

CLIENTS' RECALL AND EVALUATION OF THE COUNSELING PROCESS

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ABSTRACT. *This article discusses, within a person-centered framework, the process of therapy and those events or moments within the process that clients consider helpful or "good." One instrument which attempts to assess such events is discussed. Implications for counselors are also briefly delineated.*

The focus of client-centered therapy has always been on *the process* of therapy; the relationship that exists between two persons who are in contact (Rogers, 1959). Rogers (1959) posits no motive for psychological growth other than the self actualizing tendency. The implication of this concept is that the counselor can trust the tendency of the client and hence, the counselor is liberated to focus on the role of creating an interpersonal climate that promotes the client's actualizing tendency (Bozarth, 1996). In essence, it is the counseling *process* -- the therapeutic relationship between the counselor and client -- that remains the cornerstone of client-centered therapy.

The use of instruments to evaluate the counseling process has a considerable history, beginning with Carl Rogers (1942) and other stimulated by his ideas (Bixler & Bixler, 1946; Bordin & Bixler, 1946; Goldman, 1971; Seeman, 1958). Later, Grummon, 1972 concluded that tests can be included in client-centered counseling provided that the data they supply was somehow integrated into the clients' self-concept. Patterson (1964) argued that the primary basis for the use of evaluative instruments in client-centered counseling was that the instrument provided information that the client (and counselor) needed. From a historical perspective, it appears that client-centered therapy has aroused some interests in what has been referred to as "client participation" in the process of evaluating therapy.

Thus, the advantages to be derived from having clients actively involved in the evaluation process are several: (1) it promotes the development of a deeper understanding of the client's concern; (2) it fosters an early recognition of the client's responsibilities in the counseling process; and (3) it allows counselors to learn more about their responses (Bordin & Bixler, 1946; Goldman, 1971; Seeman, 1948).

As a client-centered counselor I have always wondered what exactly do clients recall as being an important (i.e., critical) moment or moments during the actual counseling session. Similar to others (i.e., Cumming, Martin, Hallberg, & Slemon, 1992; Martin & Stelmaczonek, 1988), I have felt that such a question may assist client-centered counselors in understanding how *and when* counseling achieves lasting, positive results.

Clearly, having a better understanding of what types of events truly matter to clients is central to client-centered counselor's understanding of the dynamics of the counseling process. As a

counselor and as a counselor educator, it seems fundamental that there probably exists identifiable junctures in therapy when clients demonstrate positive movement; that is, specific times in therapy when something good is happening! Thus, the motivation behind writing this article was twofold: (1) to identify good moments or important events in therapy; and (2) to suggest one instrument client-centered counselors can use to evaluate the process of therapy.

It should be stated first, however, that one conceptual model that reinforces the idea that therapy is mediated by client cognitive operations during therapy is the Cognitive Mediational Paradigm (CMP; Martin, 1984). The CMP is based on the notion that counselors and clients are cognitively active during counseling and that this cognitive activity mediates between counseling outcomes and counseling process. The correspondence between a client's cognitive perceptions of and reactions to a counselor's behaviors and intentions will mediate that client's initial and longer term learning from counseling, thus determining how effective counseling will be (Martin, 1984). Subsequently, there has been more attention to *clients'* cognitive processes, *clients'* reactions, and *clients' recall* of important events in counseling (Cummings, Martin, Hallberg, & Slemon, 1992; Elliot, 1985; Hill, Helms, Spiegel, & Tichenor, 1988; Stiles & Snow, 1984). What follows is a list of eleven "good" moments in therapy as defined by Mahrer & Nadler (1986).

A LIST OF GOOD MOMENTS IN THERAPY (MAHRER & NADLER, 1986)

Mahrer and Nadler (1986) provided a preliminary review of literature in order to frame a provisional list of client-focused "good" moments in therapy. Their review included the good moments that researchers chose to use in their studies. Good moments were defined as epochs of a few seconds or more wherein the client was showing therapeutic process, movement, improvement, progress, or change. Interested readers are encouraged to read Mahrer and Nadler (1986) for a more thorough description of the categories offered here. A total of eleven good moments were taken from the review and are offered below.

(1) Provision of Personal Material About Self and/or Interpersonal Relationships

The client is providing personally significant material that pertains to the client's self and/or interpersonal relationships. The material may refer to immediate events, recent events, or remote events significant in the shaping of the personality.

(2) Description-Evaluation of the Personal Nature and Meaning of Feelings

The client is describing-exploring the nature and meaning of feelings that are immediate and ongoing. It includes the nature and content of the feeling, a focused inner sensing of how the feeling is, what it is like to have the feeling.

(3) Emergence of Previously Warded-Off Material

The client is recollecting, exploring, and expressing significant material that had been warded off earlier in therapy. Whereas such material had previously been avoided, its emergence is generally accompanied by feelings of discomfort and distress or with a sense of relief, discovery, and reduced unpleasantness.

(4) Expression of Insight-Understanding

The client is expressing or demonstrating a significant degree of insight-understanding (a) exhibiting feelings of emotional arousal, (b) indicating a substantial change in the way the patient sees (recognizes and/or construes) himself or herself and his or her world.

(5) Expressive Communication

This refers to the client's manner and mode of communication and includes two yoked defining characteristics. One consists of a voice quality that is active, alive, energetic, fresh, spontaneous, and vibrant; the other consists of vividness and richness in the spoken words.

(6) Expression of a Good Working Relationship With the Therapist

A good working relationship includes expressions of a high level of trust in the therapist, reliance and confidence in the therapist's helping intent and motivation, valuing the client-therapist working bond, active cooperation in the search for significant material, and acceptance of responsibility for effecting personal change.

(7) Expression of Strong Feelings Toward the Therapist

Well beyond feelings of a working relationship, these are deeply personal feelings of an intensely interpersonal nature signifying a highly emotional bonding, confrontation, encounter, or clash.

(8) Expression of Strong Feelings in Extratherapy Contexts

In this other time and place the situational context is nevertheless meaningful and significant, encompassing and involving, as if the client is predominantly re-experiencing, further experiencing, or expressing strong feelings within extratherapy contexts.

(9) Expression of a Qualitatively Different Personality State

More than a distal change in behavior, the change is a shift into a wholesale, qualitatively different, presumably deeper personality state. It is as if a new and different person were present, as if the client were no longer the same person.

(10) Expression of New Ways of Being and Behaving

There are three subclasses. One consists of the expression of a new way of being and behaving within the context of the clients' extratherapy world. The second subclass is the expressing of reporting of positive behaviors and ideas identified as the explicit targets of therapeutic change. The third subclass includes negative target behaviors to diminish in regard to frequency or magnitude of occurrence.

(11) Expression of a General State of Well-Being

The client indicates (expresses or reports) a general state of well-being, good feelings, and positive attitudes. This may include happiness, relaxation, security, confidence, competence, comfort, satisfaction, pleasure, and health.

The following instrument is loosely organized around the preceding "good moments" in therapy.

Working Alliance Inventory (WAI; Horvath & Greenberg, 1989)

The WAI is a paper-and-pencil instrument designed to measure some of the generic variables affecting the degree of success in counseling. It is hoped that the WAI will be capable of isolating and quantifying those relationship variables thought to be important in therapy. The WAI consists of 36 items, each of which is anchored on a 7-point Likert scale. To give the reader a sense of what is being asked on the WAI, the following items are provided.

Items

1. I feel comfortable with _____.
2. _____ and I agree about the things I will need to do in therapy to help improve my situation.
3. What I am doing in therapy gives me new ways of looking at my problem
4. _____ perceives accurately what my goals are.
5. I believe _____ likes me.
6. I believe the time _____ and I are spending together is not spent efficiently.

7. _____ does not understand what I am trying to accomplish in therapy.
8. The goals of these sessions are important to me.
9. I feel that the things I do in therapy will help me to accomplish the changes that I want.
10. I believe _____ is genuinely concerned for my welfare.
11. I am clear as to what _____ wants me to do in these sessions.
12. _____ and I respect each other.
13. I am confident in _____'s ability to help me.
14. We agree on what is important for me to work on.
15. As a result of these sessions I am clearer as to how I might be able to change.
16. My relationship with _____ is very important to me.
17. I am frustrated by the things I am doing in therapy.
18. We have established a good understanding of the kind of changes that would be good for me.
19. I don't know what to expect as the result of my therapy.
20. I believe the way we are working with my problem is correct.

DISCUSSION

Clearly, clients' perceptions of the worthwhileness of a counseling session just concluded is of critical importance to counselors. By what other means can counselors truly assess their relative impact - positive or negative - on their client other than to ask them, either verbally or via some type of assessment instrument. In the spirit of accountability, counselors must continually monitor their effect on those they serve. This article offered one instrument: The Working Alliance Inventory because it seems compatible with client-centered thought.

Similar to what others have suggested (i.e., Heppner, Rosenberg, & Hedgespeth, 1992), the instrument discussed in this article may not only facilitate client self-reflection, but encourage counselor trainees to reflect and focus on how they are impacting their clients. Perhaps the WAI is well-suited for practicum students because it provides, in a concrete way, immediate feedback on the counselor trainee's effectiveness during the session. Further, the WAI can be used in conjunction with listening to tape-recording of the session to further illuminate the trainee's weaknesses and strengths.

Obviously, the instrument outlined in this article does not represent an exhaustive list of measurement devices designed to examine the dynamics of counseling process and product. Other instruments, for example, include: Counselor Rating Form (CRF; Barak & LaCrosse, 1975); Barrett-Lennard Relationship Inventory (BLRI; Barrett-Lennard, 1962); Helpfulness Rating Scale (HRS; Elliot, 1985); Important Events Questionnaire (IEQ; Cummings, Martin, Hallberg & Slemon, 1992); Client Posttherapy Questionnaire (CPQ; Strupp, Wallach & Wogan, 1964); and the Target Complaint Questionnaire (TCQ; Battle, et al, 1966). Session Evaluation Questionnaire (SEQ; Stiler, 1980; Stiler & Snow 1984), Guided Inquiry (GI; Hepper, et al, 1992). At the very least, however, it is hoped that this article stimulates counselors to concentrate more on the dynamics of client change in therapy, and encourages counselor educators to consider the use of some type of assessment tool with their practicum students.

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