of a factorial analysis with learning theory school of psychotherapy. The following results were observed:

When comparing client-centered counselors with learning theory therapists in the frequency with which they use operant techniques, it was found that there is no significant difference between mean frequencies of reinforcement and punishment employed by these two differently oriented counselors regardless of their affiliation.

A significant interaction between affiliation of counselor and use of operant techniques was shown by the fact that cell mean frequencies from groups of counselors defined in terms of client-centered and learning theory affiliation, and reinforcement and punishment categories, jointly differed significantly from the cell mean frequen-
cies expected by the simple addition of the appropriate single effects. This significant interaction showed that:

1. Client-centered therapists show a consistent preference for verbal reinforcement rather than punishment in therapy.

2. Learning theory therapists consistently use verbal punishment more frequently than verbal reinforcement.

Recommendations

The results obtained in this study have provided evidence that both client-centered and learning theory counselors use both verbal reinforcement and punishment in therapeutic counseling. Client-centered therapists showed a preference for reinforcement techniques, as opposed to learning theory counselors who systematically employed punishment more frequently than reinforcement. This study has raised some provocative questions with a definite potential value of research in a larger scale aiming to provide more specific knowledge of counseling dynamics.

At the termination of this study we would like further studies to be done, particularly in the following areas:

A comparative analysis of client-centered and learning theory therapists in terms of the use of verbal reinforcement and punishment in actual counseling situations and in informal social interactions. This study would provide some knowledge about the extent the techniques used by counselors in therapy differ from the way they interact with people outside of actual counseling.

A qualitative analysis of the different types of verbal reinforcement and punishment are employed by both client-centered and
learning theory therapists. It seems necessary to analyze the differences in depth or any other dimension that might exist between the verbal reinforcement employed by client-centered counselors and the reinforcement employed by learning theory therapists. The same analysis should be applied to verbal punishment.

A follow-up study of counselors in training in order to establish the functional relationship between personality type and training in a particular school of psychotherapy.


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Fiedler, F. E. "The Concept of The Ideal Therapeutic Relationship." Journal of Consulting Psychology, 1950a, 14, 239-245.


The following pages contain a number of areas in which psychotherapists have been found to differ. Please indicate your position with regard to each area by placing a checkmark on the scale accompanying each area.

For example: 1. Activity-frequency:

If you feel that with most clients you are usually active (talkative), or usually passive, you would place the checkmark as follows:

ACTIVE X :__:_:_:_PASSIVE/ACTIVE :__:_:_:_X PASSIVE

If you feel you are more often active than passive, or more often passive than active, you would check as follows:

ACTIVE :X :__:_:_:PASSIVE/ACTIVE :__:_:_:_X PASSIVE

If you feel you are about equally active and passive with most clients, or active with as many clients as passive, you would check the middle space:

ACTIVE :__:_:_:_X :__:_:_:PASSIVE

1. Activity-frequency:
   Active :__:_:_:_Passive
   (talkative) (non-talkative)

2. Activity-type:
   Directive :__:_:_:_Non-directive

3. Activity-structure:
   Informal :__:_:_:_Formal
4. Relationship-tenor:
   Personal :__:__:__:_Impersonal
   (involved) (detached)

5. Relationship-structure:
   Unstructured :__:__:__:_Structured

6. Relationship-atmosphere:
   Permissive :__:__:__:_Non-permissive

7. Relationship-therapist actions:
   Planned :__:__:__:_Spontaneous

8. Relationship-client dynamics:
   Non-conceptualized :__:__:_Conceptualized

9. Goals-source:
   Therapist :__:__:_Client

10. Goals-formalization:
    Planned :__:__:_Unplanned
        (formalized) (unformalized)

11. Therapist Comfort and Security:
    Always Secure :__:__:_Never Secure
        (comfortable) (uncomfortable)

12. Client Comfort and Security:
    Never Secure :__:__:_Always Secure
        (uncomfortable) (comfortable)

13. Client Personal Growth:
    Not Inherent :__:__:_Inherent

14. Therapeutic Gains-Self Understanding (cognitive insight):
    Unimportant :__:__:_Important

15. Therapeutic Gains-Self Understanding (affective awareness):
    Important :__:__:_Unimportant

16. Therapeutic Gains-"Symptom" Reduction:
    Important :__:__:_Unimportant

17. Therapeutic Gains-Social Adjustment:
    Unimportant :__:__:_Important

18. Therapeutic Gains-Confidence in Effecting Change:
    Confident :__:__:_Unconfident
19. Learning Process in Therapy:
   Verbal-conceptual: __: ___: ___: ___ Non-verbal-affective

20. Therapeutically Significant Topics:
    Historical: __: ___: ___: ___ Current

21. Therapeutically Significant Topics:
    Client-centered: __: ___: ___: ___ Theory-centered

22. Therapeutically Significant Topics:
    Ego Functions: __: ___: ___: ___ Superego, Id

23. Theory of Motivation:
    Unconscious: __: ___: ___: ___ Conscious

24. Curative Aspects of Therapist:
    Personality: __: ___: ___: ___ Training

25. Curative Aspects of Therapist:
    Relationship: __: ___: ___: ___ Techniques

The following items refer to the use of specific techniques in psychotherapy. Please check to indicate whether you use each technique: Almost Always, Usually, About Half The Time, Only Occasionally, Never.

<table>
<thead>
<tr>
<th>USE OF TECHNIQUES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Almost</td>
</tr>
<tr>
<td>Always</td>
</tr>
<tr>
<td>50/50</td>
</tr>
<tr>
<td>Never</td>
</tr>
</tbody>
</table>

26. Reflection and Clarification of Feelings: __: ___: ___: ___

27. Reflection and Clarification of Content: __: ___: ___: ___

28. Reflection and Clarification of Behavior: __: ___: ___: ___

29. Questioning of Feelings: __: ___: ___: ___

30. Questioning of Content: __: ___: ___: ___

31. Questioning of Behavior: __: ___: ___: ___

32. Interpretation of Feelings: __: ___: ___: ___

33. Interpretation of Content: __: ___: ___: ___
34. Interpretation of Behavior: 

35. Direct Confrontation of Feelings: 

36. Direct Confrontation of Content: 

37. Direct Confrontation of Behavior: 

38. Suggestion (not hypnosis): 

39. Reassurance: 

40. Information & Advice Giving: 

41. Redirecting Questions Back to Client or Group: 

42. Attentive Listening: 

43. Modeling Techniques: 

44. Positive Attitude-confidence: 

45. Warmth and Understanding: 

46. Reinforcement (Approval-Disapproval): 

47. Conditioning, Counter-conditioning: 

48. Free Association: 

49. Auxiliary Techniques (Hypnosis, Homework, etc.): 

50. Other (Please specify): 

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Personal Data

A. Indicate, in order, the three authors who have been most influen­
tial in shaping your present approach to psychotherapy.

1. ____________________________________________

2. ____________________________________________

3. ____________________________________________

B. Indicate the "school or schools" of psychotherapy to which you feel
most identified and related in terms of your therapy approach.

1. ____________________________________________

2. ____________________________________________

C. Indicate the number of years of therapy experience you have gained
to the present time.

_______________________________________________________

D. Indicate the number of years experience with the "techniques" of
the school(s) identified in question B above: ________________

E. Have you obtained personal analysis and/or psychotherapy?

_______________________________________________________

(If yes):

1. Number of sessions: ______________________________________

2. Type (individual, group, both). Indicate the number of ses­
sions for each if your answer is both:

_______________________________________________________

3. Type of therapy (psychoanalysis, client-centered, rational­
emotive, behavioral, etc.):

_______________________________________________________

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Experience Level And General Orientation Of The Twelve Participating Counselors

<table>
<thead>
<tr>
<th>Therapist</th>
<th>Most Influential Author</th>
<th>Experience Level</th>
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</thead>
<tbody>
<tr>
<td>Client-centered Counselors:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N₁</td>
<td>Rogers, Freud, Bugenthal</td>
<td>15 years</td>
</tr>
<tr>
<td>N₂</td>
<td>Rogers, Jung, Freud, Fromm</td>
<td>2 years</td>
</tr>
<tr>
<td>N₃</td>
<td>Rogers, Mooney, Bugenthal, May</td>
<td>6(\frac{1}{2}) years</td>
</tr>
<tr>
<td>N₄</td>
<td>Rogers, Sullivan, Truax</td>
<td>2(\frac{3}{4}) years</td>
</tr>
<tr>
<td>N₅</td>
<td>Sullivan, Rogers, Kell &amp; Mueller</td>
<td>4 years</td>
</tr>
<tr>
<td>N₆</td>
<td>Rogers, Whitaker, Bugenthal</td>
<td>2(\frac{1}{2}) years</td>
</tr>
<tr>
<td>Learning Theory Counselors:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>N₁</td>
<td>Wolpe, Dollar &amp; Mueller, Ellis</td>
<td>4 years</td>
</tr>
<tr>
<td>N₂</td>
<td>Ellis, Berne, Bandura &amp; Walters</td>
<td>2(\frac{1}{2}) years</td>
</tr>
<tr>
<td>N₃</td>
<td>Pearls, Lazarus, Wolpe</td>
<td>4 years</td>
</tr>
<tr>
<td>$N_4$</td>
<td>Bandura &amp; Walters</td>
<td>2.5 years</td>
</tr>
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<td>-------</td>
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<td>------------</td>
</tr>
<tr>
<td></td>
<td>Krasner &amp; Ullman</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wolpe</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Ellis</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>$N_5$</th>
<th>Ellis</th>
<th>3 years</th>
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<tbody>
<tr>
<td></td>
<td>Mowrer</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Rotter</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>$N_6$</th>
<th>Ellis</th>
<th>14 years</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Adler</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Skinner</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Wolberg</td>
<td></td>
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</tbody>
</table>
APPENDIX B

INSTRUCTIONS FOR CLASSIFYING COUNSELOR'S BEHAVIOR

Definitions

Reinforcement - a rewarding response. Any time the therapist praises, paraphrases or agrees with the opinions of the client.

Punishment - an aversive response. Any time the therapist disagrees, confronts, denies, shows dissatisfaction, challenges, opposes, points out inconsistencies in his thinking, feelings and/or behavior.

Examples

Reinforcement:

Cl: "I think about what you say. I don't accept it blindly on faith, it's not like . . ."

Th: "Beautiful."

* * * *

Cl: "For the first time I have done something I didn't dare to do before . . ."

Th: "That's great. That's what I want you to do."

* * * * *

Cl: "I know that most of the time it's as much a problem in me communicating as it is in their listening. It's like . . . (long pause)"

Th: "Oh, Christ, don't stop now. Go ahead, go ahead."

Punishment:

Cl: "I think it is his fault. He started it."

Th: "No, no, no, shit no!"

* * * * *

41
Cl: "What do you mean, no?"
Th: "It's not even important whose fault it was. Until you stop blaming him and see your role in it you're never going to get anywhere. Is that clear?"

* * * * *

Cl: "He says he doesn't trust me."
Th: "I wouldn't either. I think what you do is so far away from your inner feelings that I just wouldn't trust you."

* * * * *

Cl: "Yes, but . . . "
Th: "Now just shut up, goddammit, and listen to me for a change, OK?"

* * * * *

Cl: (Acting and speaking like a "little girl").
Th: "Boy, that irritates the hell out of me when you act like a little girl. I can't help but feel that others must react to you the same way also."

* * * * *

Cl: "My boyfriend doesn't like that."
Th: "I don't want to hear about what he wants. What do you want?"

* * * * *

Cl: "I don't . . . no, that doesn't bother me."
Th: "Oh, bullshit! You're shaking and all upset and can't even talk straight. Now why is it so hard for you to admit that?"
Record of Tapes Rating

Tape Number _________       Therapist _______________________

<table>
<thead>
<tr>
<th>Unit</th>
<th>Number</th>
<th>Reinforcement</th>
<th>Punishment</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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Total:

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The raters were exposed to randomly assigned tapes, knowing neither the names of the therapists nor the purpose of this study. Agreement between raters at the end of training was $r = .901$.

Agreement in their ratings of the actual tapes used in this study was as follows:

<table>
<thead>
<tr>
<th>Therapist</th>
<th>No. of T-P-T Units</th>
<th>Agreement</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Client-centered</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N1</td>
<td>11</td>
<td>.91</td>
</tr>
<tr>
<td>N2</td>
<td>9</td>
<td>1.00</td>
</tr>
<tr>
<td>N3</td>
<td>13</td>
<td>.92</td>
</tr>
<tr>
<td>N4</td>
<td>9</td>
<td>1.00</td>
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<tr>
<td>N5</td>
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</tr>
<tr>
<td>N6</td>
<td>12</td>
<td>1.00</td>
</tr>
<tr>
<td><strong>Learning theory</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>N1</td>
<td>7</td>
<td>.85</td>
</tr>
<tr>
<td>N2</td>
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<td>.90</td>
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<tr>
<td>N6</td>
<td>14</td>
<td>1.00</td>
</tr>
</tbody>
</table>

General agreement = .948
### TABLE A

Frequency Distribution of The Use of Reinforcement, Punishment and Other Techniques in Counseling by Client-centered and Learning Theory Therapists

<table>
<thead>
<tr>
<th>Orientations</th>
<th>Therapists</th>
<th>Reinforcement</th>
<th>Punishment</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>Client-centered</td>
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<td>2</td>
<td>3</td>
<td>6</td>
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<tr>
<td></td>
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<td>1</td>
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<tr>
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<td><strong>31</strong></td>
<td><strong>12</strong></td>
<td><strong>20</strong></td>
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<tr>
<td>Learning theory</td>
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<td>3</td>
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<td>4</td>
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<td><strong>TOTAL:</strong></td>
<td><strong>16</strong></td>
<td><strong>26</strong></td>
<td><strong>21</strong></td>
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### TABLE B
Summary of Newman-Keuls Test

(i) Treatment Totals ($T_j$)

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<th>Affiliation (Variable B)</th>
<th>Operant Techniques (Variable A)</th>
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<tr>
<td></td>
<td>I Reinforcement</td>
</tr>
<tr>
<td>I Client-centered</td>
<td></td>
</tr>
<tr>
<td></td>
<td>$T_a = 31$</td>
</tr>
<tr>
<td>II Learning theory</td>
<td>$T_c = 16$</td>
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(ii) Order of Treatments

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<th>3</th>
<th>4</th>
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<tbody>
<tr>
<td>Treatments in Order of $T_j$</td>
<td>b</td>
<td>c</td>
<td>d</td>
<td>a</td>
</tr>
<tr>
<td>$T_j$</td>
<td>12</td>
<td>16</td>
<td>26</td>
<td>31</td>
</tr>
</tbody>
</table>
(iii) Difference Between Totals

<table>
<thead>
<tr>
<th></th>
<th>b</th>
<th>c</th>
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<th>a</th>
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<tr>
<td>b</td>
<td>-</td>
<td>4</td>
<td>14</td>
<td>19</td>
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<tr>
<td>c</td>
<td>-</td>
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<tr>
<td>d</td>
<td>-</td>
<td></td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>a</td>
<td></td>
<td></td>
<td></td>
<td>-</td>
</tr>
</tbody>
</table>

(iv) Critical Values (α = .01)

<table>
<thead>
<tr>
<th>Truncated Range r</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>q_{.99} (r, 20)</td>
<td>4.02</td>
<td>4.64</td>
<td>5.02</td>
</tr>
<tr>
<td>q_{.99} (r, 20) n(MS_{error})</td>
<td>20.37</td>
<td>23.52</td>
<td>25.44</td>
</tr>
</tbody>
</table>