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The Effects of a Time Limited and a Non Time Limited Mode of Counseling on Producing Therapeutic Change

Joseph S. Oldz
Western Michigan University

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THE EFFECTS OF A TIME LIMITED AND A NON TIME LIMITED MODE OF COUNSELING ON PRODUCING THERAPEUTIC CHANGE

by

Joseph S. Oldz

A Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment
of the
Degree of Doctor of Education

Western Michigan University
Kalamazoo, Michigan
April 1975
ACKNOWLEDGEMENTS

The writer would like to express his appreciation to the many counselors who willingly gave of their time and involvement. Without their assistance, this study could not have been accomplished.

Very special thanks are extended to Dr. Robert Betz who has proven himself to be a stimulating and able committee chairman, and to Dr. Uldis Smidchens, Dr. James Lowe, and Dr. Paul Friday for their invaluable advice and encouragement.

The writer also wishes to express his deep gratitude and unlimited indebtedness to Dr. William Martinson for his most welcome help throughout the writer's graduate program. Without his constant guidance and direction, personal growth would not have occurred.

Finally, the writer wishes to express his deepest appreciation to his wife and daughters for their understanding, encouragement, and inspiration.

Joseph S. Oldz
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Western Michigan University, Ed.D., 1975 
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CHAPTER I

INTRODUCTION

The process of therapeutic change has traditionally been a long tedious process not only for the patient but also for the therapist. Within the last decade, the pressure upon this system to modify hours has increased tremendously. This pressure to change has been due in part to the increased awareness on the part of the population for the need to make therapy available to more individuals, and also to the increased cost of therapy. Few people today can afford prolonged therapy lasting months or years even with the help of insurance.

Many techniques have been developed during the last decades which advocate a more directive new philosophy. Even these, however, usually were conceived of as requiring many months before notable changes were accomplished.

The need for a more effective model, one that was able to accomplish the desired therapeutic goal changes within a more economic time frame remained elusive. Brief, short term, time limited therapy are all terms used to denote an attempt at this abbreviated model, one in which the number of counseling sessions is regulated and in most instances, predetermined by the counselor. The use of a brief therapy model is based on the therapist's belief in the basic capacity of the client to
become as Maslow (1954) has "coined" it, self-actualized. The client can, these therapists believe, understand, utilize, and benefit from a concise, time restricted modality (Frank, 1959).

Variations of this process have been employed not only in psychotherapy but also in the areas of vocational counseling, academic counseling, and rehabilitation counseling. In fact, the concept of using a short term structure was employed within these areas prior to its utilization within the field of psychotherapy (Whittington, 1963).

Innovators within the realms of vocational and academic counseling did not stereotype therapeutic change as requiring many months or years perhaps because they predominantly worked with healthy, functioning individuals. Thus, they were willing to experiment with new models of counseling. Within this area, time limited (TL) counseling proved to be the method of choice in most vocational centers (Wolberg, 1965).

University counseling centers have also followed this trend towards briefer counseling sessions, especially with respect to academic counseling (Wolberg, 1965; Meyer, 1967). So successful has short term academic counseling been that many university counseling centers are employing it with regard to personal counseling (Meyers, 1967).
Even within the more conservative medical-psychoanalytic sphere, the need for change was "blowing in the wind." As early as 1937, Freud recognized the necessity for reducing the length of therapy but it remained for those within the nonpsychotherapeutic realm to first attempt to limit the sessions to a specific predetermined number.

Freud not only recognized the need for reduction in the standard length of sessions but also employed a time limit into the treatment of several patients and in two instances, saw patients for only a few sessions (Jones, 1955).

This zeitgeist, however, was not to occur within the strict medical profession until the late 1960s with men like Castelnuovo-Tedesco, 1965, Semrad, Binstock and White, 1966, and Alexander, 1966. Their approach to the problem was from another avenue. They were attacking the need for the traditional 50 minute model. Fifteen, 20, and 30 minute sessions were employed with favorable results. They found, in fact, that acute psychotics and those with severe neuroses often could not tolerate a session of 50 to 60 minutes, but responded well to a short therapeutic session of from 15 to 30 minutes.

The majority of these medical practitioners continued to view therapy as requiring many months. The shorter time frame was only employed initially and then was gradually increased until the patient was seen for the
usual 50 to 60 minute therapy hour. These studies did indicate that shorter sessions were often more beneficial than the conventional hour ones (Castelnuovo-Tedesco, 1970). Thus, they served to encourage others to attempt to modify the sacrosanct realism of traditional therapy. Studies by Aldrich, 1968, and Meyer, 1967, indicated that briefer time frames were necessary, especially with those less severely ill.

What delineates "brief" from conventional psychotherapy is often unclear. Many writers consider brief as any treatment involving not more than 25 sessions spread out over a three to four month period; while other writers conceive of 40 to 60 sessions as being a brief period. Gill (1954) has suggested that there are not only brief but also intermediate forms of psychotherapy. It is clear, therefore, that the concept of brief treatment involves more than a question of deviation.

The specificity of goals, whether they are extra, inter, or intrapersonal in nature as well as the therapeutic methodology are equally important. The use of building up and moving into zones of transference, the heightening of anxiety, and other conventional techniques which are predicated on "relaxed listening" and "patient expectation" are decreed by many advocates of briefer therapies (Wolberg, 1965; Frank, 1959; and
Bellak and Small, 1965).

Recently, due to the increasing cost of therapy both financially and time-wise, more attempts at still shorter treatment sessions occurred. Parad (1965) suggested the use of four or five sessions and Castelnuovo-Tedesco (1965) has employed a preestablished time limit to the sessions length. No longer must the 50 minute therapeutic hour be held as standard; rather a 15, 20, or 30 minute session may prove more effective as well as efficient.

Reduction in the length of each session has proven to be of value not only for the busy therapist, but for many mentally ill individuals; the acutely psychotic, for instance, usually cannot tolerate longer sessions (Bellak and Small, 1965). Although the length of each session was reduced, often the duration of therapy continued along conventional lines. Since the emphasis was placed on the total reduction of sessions, the vast majority of studies dealt with reduction of the duration of total therapy.

The failure of early research to develop a new methodology for short term psychotherapy resulted in conflicting and often nonsignificant findings (Wolberg, 1965). One of the basic erroneous fallacies was that although the duration of therapy might change, the process and structure remained the same. Thus, according
to Wolberg, "the therapist continued to employ relaxed listening, permitting the full development of a transference relationship, waiting expectantly for the patient to acquire motivation for self-direction and peeling off layers of resistance to reach the treasures of the unconscious" (Wolberg, 1965, p. 128).

It became evident that these processes could not work within a much narrower time span. Authors such as Wolberg, 1965, Senrad, Binstock and White, 1966, Malan, 1963, and Castelnuovo-Tedesco, 1965, indicated that brief therapy achieves its primary goal of maximal effectiveness in a context in which: (1) emphasis is placed on the present; (2) attention is given to the patient's major comment conflicts; (3) analysis of resistance is restricted; (4) transference reactions are usually not dealt with; (5) the therapist employs a fairly directive, occasionally manipulative role.

The second major problem that became evident was that not all therapy patients could respond favorably under a restrictive time factor. Studies by Castelnuovo-Tedesco, 1965, Sifneos, 1966, and Wolberg, 1965, indicate that the majority of mild to moderate neurotic conditions will respond especially well. They tended to find that more severe neuroses and psychotic conditions, while improving somewhat, could not receive maximum benefit from such a short time span.
Personality Factors

The above studies made researchers aware of the need to evaluate the personality (ies) of the patient prior to attempting a certain form of therapy. Novick (1965), in a study of disturbed children, found those with high ego strength showed more improvement over a short period of time (three months) than did children with low ego strength. Jones (1952), in an attempt to employ hospitalized mental patients, found that short term therapy improved mental functioning and social adjustment of about all mental disorders if the severity was moderate to mild. Thus, the consensus would seem to indicate that it is not the mental illness label that determines whether short term therapy is effective as much as the severity of the dysfunction. In order to profit from an intense, brief therapeutic period, the client must be able to organize thoughts and be able not only to perceive the need for change but to also be able to institute movement in that direction (Wolberg, 1965).

When a more "normal" population is looked at with an aim to discover if personality factors affect therapy, personality traits do appear to affect results. Most studies under this rubric have employed a college population such as those enrolled in counseling-psychology programs or those seeking help at a university counseling center. Trua, Silber, and Wargo (1966) employing the
Edwards' Personal Preference Schedule studied the personality inventory profiles of 16 graduate students who completed didactic experimental training in psychotherapy and compared those who gained the most in emphatic skills with those who gained the least. The students who gained most, scored significantly higher in the "change" scale. The high gain students decreased in "abasement", whereas the low gain students increased. The Autonomy scale also discriminated, for high gain students increased while low gain students decreased. The best students also decreased more than did the low gain students on "Defensiveness."

During the latter part of the 1960s, Edwards performed one study employing the Edwards Personality Inventory (EPI) with college juniors. The results of his study indicated that when items were stated in the third person rather than in the first person form, they more closely approach "significant others" judgemental statements. These results were in agreement with findings by Norman and Goddberg (1967) regarding third person usages over first person reports. The study was used for validation purposes and remained the only study employing the EPI until the latter part of 1969 when Oakland employed the EPI in a study employing adolescent high school students. He found confirmation for Edwards' rationale concerning the use of the third person form,
but reported quite low correlations between 11 EPI scores and mean peer ratings on the same traits for a sample of 35 students. A follow-up study employing 32 college students produced similar results (Oakland, 1972).

Personality change involving college students with either introverted or extroverted personalities was studied by Di Loreto (1971). His results indicated that introverted subjects not only showed more significant personality changes, but also resisted therapy for a longer period than did extroverted subjects.

In conclusion, then, as Luborsky (1962) has noted, "of all the influences which are thought to determine the change a patient can make throughout treatment, the patient's personality is most often thought to be predominant" (p. 92). When dealing with more normal subjects such as a university population, the theories of Maslow and other humanistic oriented writers will serve as an appropriate background.

Two of the earliest therapists to view human beings as capable of self-directed growth were Alfred Adler (1914) and Robert Assagioli (1926). Their orientation was directed towards helping the client to achieve "a harmony of his inner or true self, coupled with self-realization and sound relationships with others" (Adler, 1963, pp. 32-33).

Maslow in 1954 further developed this concept of
self-realization into one of self-actualization. Maslow viewed man as basically good and his focus of study was on the motivations and growth of these healthy individuals. The results of his research indicated that when given the opportunity to move or grow in a positive healthy manner, subjects would choose to do so. The subjects made full use of their potential, a concept of Maslow's labeled as Self-Actualization.

Contemporaries of Maslow such as Bugental and Low interacted with him in producing a philosophy of therapy based on man's potential to grow and to determine his own future, an approach that considers man's feelings and desires and a belief that responsibility is healthy and irresponsibility is costly (Bugental, 1967).

Thus, in any study employing a more normalized population, one should be aware of this potential for self-actualization and the desire for inner growth. Any attempt at brief therapy must be predicated on these humanistic factors.

Need for Study

In summary, then, a substantial number of researchers have suggested that a briefer number of sessions than those lasting many months may indeed be not only more efficient, but also more successful. They have also indicated that degree of severity and type of mental and
emotional disturbance may influence the effectiveness of briefer modes of counseling and psychotherapy. The majority of these experimental studies have been content to limit the number of sessions to between 10 - 15, ranging over several months. No attempt has been made thus far to reduce the number of sessions to as few as four, nor has any systematic attempt been made to correlate success of therapy with personality factors of clients and counselors.

Statement of Problem

The purposes of this study are: (1), to ascertain whether TL counseling is more effective than non-time limited (NTL) counseling and; (2), to determine if certain personality traits of the client affect the counseling process.

With the above questions in mind, the following research hypotheses have evolved:

H 1: there will be a difference in the effects of counseling between TL and NTL counseling.

H 2: there will be a difference in the amount of personality trait change between TL and NTL counseling.

H 3: there will be a difference in the perception of subjects regarding the ability of counselors employing TL and NTL counsel-
ing to project certain leader/counselor attributes considered necessary for therapeutic change.

Definitions of Terms

To universalize the use of terms, the following definitions were given:

**Time limited counseling:** a concept developed by Mann to describe a treatment or counseling format in which the total number of sessions is purposefully kept under ten and in which the subject is informed of this fact during the initial interview. For purposes of this study, the total number of therapy sessions was limited to four. In addition, time limited is equated with brief and/or short term therapy in this study.

**Non-time limited:** a treatment followed in the conventional manner in which no specific termination date is preset and in which treatment is allowed to continue until a decision, often mutual, is reached by both therapist and patient to discontinue.

**Therapy:** the process of change through the use of one or more of a number of approved therapeutic techniques. In this study, counseling and therapy are used synonymously.
Leader/ Counselor attributes: a set of six therapeutic conditions postulated by Rogers which a therapist needs to possess in order for therapeutic change to occur. These conditions are accurate empathy, nonpossessive warmth, genuineness, overall therapeutic relationship, intensity and intimacy of interpersonal contact, and concreteness.

Scope of the Study

Forty five graduate students from the Counseling and Personnel Masters Program at Western Michigan University (WMU) were randomly assigned to one of three treatment procedures. Individuals in the first group were assigned to a counselor for TL counseling. They were seen for no more than four sessions and were told this during the first session. Specific goals were also established at this time. Individuals comprising the second group were assigned to counselors for NTL counseling. They were seen for a non-prescribed time and goals were not necessarily delineated during the first session. Individuals comprising the third group underwent no counseling at this time but received pre and post-testing. Prior to beginning counseling, all students were pretested on the EPI. At the completion of a 16 week period, they were post-tested on the same instrument and administered the.
Truax-Carkhuff Relationship Questionaire (TCRQ). In addition, the counselors were asked to fill out a questionnaire which attempted to elicit information concerning the therapist's perception of the therapeutic process. All of the above procedures are more fully detailed in the subsequent chapters.

All of the subjects were obtained from the Western Michigan University Counseling and Personnel Masters Program. Since this sample comprised a cross selection of students enrolled in this graduate program, it may be considered a representative sample of counseling students of like mid-western universities of similar size. The sample cannot, however, be considered representative of graduate students in general or even of all counseling students; nor is any attempt made to generalize this sample to the general population.

Relevance of the Findings

Results of the findings point to new dimensions with regard to duration of therapy. Therapy need not be a lengthy process; instead, evidence indicates that as few sessions as four can suffice to accomplish all therapeutic goals established by both client and therapist.

The influence of certain personality traits were explored and the results indicate that significant personality changes can occur through TL counseling.
Evidence also indicates that counselors who preferred a TL approach were perceived by their clients as exhibiting more counselor/leader attributes than were counselors who preferred a NTL approach. These results point up new awareness of approach to therapeutic counseling as well as indicating areas in which further research could be possible.

Organization of Study

The remainder of the study will adhere to the following format:

1. Chapter Two describes the sample, the methods and rationale used to organize the study, the methods and rationale used in data collection, and the statistical techniques used in analysis of the results.

2. Chapter Three presents the research findings of the study.

3. Chapter Four contains the summary, discussion, and implications for future research.
CHAPTER II

DESIGN AND METHODOLOGY

The Sample

Fifty five graduate students from the Counseling and Personnel Masters Program served as the subjects. This group included both male and female, ranging in age from 22 to 54 with a diverse academic and employment background.

One of the requirements of the Counseling and Personnel Department is that each student enrolled in their Masters Program undergo a minimum of five sessions of personal counseling. This counseling is usually accomplished at the University Counseling Center. The 54 subjects who comprised this study represented slightly over 80% of all the students eligible at that time to fulfill this requirement. Initially, all subjects were randomly assigned to either a delayed treatment group, hereafter referred to as a "control" group, or one of two experimental groups through the use of random number assignment.

Treatment Counselors

Six counselors employed full time at Western Michigan University's Counseling Center and four advanced graduate students in the final stages of their Doctoral Program served as therapists in the study. Each therapist chose
the mode of treatment they preferred. In addition, each had had a minimum of three years of practical experience with the chosen technique. Three of the therapists employing the TL mode had their Doctorate while only one therapist employing the NTL technique had his terminal degree. Four of the counselors using the NTL approach had their Masters Degree as compared to two counselors using the TL approach.

Procedure

Students from the Counseling and Personnel Masters Program at WMU who had not fulfilled their Personnel Counseling requirement were asked if they would be willing to participate in a Doctoral study. They were told simply that the Personnel Counseling facet was being evaluated. They were also informed that in order to participate, they only needed to be willing to fulfill their requirements during either the spring or summer semesters, and that arrangements had been made at the University Counseling Center for the students to be counseled. Finally, they learned that in addition to the counseling sessions, they would be asked to take certain tests.

A total of 54 students expressed a willingness to participate and they were then, without being informed, randomly assigned to one of three groups. The first comprised a control group of 18 students who were told
after they had completed the pre-testing phase that they were not required at this time to undergo personal counseling. They were further informed that they could either fulfill their personal counseling requirement in one of the following semesters, or if they wished to complete this requirement during the current semester, they would be accommodated at the University Counseling Center as the counselor's time became available. The second group consisting of 18 students, were assigned individually to a counselor employing a TL model. During the initial session with these subjects, the counselor would assist the subject in delineating goals for therapy and then the counselor would inform them that they had only four sessions in which to accomplish these goals. The last group of 18 students were assigned to counselors who used a NTL model. Here no time limits were given, and counseling continued until both the counselor and the student agreed to terminate.

Prior to beginning the treatment phase, three subjects failed to begin. Three subjects from the control group were then randomly assigned to fill these vacancies.

Sixteen weeks after the initial pre-testing, the post-testing phase consisting of the EPI and the TCRQ were administered. At this time, it was learned that the NTL group was reduced to 15 due to failure on the part of three clients to complete all phases of the experiment.
Two subjects had to be dropped from the TL group due to their treatment phase going over the required four sessions, thus invalidating their use in that group. It was decided not to include them in the NTL group as their initial instructions and mental set was different from those in the NTL group. The results of those students dropped from the study are not included in the report. The reason for this will be reviewed in the discussion section.

Counselors who participated in this study were asked to fill out a questionnaire indicating their impressions of the counseling process concerning the nature and number of goals and sessions employed. More direct information concerning this is given below.

Instrumentation

The EPI was used as both a pre-test and a post-test measure. The pre-test established the level of the subject's personality configuration before treatment and the post-test established their level following treatment. The EPI, Booklet II, which consists of 300 items, was designed by Edwards (1966) to provide scores on 11 personality variables. The examiner is asked to select the response to the statements in the way he believes "those individuals who know him best would answer the item true or false if they were asked to describe him" (pp. 11-12).
The 11 scales included in Booklet II are: (1) Scale A (Anxious About His Performance); (2) Scale B (Avoids Facing Problems); (3) Scale C (Is A Perfectionist); (4) Scale D (Absentminded); (5) Scale E (Sensitive to Criticism); (6) Scale F (Likes A Set Routine); (7) Scale G (Wants Sympathy); (8) Scale H (Avoids Arguments); (9) Scale I (Conceals His Feelings); (10) Scale J (Easily Influenced); (11) Scale K (Feels Misunderstood). These scales, according to Edwards (1966), provide "a comprehensive survey of an individual's perception of the self he displays to significant persons in his environment" (p. 6).

Validation and reliability studies employing the EPI have been conducted by Edwards employing 532 students at the University of Washington and 274 high school students in Seattle, Washington. These studies were directed at internal validity and test-retest reliability rather than at establishing standardization norms. Edwards indicates in his test manual that local norms should be established by researchers and he would leave that task to others. In the years following Edward's creation of the EPI, 16 other studies have been reported in the journals utilizing the EPI. All of these studies, however, employed local norms only. The EPI, therefore, needs to be considered a test for "research purposes only", and results must be considered in this context.
The other standardized post-test measure was the TCRQ. This is a 141 item true and false test designed to measure therapeutic conditions offered by the therapist. These conditions are accurate empathy, nonpossessive warmth, genuineness, overall therapeutic relationship, intensity and intimacy of interpersonal contact, and concreteness. Basically, they are the conditions postulated by Rogers and commonly agreed upon to be necessary for therapeutic change (Patterson, p. 197).

When the population being tested is of a normal nature (non-psychotic), the TCRQ correlates between .53 and .56 with objective ratings of leader therapeutic behavior.

Finally, a counselor questionnaire (see Appendix A) was devised as a post-test measure to determine the counselor's perception of the therapeutic process. The questionnaire's intent was to gain information regarding: (1) total number of sessions; (2) nature of goals established; (3) degree of goals achieved; (4) factors considered detrimental to the therapeutic process; (5) an indication of any factors considered irrelevant to the present study.

**Data Analysis**

Analysis of the data was confined to two basic modes of statistical analysis. The first was the t test
for testing the null hypotheses of no difference between two means both for dependent and independent samples (Siegel, 1956, p. 62). The second mode was the chi square technique for testing independence of two variables measured on a nominal scale (Seigel, pp. 42-47).

The \( t \) tests of independent sample means were performed to determine whether TL subjects perceived their counselors differently from NTL subjects on six leader/counselor traits. The \( t \) tests were utilized to detect whether all subjects' pre-test scores on the EPI were significantly different from their post-test scores.

The chi square was used to discern whether subjects divided between TL and NTL counseling were significantly different in the proportion of therapeutic goals achieved.

In establishing a procedure for the level of significants, the author has chosen to adhere to the .05 level of significance rather than simply report the probability level associated with specific findings. The decision to employ a specific level of significance was based on Siegel's (1956) statement that "level of significance based on a fluid loss factor is in behavioral sciences dubious, because of the lack of information which would be basic to the use of loss functions" (p. 8).

Summary

A sample of 54 subjects were randomly divided into
three different models, with each consisting of 18 subjects. One of the models was a control group while the other two were experimental ones. A design based on a pre, post-treatment measure was employed to study the two counseling techniques of: (1) NTL counseling and; (2) TL counseling. Personality characteristics totaling 11 from the EPI were also comprised to determine if certain personality types functioned more effectively under a certain counseling model. The data was then subjected to two modes of statistical analysis, namely, the t test for dependent and independent means, and the chi square test for frequency difference.
CHAPTER III

RESULTS

Introduction

In Chapter Three the results and analysis of the data are discussed. Findings are reported in two subsections entitled Sample Data and Research Findings.

The Sample Data subsections present data relevant to sample size, dispersement, and sample homogeneity. The Research Findings subsection reports: (1) findings comparing pre, post-testing results; (2) findings indicating treatment goal achievement for the two treatment groups; (3) comparison of personality trait changes for the two treatment groups; (4) results indicating possible effects of personality traits on treatment goal achievement.

The three hypotheses tested were: (1) \( H_1 \), there will be a difference in the effects of counseling between TL and NTL counseling; (2) \( H_2 \), there will be a difference in the amount of personality trait change between TL and NTL counseling; (3) \( H_3 \), there will be a difference in the perception of subjects regarding the ability of counselors employing TL and NTL counseling to project certain leader/counselor attributes considered necessary for therapeutic change.

Sample Data

The final research sample consisted of 46 graduate
students enrolled in the Masters Degree Program in the Department of Counseling and Personnel at WMU. The subjects were divided into three arrangements as shown in Table I.

Table I
Arrangement of Subjects by Size and Treatment

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<th>TL Therapy</th>
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Those subjects in the two treatment categories were individually assigned on a random basis to counselors employed at WMU Counseling Center. All three groups received both the pre and post-testing.

Research Findings

As evidenced in Table 2 on p. 26, there was no significant difference in the responses of the control subjects to the EPI over time. It may, therefore, be concluded that the passage of time alone was not in itself sufficient to produce any significant changes in the subjects' perception and reporting of their personality traits.
Table 2
A Comparison of Pre-Post Means on EPI for Control Subjects

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-test Means</th>
<th>Post-test Means</th>
<th>t Value*</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>7.22</td>
<td>8.71</td>
<td>1.813</td>
</tr>
<tr>
<td>B</td>
<td>14.47</td>
<td>14.64</td>
<td>.718</td>
</tr>
<tr>
<td>C</td>
<td>16.52</td>
<td>15.88</td>
<td>1.344</td>
</tr>
<tr>
<td>D</td>
<td>12.46</td>
<td>11.07</td>
<td>1.308</td>
</tr>
<tr>
<td>E</td>
<td>8.41</td>
<td>7.98</td>
<td>1.631</td>
</tr>
<tr>
<td>F</td>
<td>7.58</td>
<td>9.21</td>
<td>2.015</td>
</tr>
<tr>
<td>G</td>
<td>14.86</td>
<td>13.92</td>
<td>1.621</td>
</tr>
<tr>
<td>H</td>
<td>10.63</td>
<td>11.06</td>
<td>1.291</td>
</tr>
<tr>
<td>I</td>
<td>10.55</td>
<td>10.85</td>
<td>.902</td>
</tr>
<tr>
<td>J</td>
<td>9.20</td>
<td>8.63</td>
<td>1.517</td>
</tr>
<tr>
<td>K</td>
<td>4.66</td>
<td>3.91</td>
<td>1.601</td>
</tr>
</tbody>
</table>

* ± .975 \( _{14} \) = ± 2.14

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### Table 3
Comparisons of Pre-Post Means on EPI for NTL Series

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pre-test Means</th>
<th>Post-test Means</th>
<th>t Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>4.71</td>
<td>3.72</td>
<td>.798</td>
</tr>
<tr>
<td>B</td>
<td>6.94</td>
<td>4.73</td>
<td>2.447*</td>
</tr>
<tr>
<td>C</td>
<td>17.80</td>
<td>16.33</td>
<td>.941</td>
</tr>
<tr>
<td>D</td>
<td>5.50</td>
<td>4.27</td>
<td>1.301</td>
</tr>
<tr>
<td>E</td>
<td>11.97</td>
<td>10.46</td>
<td>1.487</td>
</tr>
<tr>
<td>F</td>
<td>4.83</td>
<td>6.26</td>
<td>1.442</td>
</tr>
<tr>
<td>G</td>
<td>8.66</td>
<td>8.91</td>
<td>.344</td>
</tr>
<tr>
<td>H</td>
<td>6.20</td>
<td>4.72</td>
<td>1.033</td>
</tr>
<tr>
<td>I</td>
<td>19.87</td>
<td>15.94</td>
<td>3.477*</td>
</tr>
<tr>
<td>J</td>
<td>7.33</td>
<td>6.81</td>
<td>.819</td>
</tr>
<tr>
<td>K</td>
<td>7.42</td>
<td>9.18</td>
<td>1.946</td>
</tr>
</tbody>
</table>

*p < .05, t_{14} = ±2.14

Table 3, which represents the pre-post EPI scores for the NTL subjects, indicates that in two instances, Scale B (Avoids Facing Problems) and Scale I (Conceals His Feelings), there were significant differences. Both of these personality traits have a common inherent factor, namely, anxiety over being wrong and others reactions towards feelings or behavior. Reduction in these traits are also considered by certain therapists to be ther-
apeutic goals (Bern, 1972; Perls, 1972; Ruesch, 1961).

Table 4

Comparison of Pre-Post Means on EPI for TL Subjects

<table>
<thead>
<tr>
<th>Scale</th>
<th>Pretest Means</th>
<th>Post-test Means</th>
<th>t Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>3.93</td>
<td>2.10</td>
<td>1.83</td>
</tr>
<tr>
<td>B</td>
<td>7.27</td>
<td>4.81</td>
<td>2.46*</td>
</tr>
<tr>
<td>C</td>
<td>16.27</td>
<td>15.48</td>
<td>1.74</td>
</tr>
<tr>
<td>D</td>
<td>5.20</td>
<td>6.47</td>
<td>1.10</td>
</tr>
<tr>
<td>E</td>
<td>14.20</td>
<td>10.11</td>
<td>3.26*</td>
</tr>
<tr>
<td>F</td>
<td>4.17</td>
<td>6.19</td>
<td>2.01</td>
</tr>
<tr>
<td>G</td>
<td>6.13</td>
<td>4.44</td>
<td>1.79</td>
</tr>
<tr>
<td>H</td>
<td>5.40</td>
<td>7.96</td>
<td>2.65*</td>
</tr>
<tr>
<td>I</td>
<td>18.87</td>
<td>13.72</td>
<td>3.55*</td>
</tr>
<tr>
<td>J</td>
<td>7.44</td>
<td>6.07</td>
<td>1.52</td>
</tr>
<tr>
<td>K</td>
<td>5.61</td>
<td>5.29</td>
<td>.93</td>
</tr>
</tbody>
</table>

*P < .05, t_{15} = ± 2.13

Table 4 indicates that in four personality traits, there has been a significant difference between the pre-post testing.

The trait changes occurred with: Scale B (Avoids Facing Problems); Scale E (Sensitive to Criticism); Scale H (Avoids Arguments); and Scale I (Conceals His
Feelings). All four of these traits concern subjects' fears of others reactions towards them and their overt feelings and behavior. As indicated above, these four traits are often considered goal changes (Ellis, 1970; Ruesch, 1961).

Since the results evidenced in Table 2 demonstrated that the passage of time alone did not account for significant personality trait changes such as found in Tables 3 and 4, then it must be concluded that these findings are the result of the treatment phase.

As evident by Table 5 on p. 30, significant mean scale differences occurred in seven out of 11 personality trait scales. These trait scales were: Scale A (Anxious About His Performance); Scale C (Is A Perfectionist); Scale D (Absentminded); Scale E (Sensitive to Criticism); Scale G (Wants Sympathy); Scale H (Avoids Arguments); Scale K (Feels Misunderstood). Of the differences noted, the majority were in the order of a reduction in the magnitude of the traits perceived. In two instances, however, Scale D (Absentminded) and Scale H (Avoids Arguments), the change was in the direction of an increase in trait magnitude.

Caution must be exercised here in making interpretations. Di Loreto (1967) and others have found in research studies that positive changes may not only occur in the direction of reduction in traits (even traits...
that usually are perceived as detrimental, e.g., anxiety) for some subjects, it may occur in the direction of an increase in trait magnitude.

**Table 5**

Comparisons of TL and NTL Pre-Post Differences on the EPI

<table>
<thead>
<tr>
<th>Scale</th>
<th>TL</th>
<th>NTL</th>
<th>t Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>1.83</td>
<td>.99</td>
<td>3.49*</td>
</tr>
<tr>
<td>B</td>
<td>2.46</td>
<td>2.21</td>
<td>1.54</td>
</tr>
<tr>
<td>C</td>
<td>.79</td>
<td>1.47</td>
<td>2.73*</td>
</tr>
<tr>
<td>D</td>
<td>-1.27</td>
<td>1.23</td>
<td>7.35*</td>
</tr>
<tr>
<td>E</td>
<td>4.09</td>
<td>1.51</td>
<td>4.53*</td>
</tr>
<tr>
<td>F</td>
<td>-2.02</td>
<td>-1.43</td>
<td>1.81</td>
</tr>
<tr>
<td>G</td>
<td>1.69</td>
<td>-.25</td>
<td>6.64*</td>
</tr>
<tr>
<td>H</td>
<td>-2.56</td>
<td>1.48</td>
<td>6.09*</td>
</tr>
<tr>
<td>I</td>
<td>5.15</td>
<td>3.93</td>
<td>1.63</td>
</tr>
<tr>
<td>J</td>
<td>1.37</td>
<td>.52</td>
<td>1.57</td>
</tr>
<tr>
<td>K</td>
<td>.32</td>
<td>-1.76</td>
<td>5.07*</td>
</tr>
</tbody>
</table>

*p < .05, t_{29} = ± 2.04
Table 6
A Comparison of Goal Achievement According to Treatments After Four Sessions

<table>
<thead>
<tr>
<th>Treatment</th>
<th>None and Some*</th>
<th>All</th>
<th>Total</th>
<th>( \chi^2 )</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTL</td>
<td>13</td>
<td>2</td>
<td>15</td>
<td>6.26**</td>
</tr>
<tr>
<td>TL</td>
<td>7</td>
<td>9</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

**p < .05, df = 1

As evidenced in Table 6, the resultant chi square for independent sample frequencies was found to be significant. It may be concluded that after four sessions, the termination set for the TL group, the number of subjects under the TL who achieved their treatment goals was significantly greater to the NTL group.

The hypothesis that there would be a difference between the goals achieved by the TL and the NTL subjects was supported.

Table 7 on p. 32, which indicates the goal achievement at the time of the NTL group's termination (16 weeks)

*No goal achieved were combined with some goals achieved for two reasons: (1) due to the small number of subjects who had no goal achievement, i.e., two subjects; (2) although verbalized goals may not have been achieved by these two subjects, it is presumptuous to assume zero gain in therapeutic change.

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compared to the TL group indicates no significant difference. The results indicated by Table 7 simply serve to reinforce statements made by researchers such as Arieti (1971), Barten (1971), and Corsini (1973), that exclusive of time/cost factors, all established treatment modalities are able to produce treatment objectives.

Table 7
A Comparison of Goal Achievement According to Treatments After 16 Weeks

<table>
<thead>
<tr>
<th>Treatment</th>
<th>None and Some</th>
<th>All</th>
<th>Total</th>
<th>$\chi^2*$</th>
</tr>
</thead>
<tbody>
<tr>
<td>NTL</td>
<td>7</td>
<td>8</td>
<td>15</td>
<td>.059</td>
</tr>
<tr>
<td>TL</td>
<td>7</td>
<td>9</td>
<td>16</td>
<td></td>
</tr>
</tbody>
</table>

*df = 1

As illustrated in Table 8 on p. 34, the counselors differed significantly in four of the six attributes (Accurate Empathy, Genuineness, Overall Therapeutic Relationship, and Intensity) measured. The TL counselors were able to communicate these four therapeutic attributes to their subjects with greater magnitude than were the NTL counselors. In no instance were the NTL counselors able to impart these qualities to a greater extent than was true for the TL counselor. With respect to the
two other attributes, namely, Intimacy and Nonpossessive Warmth, there were no significant differences found between the ability of TL and NTL counselors to communicate these factors.
Table 8
A Comparison of Six Leader/Counselor Therapeutic Attributes Under TL and NTL Treatments

<table>
<thead>
<tr>
<th>Attribute</th>
<th>TL</th>
<th>NTL</th>
<th>t</th>
</tr>
</thead>
<tbody>
<tr>
<td>Accurate Empathy</td>
<td>N: 16, Mean: 38.4, SD: 6.11</td>
<td>N: 15, Mean: 29.8, SD: 8.20</td>
<td>3.31*</td>
</tr>
<tr>
<td>Nonpossessive Warmth</td>
<td>N: 16, Mean: 56.44, SD: 6.54</td>
<td>N: 15, Mean: 54.87, SD: 7.18</td>
<td>.907</td>
</tr>
<tr>
<td>Genuineness</td>
<td>N: 16, Mean: 68.20, SD: 5.28</td>
<td>N: 15, Mean: 63.61, SD: 9.44</td>
<td>2.43*</td>
</tr>
<tr>
<td>Overall Therapeutic Intensity</td>
<td>N: 16, Mean: 98.61, SD: 10.44</td>
<td>N: 15, Mean: 84.98, SD: 18.21</td>
<td>3.61*</td>
</tr>
<tr>
<td>Intimacy</td>
<td>N: 16, Mean: 77.19, SD: 8.25</td>
<td>N: 15, Mean: 73.66, SD: 10.63</td>
<td>1.46</td>
</tr>
</tbody>
</table>

*_{p < .05, t_{29} = 2.04}
Summary

Prior to the treatment phase, the experimental subjects did not significantly differ in: (1) educational background; (2) counseling experience; (3) personality traits as measured by the EPI.

The TL group experienced a significantly greater number of personality trait changes than did the NTL group.

The TL group achieved a significantly greater number of therapeutic goals than did the NTL group.

Within the limits of the present study, those counselors who chose to employ TL counseling were viewed as exhibiting significantly greater therapeutic attributes and proficiencies by the clients on four of the six attributes when compared to those counselors employing NTL counseling.
CHAPTER IV

DISCUSSION

Summary

The concept for the study originated out of current pressures and confusions regarding the value of a dramatically reduced therapeutic time frame. In the past, counseling has been viewed as taking many sessions, sometimes 60 or more, protracted over many months. For too many people, both clients and counselors, this concept has seemed antiquated both in terms of the cost and the time consumed. With the increased influx of people realizing the benefits derived from therapeutic assistance, neither the client nor the therapist can afford any longer to support the false luxury of protracted sessions.

As discussed in Chapter One, there has recently been a swing towards reducing the time factor. Two approaches have been employed to accomplish this reduction. First, shorter sessions where instead of the traditional 50 minute hour, counselors have experimented with a 30 down to a 15 minute "therapeutic hour" with positive results. The second approach was to reduce the total number of sessions consumed. Using this approach, the total number of sessions would be limited to 15 or less.

The purposes of this study were: (1) to discover
if as few as four sessions would be sufficient to achieve therapeutic goal tasks. (If the clients were made aware from the beginning that they were, in fact, limited to just four sessions, would they actualize their potentials "a la Maslow" and accomplish the goals set?); (2) discern if personality traits of the client would change more than would those of clients employing a NTL approach; (3) discover if counselors who preferred a TL approach differed in their leadership potential from counselors who preferred a more protracted timeless approach.

The sample for the study consisted of 54 candidates from the Masters Degree Program in the Counseling and Personnel Department at WMU. This figure represented slightly more than 80% of all students eligible at the time of the study. The subjects were randomly assigned to three models, each consisting of 18 subjects. Due to dropouts and failures on the part of clients and counselors to fulfill all requirements of the study, the final figure employed in the results section consisted of 15 subjects in the control and NTL group and 16 subjects in the TL group.

Discussion

The results and analysis of the research findings were presented in Chapter Three.
The first research hypothesis in the study stated that there will be a difference in the effects of counseling between TL and NTL counseling. A review of the therapeutic goals achieved after four sessions by clients under the two different treatments reveals that TL counseling produced a greater number of goals achieved when compared with NTL counseling. Four sessions was the termination set for TL counseling and the results clearly indicate that even employing so brief a number of sessions was sufficient to produce significant results. Clients can, as both Maslow and Mann suspected, organize their energies towards accomplishing set therapeutic goals when they know that they have only a certain limited amount of time in which to accomplish these aforementioned goals.

The second research hypothesis of the study stated that there will be a difference in the amount of personality trait change between TL and NTL counseling. The results support this hypothesis. As indicated in Table 5, there was a significantly greater number of personality trait changes recorded by the TL group when compared to the NTL group. Significant trait changes were found to occur under TL counseling as compared to NTL counseling in the following scale traits: (1) Scale A (Anxious About His Performance); (2) Scale G (Is A Perfectionist); (3) Scale E (Sensitive to Criticism); (4) Scale G (Wants Sympathy); (5) Scale K (Feels Misunderstood).

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Two scales were found to have greater reduction in trait means under NTL when compared to TL counseling. These two scales were: (1) Scale D (Absentminded); and; (2) Scale H (Avoids Arguments). With the trait exception of Absentminded, the other five traits have been considered by many researchers to reduce the growth towards self-actualization (Maslow, 1970; Mosar, 1967; Rogers, 1961). Thus, it may be concluded that change in these personality traits would be considered a beneficial therapeutic goal.

The results further indicate that TL counseling resulted in twice as many trait changes as did NTL counseling. Based on these results, it would appear that TL counseling is more effective in producing personality trait changes, at least within a university population, than is NTL counseling.

The third hypothesis stated that when counselors who employed TL treatment were compared to counselors who employed a NTL approach, there would be a difference in their ability to project leader attributes to their respective clients. The results from analysis of the data support this hypothesis. Those counselors employing a TL approach were perceived by their clients to project leader/counselor attributes to a greater degree in four of the six categories. The four leader attributes were: (1) accurate empathy; (2) genuineness; (3) overall
therapeutic relationship, and; (4) intensity. There was no difference found with respect to the other two categories, namely, nonpossessive warmth and intimacy.

It may be concluded that counselors who employ a TL concept tend not only to project to a greater magnitude certain leader/counselor attributes, but are also more able to accomplish therapeutic goals within a more limited time span. In his 1969 study, Foulds linked self-actualization to counselor effectiveness. He suggested that counselors who were themselves self-actualized, would more effectively project these traits to clients and thereby enhance the client’s potential towards self-actualization.

The present study has demonstrated that counselor candidates were provided, especially via TL counseling, with the kinds of experiences which, according to Foulds, would facilitate the development of personal adequacy.

A few comments need to be made concerning those subjects dropped from the study. Two were not included within the TL group due to the fact that the counselor extended the clients' sessions beyond the established four. The clients' needs had to remain the first concern and, therefore, no attempt was made to restrict the counselor from extending the sessions if it were believed to be in the clients' best interest. In both instances, the extended sessions were fewer than those
employed by the NTL counselor, being six compared to eight or more sessions. The other three subjects were dropped due to their not completing all phases of the experiment. How the loss of these five subjects affected or could have affected the results were not studied.

Implications for Future Research

The following implications have been reached: an abbreviated TL approach to counseling appears to produce more therapeutic goal changes within the time indicated than does a more protracted NTL form of counseling. Also, more personality trait changes occurred under TL counseling than with NTL counseling. Mann (1972) believed that this was due to the client not being able to procrastinate but rather to mobilize his resources towards achieving the goals set. Maslow and Foulds relate this self-actualization ability in part to a function of the counselor's effective leader/counselor attributes. This study did indicate that clients significantly more often view the TL counselors as projecting desirable counselor attributes than NTL counselors. On the basis of this study, however, it is not possible to conclude whether the therapeutic changes that occurred are the result solely of TL counseling. Certainly the personality of the counselor had some effect. The results indicated that counselors who chose
A TL approach projected more positive attributes than did those counselors who chose a NTL approach. It would, therefore, seem probable that the therapeutic changes found are the result of an interaction between the treatment modality and the dynamic personality of the counselor. Further research should be directed towards exploring this interaction effect.

This study dealt with a fairly healthy college population and future research would need to discover if similar results would occur with a more pathological population.

A final word of caution concerning this study. Due to the highly selective nature of the population employed, generalized conclusions are not possible. This study does, however, give indication of the true potential of not only TL counseling, but also the highly significant factor of the counselor's personality. Further research should, therefore, be directed at: (1) determining the usefulness of TL counseling with a mental hospital population; (2) comparing the duration of personality trait and goal changes over a period of time as produced by TL and NTL methods, and finally; (3) more research needs to be directed towards the benefits of introducing self-actualization techniques into counselor-education programs.
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Saul, L. On the value of one or two interviews. Psychoanalytic Quarterly, 1951, 20, 613-616.


APPENDIX A

Counselors' Therapy Evaluations Form

Dear Fellow Counselor:

First, I wish to express my sincere gratitude for the help you have given me on this study.

Would you kindly fill out this questionnaire concerning the student(s) you have counseled. Use the back of this form if necessary.

Student:
1. Were definite goals established?
2. Were these goals: interpersonal, extrapersonal, intrapersonal (choose one).
3. Were these goals established by:
   a. counselor  b. client  c. both
4. Were these goals met?
   a. no  b. in part  c. all
5. Was termination determined by:
   a. counselor  b. client  c. both
6. Were the total number of sessions:
   a. under four  b. four to six  c. seven to ten  d. over ten
7. If counseling was not completely successful, what factors would you contribute this to?
8. Did this study in any way affect the progress
of counseling?

9. Are there any comments or suggestions you could make that would be of benefit to this study?

Thank you again! Enclosed you will find a self addressed envelope with which to return these forms to me.

Respectfully,

Joseph S. Oldz