CALIFORNIA STATE UNIVERSITY
NORTHRIDGE

A COMPARISON OF COUNSELOR TRAINING PROGRAMS
- AT BEVERLY HILLS CRISIS CLINIC AND
- BAY CITIES MENTAL HEALTH CLINIC

Report of a graduate project submitted in partial
fulfilment of the requirements for the degree of
Master of Arts
Counseling and Guidance

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Approved by:

January 2, 1973
I. Objective

In deciding upon a project that would suit our personal needs as well as serve a purpose to others, we directed our energies to investigating community-sponsored counselor training programs. Both of us felt a need for additional experience for a twofold purpose: (a) to grow as counselors, (b) to obtain the necessary hours of supervised counseling to be eligible for the Marriage, Child and Family Counseling license. We therefore attempted to investigate the multitude of clinics abundant in the West Los Angeles area. Total confusion occurred because each clinic varied in terms of the type of training program offered for counselors. At this point, we concurred that there exists a demand for an investigation of training programs for counselors to aid students first entering the field.

The purpose of the following study is to explore the characteristics of the counselor training program of two clinics in the West Los Angeles area. Our approach was simple: to experience the training or the involvement offered by both clinics, to interview counselors and supervisors, and to compare our findings. This study should serve as an assistance to potential counselors seeking experience.
II. Bay Cities Mental Health Clinic

The Bay Cities Mental Health Clinic is located at 11601 Santa Monica Boulevard, at Federal Avenue, Los Angeles. When we interviewed Paul Wheatley, the Project Director-Counseling Service, we were exposed to the history and background of the beginnings of this clinic.

Approximately three years ago, Paul Wheatley was a Methodist minister. He perceived a need in the community (West Los Angeles, Westwood) for a low cost and ongoing treatment clinic. Most of the clinics in the community consisted mainly of low cost therapy but with a limited number of sessions. Therefore, Mr. Wheatley recruited six professional clergymen who wished to volunteer their time counseling. In addition, the clinic hired a psychiatrist so the counselors would get supervised training needed for the Marriage, Child and Family Counseling license.

The clinic itself serves adults, adolescents and children. It is a non-sectarian, non-profit, tax-exempt organization licensed by the California Department of Public Health. The professional staff is composed of psychiatrists, clinical psychologists, licensed clinical social workers and Marriage, Child and Family Counselors.

Some typical problems the clinic deals with are: personal adjustment, marital, childhood and adolescent,
family, aged, pre-marital, management-personnel relations, drug abuse, alcoholism. The types of services available are: diagnosis, consultation, psychological testing, individual, family and group psychotherapy, marriage, family and child counseling, and chemotherapy. There are no geographic restrictions for clients desiring therapy or counseling.

We should preface this by saying that we have been accepted for the counseling program. However, due to a lack of clients, we have not as yet begun our counseling. The following information was obtained by interviewing Paul Wheatley and two counselors at the clinic. We also reviewed the extensive literature published by the clinic.

To become a counselor at Bay Cities, one must be eligible in these areas: have at least a Master's degree in psychology or a related field and/or a state counseling license or be currently enrolled in a graduate program in psychology or a related field. The basic philosophy of the clinic is that they provide supplemental experience for counselors already involved in the field.

There are various steps involved in becoming a counselor. Firstly, a resume is required, listing educational and professional background. Then, if there is a need, one is invited to attend a group interview. This is mainly subjective as to how other professionals perceive their potentials for counseling. If one is
accepted, he is assigned a client right away and is on his own immediately. The counselors are fully responsible for collecting and setting fees and times.

All counselors have weekly group supervisions. This consists of six students with their supervisor. The counselors bring up problems with their clients and get feedback from their supervisors. Other than this weekly meeting, the counselors are on their own. Mr. Wheatley made it clear to us that the clinic is not in a position to take full responsibility to provide a full training program for its counselors. The counselors are students at varying Masters and Doctoral programs. Many of them utilize the clinic for their practicum experience. They utilize their schools as a resource for further guidance. Occasionally the supervisors at Bay Cities will meet with their counselors on a one-to-one basis.

Every three months the clinic holds workshops on Saturdays on varying topics (suicide, drugs, crisis intervention). It is expected that counselors attend these workshops.

At the present time there are three groups of six counselors. The number of counselors is dictated by the number of clients. There is never a waiting list for clients. The clinic can add staff if needed because it is self-supporting.
The clinic has both therapists and counselors. There is a legal difference between the two. The therapists have their Marriage, Child and Family Counselor license. Therapy at Bay Cities is a regular service and there is a set fee for individual and group therapy. Counselors are student volunteers who are involved in a Masters/Ph.D. program or are in the process of getting their license. There is a sliding scale for fee payments for clients seeing counselors.

A client must go through three steps to start therapy. There is a battery of psychological tests (MMPI, Shiplers-Hartford, Sentence Completion, Draw a person). These tests take approximately three hours. The client is later scheduled for an intake one-hour interview with a social worker. Finally, there is a one-hour interview with a psychiatrist. At this time the client has the opportunity to relate what type of therapy he is interested in experiencing. The fee for these three phases is $25.00. Individual therapy is $15.00 per session and group therapy is $25.00 per month. If someone cannot afford therapy then the counseling services are available at a lesser fee for the first three phases and for individual and group sessions.

The therapists and counselors are given the results of the battery of tests before they see a new client. Obviously, this is to familiarize themselves with the
client's background. Mr. Wheatley stated that use of these tests is purely up to the individual counselor. He himself looks at the tests after two or three sessions, using them as indicators to see if he has missed anything. These tests are also used as a screening process. Since the clinic has no emergency facilities, severely disturbed people are referred to other clinics or hospitals. The clinic has to be realistic as to what it can offer to the community.

There is a psychiatrist who is the medical director of the clinic. He alone dispenses prescriptions and deals with referrals.

Once a counselor has agreed to take a case, he becomes totally responsible for communicating information concerning the case, including transfer to group or termination. New counselors are assigned a maximum of four cases for at least the duration of the first evaluation period (three months). After that time the counselor may have any number of cases.

In general, the counseling service is primarily a volunteer program designed for further supervised experience in counseling. In two instances, however, counselors may receive money for their work. Firstly, persons applying for the license in Marriage, Family and Child Counseling will receive nominal payment to comply with the requirement for "paid experience." Secondly,
counselors who have a license or a degree may be paid 50 percent of individual fees.

Responsibilities for keeping a written record of the data of each counseling session and the amount paid for each session is up to individual counselors. Records cannot be released without the written permission of the psychiatrist.

We questioned Mr. Wheatley as to the future of Bay Cities. He stated that since it is a self-supporting clinic, there are virtually no restrictions. It is wide open and depends upon the needs of the community. According to Mr. Wheatley, Bay Cities is unique in terms of offering low cost ongoing therapy and counseling. Being a counselor or a therapist at Bay Cities is almost like having a private practice.

We interviewed two counselors at Bay Cities for approximately one-half hour each. Interviews were conducted at the clinic and were taped. Both counselors interviewed were at different places in terms of age and experience, but both had the same impressions of work at Bay Cities.

Claire has been working at Bay Cities since its inception. She is a middle-aged woman with many years of counseling experiences at various clinics in Los Angeles. She is married to a psychiatrist and has been involved in her own therapy. She is a counselor since
she has a B.A. According to Claire, she receives much support from her supervisors. She enjoys the freedom, yet appreciates the resources available at Bay Cities. She's had experience as a co-counselor of a group and as an individual counselor. Since she has a wealth of experience, we asked her to compare Bay Cities with other clinics. She stated that she values Bay Cities as a unique experience because she feels like she almost has a private practice of her own. She receives a fee of 50 percent of what the clients pay. Our impressions of Bay Cities were very favorable after talking with her.

Lucy is involved in a Masters/Doctoral program in counseling at U.S.C. She's been with Bay Cities for one year. She also, although younger and newer in the field than Claire, has been involved with other clinics. Comparing her experiences, she related that Bay Cities' ongoing system of therapy is an added plus for both clients and counselors. Continuity is quickly established. She feels that the clinic is extremely solid and professional. She is at Bay Cities because it affords her an opportunity for supervised experience weekly in a group. Lucy does not use tapes with her groups or clients. The feeling that her supervisors care permeated throughout the interview. Lucy said she never felt she was "in over her head" with a client because of the assistance of her supervisors and peers. Also praised were the resources
and referral services at Bay Cities.

III. Beverly Hills Crisis Clinic

About two years ago, the concern about drug abuse stimulated the need for a committee made up of members of the City Council, Board of Education, Superintendent of Schools and school and city personnel to study needs (educational and help in drugs), and resources in the Beverly Hills area. What to do about drug abuse was the central question. The study promoted formation of a diverse and representative group of citizens to act, to define drug abuse not as a youth problem but as a community problem. From this understanding and emphasis of community responsibility emerged a training program, funded by the City Council and Board of Education, for what became the Beverly Hills Community Advisory Committee.

This committee was created by residents of Beverly Hills through the City Council and Board of Education to investigate approaches to the drug crisis, personal and family problems with assistance from existing social service agencies in and around Beverly Hills.

The committee is composed of representatives of varied and diverse members of the community: doctors, lawyers, businessmen, members of the Board of Education, school professionals, PTA, police department members,
religious community members and parents and youth.

Though the major forces at first were the drug problems, the committee has expanded its concerns and deal with all personal and family crises.

The Beverly Hills Community Advisory Committee is a non-profit corporation, depending upon its first year budget from voluntary contributions. No aid is received from federal, state, count, municipal or foundation funding at the start.

The staff consists of a Director of Counseling with screened and trained volunteers assisting. Counseling does not involve handling serious problems which require prolonged therapy. Sessions in counseling are limited to ten. There exists a referral system for other community agencies and personnel. The staff consists of: Executive Director-Burton Housman; Director of Community Program Development-Michael Maher; and Director of Training-Mary Jo McDermoth.

The Beverly Hills Advisory Committee training begins with a four-week communication skills program. The program is open to all persons, skilled and unskilled, and all age groups. In the group we participated in there was an age range from fourteen years to over fifty years. Primary focus of this first section of the program is on becoming aware of ourself, learning about our defenses, defenses and interactions of the various people in our
group. Director Nisa, who has her Marriage, Child and Family Counseling license and is a professional full-time counselor, believes the group setting helps people to learn faster about themselves and of course about others.

During our first session (which met on Wednesday or Thursday night from 7 to 10 p.m.), we were oriented as to the structure, emphasis, and goal of the clinic. Then we chose someone we didn't know and without talking, filled out a Zunin personality sheet. Afterwards, we compared our sheets. The point of this exercise was to awaken us to how we judge others on appearance and how we form opinions the first few seconds of an encounter, even without speaking. It also made us aware what signals we send out to others. Such signals as the way we sit, the way we use our hands—all give out impressions to the people around us.

The following week we had a seminar on active listening, describing it as a technique or skill that is helpful in counseling. We broke up into groups of three, preferably with people we did not know and filled out the sheets. (Example 1, Appendix.) We compared our answer, discussing our responses with each other. Then within the same group we counseled one another, concentrating on the active listening approach. After each five-minute session, we would criticize the session. Nisa and Mary Jane, the two supervising counselors, would sit in and
supervise us. When we were done counseling individually
the group reconvened and active listening was demonstrated,
so we could see both the good and bad approaches to coun-
seling. Personally we objected to this. There was no
need to see a negative example. We felt the emphasis
should have been on demonstration of the positive espe-
cially to new inexperienced potential counselors.

For our next meeting we had a man and wife team
who demonstrated transactional analysis. The underlying
theory states that a person has an adult, child, and a
parent with which each one must deal. The basic review
sheet of transactional analysis explains what was covered.
(See Example 2, Appendix.) We discussed "games" and the
two and a half hours were spent watching this couple
dramatize the situations and how to deal with them in a
transactional analysis manner.

The final session was spent in a seminar with a
PET Trainer. (Parent Effectiveness Training). PET is
basically active listening specifically geared for parents
to help them listen better to their children and thus es-
tablish better communication in the family. Again, the
hand-out sheet, Example 3, Appendix, shows the material
covered in the session. In addition to each of these
experiential meetings in various counseling approaches, we
read some of the literature suggested for each workshop.
(See Bibliography.)
So far there had been no selective procedure to determine who would be a counselor or who would be held back. The meetings were open but now as we ended our communication skills workshops the line between counselor and counselee had to be crossed. There were one hundred people all of whom could not be accommodated as counselors, mainly because the facility at Beverly Hills was not equipped for so many people. So the group had to be limited.

We all signed up for small groups. We had been meeting in groups of thirty to fifty people. These small groups were to meet three times and from these encounters, the people who were ready to be counselors would be selected to go on with the training. The others, people who at this time needed more to be counselees than counselors, would be placed in peer groups for additional group experience. The small group was to enable one to become more in touch with the self.

During the first and second meetings of the small groups, there was a great deal of tension because we all knew we could not be counselors right away. There just was not enough room. Each person felt the need to prove how great a counselor he or she was. But when it was learned that no one would be rejected from the clinic, tensions were eased. If one could not be a counselor
immediately there was a peer group from which one would graduate to the rest of the counselor training program. There is no time limit at the clinic. Training can take as long as is needed. A person may be in a peer group as long as he or she feels the need.

After three group sessions, each person is interviewed by either Nisa or Mary Jo. Nisa has said, "More of our counselor applicants should really be clients." After the interview, we were notified as to our acceptance to the next phase of counselor training. We have not completed the counselor training program but will do so in March 1973. Our Santa Monica residence presently disqualified us.

We interviewed Nisa about the format of the remainder of the training. She gave us a general impression of the upcoming needs of the clinic and the programs. Because we were to be involved in the training she didn't want to go into detail about the specifics.

We have discussed the first seven weeks. The next phase consists of a psychological training period of at least six to eight weeks, where the applicants are taught the communication skill exercises so they will be able to teach the skills workshops and run the transitional groups. The plan of this training program is to develop a hierarchy so that everyone can have a chance to do all types of work. As a person becomes more skilled he can take
over some of the responsibilities that are now being held by people such as Nisa. During this period psychological aptitude of counselors is checked out. The directors are interested in a person's capacity to learn, his humility, and his capacity to look at his defenses.

The third area of training is concerned with teaching counselors how to terminate counseling and with learning about referrals (drug abuse, pregnancy, suicide). The counselors meet together in a large group to learn about: (a) body movement, (b) referrals, (c) crisis intervention, (d) drugs, and (e) law.

Nisa feels that the most important part of this program is the psychological training period during which time people are screened out. The clinic finds a place for those who might not be quite ready for counseling. It seems to be a basic belief at Beverly Hills Crisis Clinic that a person does not have to be a great counselor to be helpful; that if a person can listen to another person, it can't hurt.

There are professionals, psychologists, psychiatrists, MSWs, MCF who supervise and work with the counselors as a team. Supervision is done in groups. Discussions about sessions are held in groups. Group feedback is essential to a counselor. The clinic plans to hold workshops once a month.
This is a relatively new program plan. The clinic has been open and functioning but the counselors there have not gone through this new training program. Thirteen people are in the last phase of counseling training now and some are about to see clients.

We interviewed two counselor trainees. Lee, an older woman, has just begun to counsel. Rick has four more sessions of the last phase of training to go through. Since neither one has really completed the entire training program, it was difficult to assess the effectiveness of the clinic. Both felt that their training up until now has been superior. Lee expressed a wish for more training and more techniques. But as Rick said the style of counseling is something each person is allowed to develop. Given the experience of learning, each one takes what he can from the program and develops his own approach. Both were not frightened about counseling and felt prepared. The emphasis of the entire program at Beverly Hills and in its counseling has been in self-awareness. Through self-awareness one develops his counseling skills and techniques. Lee felt the supervision she has for the family she is seeing is excellent (a psychiatrist supervises her). She is learning a great deal from him.

Both Lee and Rick expressed the hope that there will be additional counselor training as they progress.
The program is still being formulated and is open to expansion and suggestions. Both felt free and comfortable about taking their problems, both personal and professional, to their supervisor or anyone in the program. They both expressed enthusiasm and encouragement about the program.

One important aspect of this program is that the training and counselors are geared toward ten-week sessions short-term therapy. If the client needs continuing therapy, he can be referred.
IV. Comparison

Bay Cities

1. Requirements
Masters in psychology, or related field and/or a state counselor license or be currently enrolled in graduate program in psychology or related field. From any geographic area.

2. Program
None. Practicum. Clients right away. Reliance on outside supervision. Weekly supervised groups to discuss cases. Resources and referrals available at clinic. Workshops periodically.

3. Clients
Variety of services offered. Structured training program. Ten weeks of communication skills and small group selection. Then self-awareness in counseling groups and basic techniques.

Beverly Hills

Interest in counseling, openness to learning. Resident of Beverly Hills.
Psychology background or degree not needed.
Open to all age groups

Variety of services offered. Ten sessions.
Set fee for therapy, sliding scale Free. Variety of
Bay Cities (cont)  
for counseling. Ongoing treatment.

4. Supervision
Licensed MFC, psychologist, psychiatrist serving as consultant.

Beverly Hills  
services offered. 
Growing, changing, new . . . just establishing themselves.

Same at Beverly Hills.
V. Conclusion

As we investigated these two diverse clinics, our evaluations were influenced by our personal, varied experience in psychological awareness, via reading, graduate classes, workshops, and personal therapy. The combined effect of these opportunities has given us a certain minimal level of sophistication in psychological awareness, though not in psychological techniques. Our needs, what is important to us in a clinical training program, are therefore, more demanding than are those of someone who is just entering the field.

The training program at Bay Cities spoke to the immediacy of these (our) needs, while the program at Beverly Hills Clinic serves a necessary purpose in terms of offering training to potential para-professionals. The values of the Beverly Hills Clinic, for us, lay in the offering of such a training program. At least, Beverly Hills offers an introduction to various techniques. Bay Cities is lacking this; that is why, as a clinic, it does not take responsibility for counselor training at the clinic. That is why counselors need to be enrolled in a school program of supervision and learning or have outside resources to aid in this area. They are not (Bay Cities) equipped for such an undertaking.
Even though there is no structured training program, Bay Cities still appealed to us as a more professional approach to counselors. Bay Cities has a professional atmosphere. A professional atmosphere aids in creating a professional relationship with a client.

Atmosphere includes the physical layout of the clinic and the attitude of the people who work there. At Bay Cities there is a formality and also a warmth. The environment is businesslike—an outer office with a receptionist. Inside, each counselor has his private room, decorated in warm (orange, yellow) colors with comfortable furniture. There are notices on the bulletin board indicating workshops and seminars. How does this affect a counselor in working with a client?

It would encourage a counselor to respond and react in a professional manner—setting fees, setting times. The atmosphere implies: this is serious business and the warmth of the environment indicates the staff cares.

Beverly Hills is disorganized, at this stage, so it is hard to form an opinion, but the atmosphere is very loose, with students answering phones, eating lunch in the reception area. It has a very young, high school rap room aura about it—which appeals to some and might be very effective. But we do not respond to this more casual arrangement—we feel like para-professionals, not future counselors.
At Bay Cities, we receive clients immediately. We learn as we do. Right away we are involved, given responsibility. We are trusted; our self-esteem is enhanced and we begin to feel more confident, since our supervisors have faith in us. As we counsel, we receive feedback—can see how we are doing, can feel it, and can deal with our problems from the beginning with our supervisors and group meetings.

Bay Cities has ongoing therapy which we feel allows for a more intense involvement with the client. There is no pressure of a set termination date, such as the ten-week limit at Beverly Hills.

Another advantage of Bay Cities is that it is privately controlled with virtually no restrictions, whereas Beverly Hills is established and governed by a committee of representatives from the community. The program at Beverly Hills, newly established, is in a state of flux. Though this is exciting and lends itself to growth and change, it also encourages in us a feeling of instability. Beverly Hills is also seeking financial aid to maintain the clinic. Bay Cities has established itself as a successful mental health clinic with a successful counselor program.

Obviously, we have expressed some of our own needs in our preferences. Neither of these clinics is really
what we feel is adequate in this area of counselor training.

If we might be allowed the luxury of fantasy for a moment, here is, according to our personal biases, an ideal or model counselor training and viable operational clinic.

The clinic would be professional. By professional, we refer to our views on Bay Cities, with a supervising staff of psychologists, psychiatrists, marriage and family counselors. Admittance to the program would be based on application, interview, and on educational background—with at least some education in psychologically related areas and a stress on professional interest on the part of the applicant. Housewives, who are looking to donate time, high school students who are psychologically aware, para-professionals would be discouraged from applying to this clinic.

The over-all atmosphere from receptionist to supervisors, the procedures from intake, interviews, counseling, testing of clients and referrals, would be handled in a professional manner.

Ideally, the clinic would be situated in a comfortable, warm building, large enough for private counseling rooms, intake rooms, (initial interviews), testing with additional rooms for group therapy work, play therapy, sensitivity groups, sand therapy, body awareness,
dance therapy, women’s consciousness groups, married
groups, teen groups. We want our clinic to be open to
experimentation with new ideas coming alive in the field
of therapy.

As for a basic training program, it would begin
with seminars in historical and philosophical background
and the foundation of psychology; a history of develop-
ment, so counselors could grasp from where ideas have
grown and receive a general basis from which to expand
and develop their own ideas. Here is a partial list of
some areas that would be covered: theories of person-
ality, personality types, group process, defense mech-
anisms, depression, diagnosis and classification, trans-
ferrence/resistance, marriage counseling, crisis inter-
vention, dream analysis, theories, testing, drugs, com-
munity resources, ethics.

Counselors would receive an orientation on Freud,
Jung, Adler, Reid, Lang, Rogers, Peals, Harris and Perls
others with workshops in these various approaches coin-
ciding with the seminar-study, to give application to the
written word; showing how each concept is implemented.

In addition, students would be encouraged to de-
velop their individual approaches and offer demonstra-
tions to others. Each student group would have a super-
visor who would meet with students once a week—listening
to tapes, sitting in on sessions. Plus there would be a
once-a-week group meeting with students from other groups to exchange ideas.

The supervisor, if possible, would act as a counselor to the 2 to 3 students he would have charge of. In other words, as one counsels, things are triggered off in the "psyche" of the counselor which he has to deal with. He needs to have someone he can go to and discuss what is happening to him, in his life. This helps him to be a better, more aware, and in-touch counselor.

Counseling with clients would be going on at the same time as these seminars-workshops; so, the counselor would be involved in situations, trying his ideas, the new concepts; then coming back with problems that came out of his sessions. Right then, the supervisor could suggest how to handle the situation in relation to the therapy just studied or explore on other approach.

It would be a constant counseling, training-study program—very intense and very thorough.

Counselors would experience a variety of clients—on long-term basis. Long-term enables client and counselor to establish a meaningful relationship without pressure of time. Meaningful relationships can develop in short-term therapy, but the constant threat of termination might inhibit some. Also, though the client might take a longer period of time to open up, we still feel that in long-term therapy more can be attempted and
handled successfully. There is time to develop a working situation.

The clinic would be open to the entire community, not restricted (as is Beverly Hills). There would be a sliding scale fee for counseling services.

Our final proposal is a handbook.

A logical outgrowth of our graduate project is an expansion of the investigation we enacted to include all of the clinics in Los Angeles County. This would be quite an undertaking but most necessary for counselors first entering the field, desiring supervised experience.

Firstly, due to the large size of Los Angeles County, this field study must be divided in terms of geographical areas. Perhaps a zoning map could be secured from the county to assist in determining geographical boundaries (valley west, south, central, etc.). Secondarily, since there are so many types of clinics, a categorizing of clinics would also be needed. Such categories would consist of federal, state and local funded clinics, privately owned clinics—also type-crisis, suicide, pregnancy, etc.

We envision teams of at least ten students sent to each geographic area, to enter the counseling training in the clinics. Basically they would do what we did: actually enter the program, go through the training, get a
history of the clinic, requirements for counselors, interview counselors and supervisors, and evaluate the program in terms of their needs as new professionals in the field. A special form for the handbook would be created, including all of the steps previously mentioned.

This project could possibly take up to two years to complete due to the abundance of mental health clinics in Los Angeles County. There, of course, is the probability of repetition because some of the clinics are similar in their training programs. Students should have monthly meetings to avoid unnecessary redundancy. In addition, new agencies might appear in the interim which might lead to an obsolete study before it is completed. Students must keep abreast of new clinics and include them in their study.

We cannot stress the importance of this handbook enough. It would be an aid of invaluable magnitude to new counselors. A student could read this handbook and surmise which training program would be best for him rather than attempting all that "footwork" himself. Both of us are concerned with continuing our counseling experience at a clinic with supervision. Since no handbook exists now, our task is to attempt to find the kind of clinic that suits us. This may involve wasting a lot of time seeking out such clinics.
If we had a handbook to assist us, it would make our initial task less complex, frustrating and time-consuming.

We hope this project will be able to alleviate some of this problem for other potential counselors. At least, we feel we have provided an exploration of two possible counselor training opportunities.
BIBLIOGRAPHY
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EXAMPLE 1

Describing Your Feelings

The objective of this exercise, which has been adapted from an exercise created by John L. Wallen, is to help you recognize when you are displaying your feelings without describing them. For each of the ten items beginning on p. 91 there are two or three statements. One is a description of a feeling; the others are expressions which do not describe the feeling involved. The procedure for the exercise is as follows:

1. Divide into groups of three.

2. For Item One, put a D before the sentence that conveys feelings by describing the speaker's feeling. Put a No before the sentence that conveys feeling but does not describe what it is. Mark the answers for Item One only; do not go on to Item Two yet.

3. Compare your answers to Item One with those of the other members of your trio. Discuss the reasons for any differences.

4. Turn to the answers (beginning on p. 95) and read the answers for Item One. Discuss the answers in your trio until you all believe you understand the point being made.

5. Repeat Steps 2, 3, and 4 for Item Two. Then continue the same procedure for each item until you have completed all ten items.

Item 1. _____ a. Shut your mouth! Don't say another word!
____ b. What you just said really annoys me.

Item 2. _____ a. What's the matter with your eyes?
Can't you see I'm trying to work?
____ b. I really resent your interrupting me so often.
____ c. You don't care about anybody else's feelings. You're completely self-centered.

Item 3. _____ a. I feel depressed about some things that happened today.
____ b. This has been a terrible day.
Item 4.  
   a. You're such a wonderful person.
   b. I really respect your ideas—you're so well informed.

Item 5.  
   a. When I'm around you I feel at ease and free to be myself.
   b. We all feel you're really great.
   c. Everyone likes you.

Item 6.  
   a. If things don't get better around here, I'm going to find a new job.
   b. Did you ever see such a rotten place to live?
   c. I'm afraid I need help with this exercise.

Item 7.  
   a. This is a very interesting book.
   b. I feel this is not a very good exercise.
   c. I get very excited when I read this book.

Item 8.  
   a. I don't feel adequate to contribute anything to this group.
   b. I am not adequate to contribute anything to this group.

Item 9.  
   a. I am a born loser—I'll never find someone who likes me.
   b. That teacher is terrible—he didn't teach me anything.
   c. I'm depressed because I flunked that test.

Item 10.  
   a. I feel warm and comfortable in my group.
   b. Someone from my group always seems to be near when I want company.
   c. I feel everyone cares that I'm a part of this group.
EXAMPLE 2

Introductory Outline for Transactional Analysis

Transactional Analysis (TA) is one of several methods of studying the nature of people-to-people relationships whose basic goal is understanding, sensitivity, and awareness towards oneself and other people. It shares with all other humanistic philosophies and religions a basic commitment to LIFE, to becoming more fully human, to accepting fundamental responsibility for the quality of one's own life and the lives of those around us.

These are the basic concepts of TA: Men and women are motivated by three basic strivings or hungers for:
(1) Strokes--recognition, time and attention (may be negative or positive);
(2) Stimulus--excitement, interest;
(3) Time Structure--ordering one's life. Every unique personality has three important dimensions which are Parent (P), Adult (A), and Child (C). TA people call these "ego states." They can be seen, felt, heard, and are usually diagrammed as below:

- has two parts
- nurturing or critical
- problem solver
- data processor
- can be "natural"
- adaptive or rebellious

Interactions between people can be understood in terms of communications between the ego states above. Communication flows when the transactions are parallel but stops when they are crossed.

Human beings tend to take a position early in life which can be any of the following so-called basic Life Positions:
1. "I'm O.K.--You're O.K." The healthiest, the goal to aim for.
2. "I'm not O.K.--You're O.K." The way Harris suggests we go around feeling most of the time.
3. "I'm not O.K.--You're not O.K." Life is utterly hopeless, must be escaped.
4. "I'm O.K.--You're not O.K." These are suspicious people.

WithDRAWAL (sleeping, day dreaming, reading alone, silence and solitude)
Rituals informal (greetings) formal (ceremonies, weddings, etc.)
Pastimes (bowling, movies, television, social dancing, parties, etc.)
Activities Any goal-oriented function (going to school, working, getting a job)
Games WDY/YB--1WFH--LYHF--stamp collecting--SWYMMD--etc.
Intimacy "I and Thou" (highest stroke potential, also greatest risk)
EXAMPLE 3

Overview to Parent Effectiveness Training:
Counseling Skills

I. Purpose of P.E.T.

To become an effective therapeutic agent for helping another person develop into a productive, creative, responsible individual.

II. Language of Acceptance

Paradox: Only when a person feels he is truly accepted by another AS HE IS, is he then free to change, to grow, become more responsible and independent, and generally move in the direction of psychological health.

<table>
<thead>
<tr>
<th>Type A</th>
<th>Type B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of Acceptance</td>
<td>Mother</td>
</tr>
<tr>
<td>Area of Nonaccept.</td>
<td>Uptight Person, Rigid Background</td>
</tr>
</tbody>
</table>

III. Ownership of Problem

<table>
<thead>
<tr>
<th>Area of Acceptance</th>
<th>Other Owns Problem</th>
</tr>
</thead>
<tbody>
<tr>
<td>Area of Nonaccept.</td>
<td>I Own Problem</td>
</tr>
<tr>
<td>Listening Skills</td>
<td></td>
</tr>
<tr>
<td>Skills of Confrontation</td>
<td></td>
</tr>
</tbody>
</table>

IV. Roadblocks to Communication.

1. Ordering, directing, commanding.
2. Warning, admonishing, threatening
3. Moralizing, preaching, obliging
4. Advising, giving suggestions or solutions
5. Persuading with logic, arguing, instructing, lecturing.
7. Praising, agreeing, evaluating positively, approving.
8. Name-calling, ridiculing, shaming.
9. Interpreting, analyzing, diagnosing.
10. Reassuring, sympathizing, consoling, supporting.
11. Probing, questioning, interrogating.
12. Withdrawing, distracting, humoring.

V. Alternatives to roadblocks

13. Silence, passive listening.
15. Door openers.
16. Active listening.

VI. How to deal with unacceptable behavior.

When other person's behavior is causing you a problem, in some way interfering with your life:

1. You-Messages/I-Messages
2. Alter the environment
3. Modify your own attitudes
4. Conflict of needs--problem-solving
5. Collision of values

Recommended Reading

Axline, Virginia  Dibs: In Search of Self
Briggs, Dorothy  Your Child's Self-Esteem
Gordon, Thomas  Parent Effectiveness Training: The No-Lose System for Raising Responsible Children