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Evaluating Counseling Process and Client Outcomes

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Recently, there has been increased emphasis on objective measures of the quality of counseling, particularly for use in the training of counseling professionals. Performance assessment has become a common topic, not only in counseling education, but also in the education of teachers, physicians, engineers, and others (Howley, 2004; Smaby et al., 2005; Urbani et al., 2002; Vaugh & Everhart, 2004).

In any field, best practices in assessment make use of multiple measurements of both process and outcomes. In the field of counseling, measurements should be obtained from counselors, clients and external raters.

Assessment instruments should meet sound psychometric criteria. Reliability and validity data should ensure that measurements are consistent and measure what they are intended to measure. Loesch (1995) suggested that while self assessments by counselors as well as client rating scales are often used and can provide useful information, many are not of value because they are not psychometrically sound.

The most common assessment approach used by researchers involves the use of trained raters who rate a counselor on various counseling processes. Video recordings of the counselor are

beneficial to preserve the performance for training purposes and to facilitate the establishment of interrater reliability (Smaby et al., 2005). Counseling outcome assessment should also make use of trained raters.

Boisvert and Faust (2003) concluded that more research should be conducted to determine how best to evaluate the efficacy of graduate counseling education with various counseling processes and client outcomes as dependent variables.

Two Studies Combining Counseling Process and Outcome Measures

Study #1

Schaeffle, Smaby, Packman, and Maddux (2007) investigated whether counselors who had been trained in the Skilled Counselor Training Model (SCTM) could transfer counseling skills to counseling sessions with real clients and whether counseling skills are related to counseling outcomes. The measure of counseling process was scores on the Skilled Counseling Scale (SCS), a reliable and valid instrument for measuring counseling process. The SCS measures 18 specific counseling skills and employs a ranking system used by expert raters and others.

A measure of counseling outcome was also included. The Goal Attainment Scale (GAS; Kiresuk, Smith, & Cardillo, 1994) is a reliable and valid instrument that is completed by counselors and is a method for constructing tailor-made counseling goals and determining whether or not they have been achieved.

The Counselor Response Form - Short (CRS-F; Tracy, Glidden, & Kokotovic, 1988) was used and was completed by the clients. This reliable and valid instrument assesses clients' perceptions of counselors' social influence (attractiveness, expertness, and trustworthiness).

Participants in this study were counseling master's students at a large, Land Grant University in the western U.S. who were enrolled in a graduate internship. The program is accredited by the Council for Accreditation of Counseling and Related Educational Programs

(CACREP). Skilled Counseling Scale (SCS) ratings, goal attainment scores (GAS), and social influence scores (CRF-S) were all very high.

Up to three goals were identified by the counselors for the GAS instrument. The percentage who reported that they thought they achieved these goals were 91%, 91%, and 87%, respectively. Almost all the participating counselors reported that they believed that almost all the clients they had worked with had achieved almost all their goals.

CRF-S scores were also very high. The median score was 78, with 84 being the highest possible score. An analysis of individual items showed that the median score was 6.5 on all items (the highest possible score was 7.0). These findings show that the clients of these counselors believed they had high levels of social influence (attractiveness, expertness, and trustworthiness).

The researchers concluded that the counselors in this study were able to transfer the counseling skills they learned to actual sessions with clients. Also, counselors reported high levels of goal attainment and clients perceived high levels of social influence in their counselors.

Study #2

Mallinckrodt and Nelson (1991) focused their research on a counseling variable called the working alliance between counselor and client. The working alliance is defined as bonding, goal setting, and task identification. The Working Alliance Inventory (WAI; Horvath & Symonds, 1991) was used to measure this variable and to study the relationship with level of counseling training. The WAI has been shown to be a reliable and valid measure of counseling process and outcome.

Participants included 50 counselors and 76 clients. The counselors included 18 novices (completed first semester of counselor education program), 24 advanced trainees (completed counseling internships), and 6 experienced counselors (post doctoral students).

Level of training was not found to be related to bonding in the client-counselor relationship, but the experienced counselors were found to have better scores on goal-setting and task identification than the novice or advanced trainees. The novice and advanced

trainees appeared to focus exclusively on bonding and neglected goal-setting and identifying tasks aimed at reaching those goals. Experienced counselors were adept at bonding, goal-setting, and task identification. The researchers concluded that trainees should learn to use bonding in combination with goal setting and delineating specific tasks for achieving those goals.

Using Counseling Process and Outcome Instruments for Self-Evaluation

The research summarized above reinforces the recommendation that counselors use multiple assessment instruments and that these instruments should be based upon sound psychometric principles. With these findings in mind, the authors have identified two methods for evaluating counseling process and outcomes. Method #1 includes use of one instrument for assessing counseling process (SCS) and two instruments for assessing counseling outcomes (GAS and CRF-S). Method #2 includes one instrument for assessing both counseling process and outcomes (WAI).

Method #1 is useful when specific counseling skills are taught using a systematic skills training program such as the SCTM, Microcounseling, or Human Resource Development. Method #1 is also useful when the counselor identifies concrete goals and tasks and what is desired is a method of evaluation based on outcomes. Then too, Method #1 can be used to measure perceptions of how influential the counselor is in terms of attractiveness, expertness, and trustworthiness. Method #2 is useful to assess overall quality of the counseling relationship, the ability to set counseling goals and the ability to identify tasks aimed at reaching those goals. Method #2 is an assessment procedure that is more global in nature than is Method #1. These methods are described below.

Method #1

This method makes use of three instruments: the SCS, the GAS, and the CRF-S. The SCS includes 18 items rated on a five-point, Likert-type scale. The items are organized into three stages (exploring,

understanding, and acting). Each stage is made up of two processes, each with three skills.

The exploring stage includes the processes of attending, and questioning and reflecting. Exploring stage skills in the attending process are maintaining eye contact, using body language, and verbal following. Exploring stage skills in the questioning and reflecting process include open-ended questioning, paraphrasing, and summarizing.

The understanding stage includes the processes of interchangeable empathy and additive empathy. Understanding stage skills in the interchangeable empathy process are stating feeling and content, self-disclosure, and asking for concrete and specific expressions. Understanding stage skills in the additive empathy process are immediacy; identifying general problem, action taken, and feelings; and confronting in a caring way.

The acting stage includes the processes of decision-making and contracting. Acting stage skills in the decision-making process are deciding, choosing, and identifying consequences. Acting stage skills in the contracting process include reaching agreements, setting deadlines, and reviewing goals and actions to determine outcome.

This instrument is available in an in press book by the authors (Smaby & Maddux, in press). A full description of the instrument can be found in that book and in Schaeffle, Smaby, Maddux, and Cates (2005).

The SCS can be filled out by the counselor as a form of self-assessment, and/or by expert, trained raters. Urbani et al. (2002) reported a mean self-rating score for SCTM-trained counselors of 79.35 with a standard deviation of 10.1, and mean rating by expert, trained raters of 83.35 with a standard deviation of 4.72. Thus, reference to the normal curve indicates that the middle 70% of self-assessed scores fall between plus and minus one standard deviation (approximately 69 to 79), while the middle 70% of expert raters' ratings would fall between 78 and 88. Scores above these ranges would indicate performance in the top 15%, while scores below these ranges are in the lowest 15%. Subscale scores (exploring, understanding or acting stages) can also be examined for relative contribution to the total score.

The Goal Attainment Scale (GAS; Kiresuk, Smith, & Cardillo, 1994) is an instrument that permits counselors to state up to three goals for use with a client. Then, the counselor, the client, expert raters, or any combination of these evaluate whether or not these goals have been met. Each goal is rated on a five-point, Likert-type scale that ranges from minus two to plus two (-2 = much less than expected outcome level; -1 = somewhat less than expected level of outcome; 0 = expected level of outcome; +1 = somewhat more than the expected outcome level; or +2 = much more than the expected outcome level). An average scale score is calculated, and this is converted to a T-score through use of a special table.

A copy of the instrument, the criteria for scoring an example, and a blank scoring form can be found in a book by the authors (Smaby & Maddux, in press). A full description of the GAS can be found in Kiresuk, Smith, and Cardillo (1994) along with some excellent criteria for scoring (pp. 87 - 88) and detailed information on psychometrics, reliability, and validity.

Kiresuk, Smith, and Cardillo (1994, pp. 274-278) provide scoring details for the instrument when there are one to eight scored scales (number of goals). The following is the scoring procedure:

1. Calculate the sum of scale scores across scales (goals). Each scale will have a number between -2 and +2);
2. Calculate the average scale score (divide by the number of scale scores);
3. Convert the average scale score to a T-score (mean of 50, SD of 10) through use of Tables A.1 - A.8, pp. 274-278. (For example, for three scored scales, if the average scale score is +1.33, Table A.3, p. 275 shows that the T-score is 68.26.)
4. Interpret the T-score as follows: A T-score between 40 and 60 puts a counselor into approximately the middle 70%. A T-score higher than 60 puts a counselor into the highest 15% while a T-score lower than 40 puts a counselor into the lowest 15%. Each individual scale score can also be examined to get a feel for its contribution to the overall T-score.

The Counseling Response Form - Short (CRF-S) is a 12-item instrument in which users rate their perceptions of a counselor's social influence on a seven-point Likert-type scale (1 = *not very*, 7 = *very*). The instrument consists of 12 adjectives, and the respondent rates the degree to which that quality is present in the counseling relationship. There are four adjectives for each dimension of social influence: attractiveness, expertness, and trustworthiness. Adjectives aimed at assessing attractiveness are friendly, likable, sociable and warm. Expertness items include experienced, expert, prepared and skillful; and trustworthiness items include honest, reliable, sincere and trustworthy. Each of the above three subscale scores can range from 4 to 28. Also, all 12 items are used to calculate a single, more general global factor - the "good guy factor," which can range from 12 to 84.

In one study by the authors (Smaby et al., 2005), the mean CRF-S Total score was 77.35 with a standard deviation of 6.31. This means that the middle 70% of scores ranged from approximately 71 to 84. Any lower score would be in the bottom 15%. It is obvious that no higher scores are possible, showing that participants in this study rated their counselor as very high in social influence. In another study by the authors (Schaeffle, Smaby, Packman, & Maddux, 2007), the median CRF-S global score (rated by clients) was 78 and the mode was 84. The authors of this instrument do not recommend analysis by subtest scores.

Method #2.

Two forms of the Working Alliance Inventory (WAI) are used for Method #2 procedures. The WAI is used to evaluate the working relationship between the counselor and the client. It consists of a form for the client and one for the counselor. Both forms are filled out at the end of the counseling session. Each form contains 36 items, each a statement concerning the working relationship (the alliance) between counselor and client. Twelve items relate to each of the following: bonding, goal setting, and identifying tasks for reaching goals. Each statement is rated using a seven-point Likert-type scale (1 = *never* and 7 = *always*). Individual scores and total scores can be calculated.

The Working Alliance Inventory is not available commercially, and the author gives permission for its use on a case-by-case basis. Permission can be applied for by emailing the author, Professor Adam Horvath at horvath@sfu.ca.

Mallinckrodt and Nelson (1991) investigated the effect of level of training on working alliance scores. Their results provide guidelines for score interpretation. Novices were graduate students enrolled in their first supervised practicum; advanced trainees were students in their second or more advanced practicum; and experienced counselors had earned their doctoral degrees.

All scores can range from 12 to 84. On the client form, the mean scores for Bond, Tasks, and Goals were: Novices - 67 (SD = 9), 63 (SD = 11), 61 (SD = 11); Advanced Trainees - 69 (SD = 8), 69 (SD = 7), 68 (SD = 8), and Experienced Counselors - 73 (SD = 9), 71 (SD = 8), and 72 (SD = 8). On the counselor form, the mean scores for Bond, Tasks, and Goals were: Novices - 65 (SD = 5), 61 (SD = 8), 57 (SD = 8); Advanced Trainees - 64 (SD = 8), 59 (SD = 8), 57 (SD = 8), and Experienced Counselors - 70 (SD = 5), 68 (SD = 6), and 69 (SD = 6).

The following two paragraphs provide a guide for interpreting scores on each form for each level of experience. For each level of training, if the client rates the counselor in the specified range, the score falls in approximately the middle 70% of individuals on that dimension of the alliance and at that stage of training. If, on any of these three dimensions, the counselor is rated below this range, the score is in approximately the lower 15% and if the rating falls above these ranges, it is in the higher 15%.

For client ratings, the ranges for bonding, tasks, and goals are: novices - 58 - 76, 52 - 74, and 50 - 72 respectively; advanced trainees - 61 - 77, 62 - 78, and 60 - 72 respectively; and experienced counselors - 64 - 82, 63 - 79, and 64 - 80 respectively.

For counselor ratings, the ranges for bonding, tasks, and goals are: novices - 60 - 70, 53 - 69, and 49 - 65 respectively; advanced trainees - 56 - 72, 51 - 67, and 49 - 65 respectively; and experienced counselors - 65 - 75, 62 - 74, and 63 - 75 respectively.

Using Test Scores for Improving Counseling Process and Outcomes

After calculating scores for any specific person on the SCS, GAS, CRF-S, and WAI, compare them to scores of other trainees and use the comparison to decide how these scores compare to typical scores made by others as summarized above. Students should then consult with instructors and other trainees to identify ways to improve counseling process and outcomes.

References

- Boisvert, C. M., & Faust, D. (2003, October). Leading researchers' consensus on psychotherapy research findings: Implications for the teaching and conduct of psychotherapy. *Professional Psychology: Research and Practice, 34*(5), 508-513.
- Horvath, A. O., & Symonds, B. D. (1991). Relation between working alliance and outcome in psychotherapy: A meta-analysis. *Journal of Counseling Psychology, 38*(2), 139-149.
- Howley, L. D. (2004). Performance assessment in medical education. *Evaluation & the Health Professions, 27*(3), 285-303.
- Kiresuk, T. J., Smith, A., & Cardillo, J. E. (1994). *Goal attainment scaling: Applications, theory, and measurement*. Hillsdale, NJ: Lawrence Erlbaum Associates.
- Loesch, L. C. (1995). *Assessment of counselor performance*. Greensboro, NC: ERIC Clearinghouse on Counseling and Student Services. (ERIC Document Reproduction Service No. ED 388886)
- Mallinckrodt, B., & Nelson, M. L. (1991). Counselor training level and the formation of the psychotherapeutic working alliance. *Journal of Counseling Psychology, 38*, 133-138.
- Schaeffle, S., Smaby, M., Maddux, C., & Cates, J. (2005). Counseling skills attainment, retention and transfer as measured by the Skilled Counseling Scale. *Counselor Education and Supervision, 44*(4), 280-292.

- Smaby, M. H., & Maddux, C. D. (in press). *Basic and advanced counseling skills: Assessing mastery, transfer, and client outcomes*. Boston: Lahaska Press.
- Smaby, M. H., Maddux, C. D., Packman, J., Lepkowski, W. J., Richmond, A. S., & LeBeauf, I. (2005). Performance assessment of skills and personal development of counseling students as predictors of social-influence ratings by clients. *Education Around the World, 126*(1), 78-89.
- Tracy, T. J., Glidden, C. E., & Kokotovic, A. M. (1988). Factor structure of the counselor rating form – short. *Journal of Counseling Psychology, 35*(3), 330-335.
- Urbani, S., Smith, M. R., Maddux, C. D., Smaby, M. H., Torres-Rivera, E., & Crews, J. (2002). Skills-based training and counseling self-efficacy. *Counselor Education & Supervision, 42*, 92-106.
- Vaugh, M., & Everhart, B. (2004). A process of analysis of predictors of an assessment continuum of licensure candidates' success in K-12 classrooms. *Research for Educational Reform, 9*(3), 9-24.