

## TRAINING COUNSELORS USING AN ABSENTEE-CUING SYSTEM

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### Abstract

The absentee-cuing system investigated in this study refers to the use of a wireless microphone by a counselor trainer to transmit messages to a counselor-in-training while she or he is actually engaged in the act of counseling. The trainer observed the session behind a one-way mirror and coached the trainee with the use of a "bug-in-the-ear" device. Fourteen counseling practicum trainees were exposed to six sessions each using the system for a total of eighty-four sessions. Selected system variables were controlled and studied. The researchers questioned whether abbreviated or extended cues could be used effectively, the extent to which trainer formulation of cues made a difference, whether cue frequency was important, if trainee resistance to or dependency on cues would occur, whether clients would be adversely affected, and if trainers with different supervisory styles could use the system effectively. They concluded that the system is a rich resource for improving counselor training in every regard.

### Résumé

Cet article discute l'emploi d'un système qui permet à un professeur en consultation de communiquer avec un conseiller en formation pendant que ce dernier travaille avec un client. Cette communication se fait par le truchement d'un microphone sans fil. Le professeur observe la session derrière un miroir à sens unique et offre des suggestions à l'étudiant qui porte un appareil récepteur à l'oreille. Quatorze étudiants en consultation ont participé à six sessions chacun où ils étaient en communication directe avec leur professeur. Certaines variables ont été choisies, contrôlées et étudiées. Cette recherche voulait découvrir si une suggestion de courte ou de longue durée pouvait s'avérer efficace, jusqu'à quel degré ces suggestions opéraient une différence, si la fréquence des suggestions était importante, si l'étudiant développait une résistance ou une dépendance envers ces suggestions, si les clients ne réagiraient pas favorablement et si les professeurs épousant différents styles de consultation pouvaient tous utiliser ce système avec profit. On conclut que ce système s'avère un auxiliaire précieux pour opérer des améliorations pertinentes dans la formation de futurs conseillers.

The concept of giving immediate feedback to a counselor trainee while she or he is actually involved in counseling a client in order to provide coaching assistance or reinforcement for effective counseling behaviors is a counseling supervisor's dream. An effective low-cost means to do so exists and yet there are few reports of its use or of any studies researching the effects of such use. The Absentee-Cuing System (ACS), which makes it possible for counseling supervisors to deliver one-way messages to counselor trainees

in the act of counseling, consists of a pocket-sized FM transistorized radio worn by the counselor, an earplug attached to the radio, which acts as a receiver, and a wireless microphone used by the supervisor to talk directly to the counselor from behind a one-way mirror in a counseling laboratory facility.

There have been reports of some exploratory uses of a wireless microphone ACS in the training of professional helpers, teachers, counselors, therapists and others, but the reports of such

uses have been scarce, notwithstanding the promise such a procedure holds for increased training effectiveness (Korner & Brown, 1952; Ward, 1960; Brooks & Hannah, 1966; Walsh, 1966; Stumphauzer, 1970; Harold, Ramiriz, & Newkirk, 1971; Cohn, 1973). Moreover, these investigations were all characterized by an absence of experimental controls, little use of the system during in vivo counseling sessions, and yielded sparse data about how the system was actually used. It is almost a wonder that innovative and creative trainers and thinkers who were and are involved with counselor trainee skill production and upgrading have not seen the potential and tested the reality limitations of this promising electronic tool, given the fact that availability has been present for over twenty years.

Some writers, reporting on the use of an ACS for coaching trainees, raised questions about certain operational variables. How long should the cues be? When in the interview ought cues to be delivered? What negative impact, if any, will cuing have on the counseling relationship? How will clients perceive the phenomenon? These and a host of other questions can be reduced to five categories: 1) the effects of the system upon clients; 2) the effects of the system upon trainees; 3) the effects of differential use of the system by different trainees; 4) the effects of different lengths of cues; and 5) the effects of different kinds of cues.

The present study was designed to provide answers to questions related to the five variables listed above, questions pertaining to operational problems associated with the use of an ACS rather than those associated with a training methodology or a particular theoretical orientation to counseling.

#### METHOD

The ACS developed for this study was included as a part of a regular counselor training practicum for masters degree students in counselor education. Trainees see clients in cubicles which have one-way observational mirrors and are equipped for tape recording or videotaping of interviews. The clients come to the counseling centre for personal, developmental, vocational, and crisis counseling, presenting every kind of counseling problem and representing every kind of social class and age level. Each client is informed that his or her counselor is in training, that audio or video taping is a conditional part of the service offered, and that other professionals (supervisors and advanced students in counselor

training) may be observing the sessions from behind the one-way mirrors.

#### Subjects

The subjects of this investigation (N=14) comprised a regular group of masters degree students majoring in guidance and counseling practicum. They were uncontrolled for intelligence, cognitive flexibility, value system, sex, age, race, or other similar variables. None of the subjects, however, evidenced behaviors or characteristics before, during, or following the investigation which indicated to the researchers that they were atypical when compared with the average student matriculating in the same masters degree program.

The trainers (N=2) were also considered subjects in the study. They were advanced doctoral degree students in guidance and counseling who each had over five years experience in professional counseling and over two years in counselor training and supervision. The trainers, too, were uncontrolled for personal characteristics.

While a total of 84 different clients each participated in a single forty-five minute counseling interview during which the counselor-in-training was outfitted and cued by a trainer, they were not considered to be subjects in the study. Over half of these sessions were initial interviews; the remainder occurred at various stages in the counseling relationship. The effects of the use of the system upon clients were appraised by trainers and trainees only.

#### Procedure

The subjects were randomly assigned to one of three treatment groups. In Group A (N=5) all subjects were cued six times and only abbreviated cues were used. In Group B (N=5) only extended cues were employed in the six sessions of cuing for each subject. In Group C (N=4) the subjects received abbreviated cues for their first two experiences with the system, extended cues for their next two interviews, and abbreviated cues for their last two.

Regardless of the group to which a subject was assigned, he or she participated in three experimental counseling sessions wherein: a) the first trainer (T<sub>1</sub>) did the cuing; b) the second trainer (T<sub>2</sub>) cued; c) only trainer-phrased cues were used; d) only trainee-phrased cues were given; e) the components of the ACS were visible, but no explanations for their presence were given to the client; f) an explanation was given for visible components; g) ACS components were

concealed and the client was not informed that the counselor-in-training was being cued; and h) the client was informed even though the ACS components were not visible. Table 1 presents the ACS treatment schedule for Group C.

For the purpose of the investigation a *cue* was defined as any verbal suggestion, direction, or comment supplied by the trainer to the trainee through the wireless microphone while the latter was in the act of counseling. *Abbreviated cues* were those which took five seconds or less for the trainer to deliver. *Extended cues* were those which took seven seconds or more, with no ceiling set upon the maximum number of seconds for their formulation by the trainer. *Trainer-phrased cues* were those which were repeated verbatim by the trainee to the client. *Trainee-phrased cues* were those which were given by the trainer in such a manner as to prevent their being repeated verbatim by the trainee but which necessitated his or her own formulation to the client. When the ACS components were visible to the client, the FM transistorized radio was placed on the table in counseling cubicle and the earplug was clearly attached to it. When the ACS was concealed, the radio was worn under clothing and the earplug was either hidden by long hair or had the appearance of a hearing aid. When explanations of the presence of the ACS were made to the client, they either took the form of complete

revelation ("My supervisor is observing this interview behind the one-way mirror and he will signal me from time to time in order to be of assistance in the counseling") or they were partially revealing ("I'm wearing this so that my supervisor can signal me when the time for our interview is about used up").

#### Pilot Studies

Two separate pilot studies were conducted prior to the investigation reported here. As a result of these, a training protocol was developed for the purpose of giving the trainees some familiarity with the components of the ACS. But more important, a signaling system and ground rules were established. The signaling system was simple (trainer to trainee: "If the volume of my voice is too high, scratch your nose"). Ground rules were few. The principal ground rule had to do with when the trainer made cues, and it was determined that these times would be either during silent periods in the session or when the client was talking. If the trainee could not absorb both the trainer's and the client's communications simultaneously, he or she was instructed to attend to the trainer's intervention and then ask the client to summarize what had been said or to choose what was the most important in the content of what had been said.

TABLE 1  
ABSENTEE-CUING COUNSELOR TRAINING SCHEDULE  
TRAINING GROUP C  
COUNSELOR TRAINING SESSIONS

ID NUMBERS TRAINEE	1	2	3	4	5	6
1323	T <sub>2</sub> S R V <sub>2</sub>	T <sub>1</sub> S R V <sub>1</sub>	T <sub>2</sub> L R C <sub>1</sub>	T <sub>1</sub> L E C <sub>2</sub>	T <sub>2</sub> S E V <sub>1</sub>	T <sub>1</sub> S E C <sub>1</sub>
8688	T <sub>1</sub> S R V <sub>1</sub>	T <sub>2</sub> S R V <sub>2</sub>	T <sub>1</sub> L R C <sub>1</sub>	T <sub>2</sub> L E C <sub>2</sub>	T <sub>1</sub> S E V <sub>2</sub>	T <sub>2</sub> L E C <sub>2</sub>
2808	T <sub>1</sub> S R V <sub>2</sub>	T <sub>2</sub> S R V <sub>1</sub>	T <sub>1</sub> L R C <sub>1</sub>	T <sub>2</sub> L E C <sub>2</sub>	T <sub>2</sub> S E V <sub>1</sub>	T <sub>2</sub> S E C <sub>1</sub>
8231	T <sub>2</sub> S R V <sub>2</sub>	T <sub>1</sub> S R V <sub>1</sub>	T <sub>2</sub> L R C <sub>1</sub>	T <sub>1</sub> L E C <sub>2</sub>	T <sub>2</sub> S E V <sub>2</sub>	T <sub>1</sub> S E C <sub>2</sub>

Legend: T<sub>1</sub>=Trainer One      R =Trainer - Phrased Cue      V<sub>1</sub>=ACS Visible/No Explanation  
 T<sub>2</sub>=Trainer Two      E =Trainee - Phrased Cue      V<sub>2</sub>=ACS Visible/Explanation  
 S =Abbreviated Cue      C<sub>1</sub>=ACS Concealed/No Explanation  
 L =Extended Cue      C<sub>2</sub>=ACS Concealed/Explanation

### Evaluation

No attempt was made to evaluate the ACS as a training variable apart from or in comparison to other training variables to which the subjects were exposed. Each subject was given the six cued sessions in addition to extensive exposure to a number of other training experiences, including: working with a partner in mutual case-monitoring, audio and video tape review and analysis of all interviews, intensive tape analysis in small groups, case conferences, interview observations, interview and case write-ups, personal log-keeping and skill-development reporting, participation in small groups focusing on personal growth, receiving supervisory feedback using the tape-of-a-tape method (Dyer & Vriend, 1975), demonstrations, modeling, and direct instruction focusing on counselor skill and competency development and diagnostics.

Because the ACS comprised only one component in the entire training process, no assumption was made that a casual relationship existed between ACS use and training outcomes. The counseling and supervisory approach used by the ACS trainers, however, was consistent with the theory and practice to which the trainees were exposed in other practicum experiences. Essentially, this approach is detailed in *Counseling for Personal Mastery* (Vriend & Dyer, 1974) and *Counseling Techniques That Work: Applications to Individual and Group Counseling* (Dyer & Vriend, 1975) which might best be described as pragmatic; every counselor intervention is based on a rationale and is tested by the extent to which it works, the extent to which client behavioral change results. The ACS trainers functioned as co-counselors or as consultants whenever they gave a cue, not as critics. Following every ACS session, the trainer and trainee analyzed the interview together and each completed an appropriate instrument developed for the study.

The *Trainee Value of Cues Scale* (TVCS) was administered to trainees after each ACS interview. Constructed by the researchers, it gathers data in three categories. Part One of the instrument consists of a five-point descriptive scale which requires respondents to rate four cue categories: 1) timing of trainer interventions; 2) length of cues; 3) formulation of cues; and 4) frequency of interventions. Part Two of the TVCS requires the respondent to write out as many of the cues which were given as accurately as she or he can recall them. Part Three of the TVCS requires the respondent to estimate the total num-

ber of cues received and to describe the behavior of the client as it pertained to the use of the ACS.

A *Trainer's Log* was developed by the researchers as a repository for trainer post-interview observations. This instrument required trainers to note or rate the effectiveness of their own communications using various types of cuing procedures, the ability of the trainees to translate various types of cues to clients, the amount and nature of any observed trainee resistance or dependence upon the ACS, and any observed effect of ACS use which a client might manifest.

An *Interview Schedule* was carefully constructed by the researchers to elicit evaluative self-report data concerning every aspect of ACS use pertinent to this investigation from each of the participant trainees. Immediately following the experimental period, each counselor-in-training was subjected to an hour-long in-depth interview which was tape-recorded for subsequent content inspection and analysis.

Copies of each of the instruments referred to above, as well as data analyses related to each subsection of the TVCS, *Trainer's Log* and the *Interview Schedule*, are presented in the full report of the study (McClure, 1973).

## RESULTS

Comparisons of mean scores which the TVCS yielded for Groups A, B, and C in the categories of abbreviated and extended cues, adverse effects on clients, and trainee resistance to or dependence on the ACS showed no significant differences between groups. These comparisons, however, constituted only one minor aspect of the investigation and, if anything, indicated that no single experimental variable resulted in skewed results from a given group. When all data from all sources were inspected and analyzed, answers to every research question were clearly profiled. These are discussed in turn below.

### *Length of Cues*

Early reports in the literature on the use of absentee-cuing by Korner and Brown (1952), Ward (1960), and Herold, Ramirez, and Newkirk (1971), indicated that cues should be restricted in length, preferably no longer than three or four words. The findings of this study clearly contradict such a caution. The data overwhelmingly show that both abbreviated and extended cues are effective. Trainees were able to translate

the longer cues with the same facility as the shorter ones. The chief difference in the fielding of the two types of cues became a matter of timing. The abbreviated one could be delivered at almost any time, but the trainers learned to exercise care in timing insertions of extended cues so they could be effectively attended to by the trainees. In an over-all evaluation of the ACS all study subjects agreed that the length of cues given was a relatively unimportant issue.

There were some twenty instances of extended cues exceeding thirty seconds, and in each instance the trainee registered and appreciated the intervention. Because these interventions were prompted by events in the counseling and occurred when the trainees were befuddled and unsure of what direction to take, they were accepted as consultancy guidance and deemed exceptionally helpful.

#### *Formulation of Cues*

Exclusively trainer-phrased or trainee-phrased cues proved to be an untenable choice. It was understood by the trainees that trainer-phrased cues could be converted to trainee-phrased cues or even ignored, and many trainees chose to exercise these options. However, none of the subjects wanted an exclusive diet of trainee-phrased cues. Generally, they saw trainer-phrased cues as being more useful early in their training experience, when they were less certain of their own judgment in dealing with client concerns. Some cues fell into a category which had no imperative relating to verbal exchanges with the client (i.e., "You might try sitting up and bending closer to the client. By leaning back and relaxing, you are giving the impression that you're indifferent to what she is saying"), and these were universally seen as helpful.

#### *Frequency of Cues*

How frequently cues were to be given or how they were to be spaced was not a part of the design of the present study, but this in no way meant that the question of cue frequency was ignored. The data revealed that effective cue frequencies were more or less governed by the nature and depth of the counseling session, the level of difficulty experienced by a trainee as he or she worked with a client and the ACS, and pre-session goals upon which a trainer and trainee might decide. In early ACS sessions in particular, trainees desired high frequency levels, appreciating the reinforcement and/or guidance. In judging the over-all effectiveness of the ACS, the subjects did not perceive cue-frequency as a

factor. In some training sessions, as many as fifty cues were given and used productively by the trainees.

#### *Effects Upon Clients*

Data analysis revealed that adverse effects upon clients who were exposed to the ACS were almost negligible. Whether clients were exposed to the physical components of the system or not, whether the purpose of the system was explained fully, partially, or not at all, made no apparent difference to the counseling process. Out of eighty-four ACS sessions, trainees reported five in which clients seemed inhibited by the presence of the system. These five reports, however, were unsubstantiated by reports in the Trainer Logs. Each instance appeared more to be a case of the trainee projecting his or her own anxiety and bias onto the client. Inspection of the audiotapes of these sessions indicated that what seemed to be client inhibition or reluctance could best be attributed to client reaction to trainee behavior which had little reference to the use of the ACS.

Given the nature of the laboratory environment (one-way mirrors, audio or video taping, the likelihood of observers being present), all of which the clients must accept as a status quo condition of receiving counseling and each part of which is explained to every client in the initial interview, the addition of the ACS was hardly seen as threatening. Indeed, a number of clients voiced comfort in knowing that their counseling was receiving on-going assistance from an experienced professional.

#### *Trainee Resistance and Dependence*

The data revealed that the study subjects displayed no important reluctance or resistance to being absentee-cued. While several admitted to some general anxiety about the experience prior to the start of the study, only one person was identified as being resistant to trying out the system, and this resistance dissipated after the first two ACS sessions. The lack of meaningful group resistance was ascribed to the comprehensive orientation to the ACS which served to answer all trainee questions and allay ill-conceived fears.

The actual experience of being absentee-cued during the six counseling sessions produced no meaningful dependence upon the system in any of the fourteen subjects. Trainer Log and Interview Schedule data showed that none of the subjects experienced anything but the most temporary feelings of dependency upon the system.

Additionally, some subjects wanted to be rid of the system toward the end of the experimental period, when their personal confidence in their professional competence had increased. That only six of their sessions (out of an average of thirty-five) were cued, undoubtedly made a difference. Whether a training procedure in which all interviews were cued would result in trainee dependency was not learned in this study. Inasmuch as trainer cues were so formulated as to assist trainees in finding their own solutions rather than providing them with "instant answers", the cuing approach could be viewed as producing counter-dependency.

#### *Trainer Differences*

While both trainers who participated in the study adhered to the design parameters in the delivery of cues, behaved as co-counselors and/or consultants, and operated from a shared theoretical counseling model, they were unlike in cue delivery in several important ways. T<sub>1</sub> tended to focus more on nonverbal behaviors of trainee and client, speak more slowly and generally in a monotone, provide more positive reinforcement, focus more on manifested feelings, and put more stress on interview modules rather than themes and counseling directionality and/or client movement. T<sub>2</sub> tended to focus more on interview content variables, speak more rapidly and with wider tone modulation, stress particular skill development, refer more often to the diagnostics of counseling process and client data, and pay more attention to thematic counseling elements. Regardless of these differences, the subjects responded favorably to the styles of both trainers and displayed no preferences. Indeed, they appreciated the exposure to each and were helped to understand how every counselor functions somewhat differently from every other, thus bolstering their own inclinations towards self-shaping of effective counseling behaviors.

#### DISCUSSION

The findings of this investigation have indicated that a counseling practicum which integrates an absentee-cuing system into the total experience can add a training dimension not otherwise feasible, a dimension which provides immediate reinforcement or direction for trainees while they are engaged in the actual act of counseling. Systematic evaluations of the use of absentee-cuing have shown that trainers are able to communicate considerably more information to trainees that was heretofore thought possible, that no adverse effects

occur to clients, that trainee resistance or dependence are not barriers to ACS usage.

Experimentation with technological aids now available for use in counselor training has not seemed to the present researchers to have kept pace with other developments in the field. If the full potential of this technology is to be realized, whether one talks of computer-assisted counseling, video-taping, or the use of a wireless microphone, field-testing of all sorts is needed (Vriend, 1973). The principal conclusion reached by the researchers in this study is that the ACS is a viable and extremely useful technological counselor training aid which has many advantages when judiciously employed.

As an added training adjunct, it: 1) heightens supervisory involvement; 2) allows for effective immediate reinforcement of positive trainee behaviors; 3) closes the distance between trainee-felt incompetency and trainer expertise as both endeavor to help a client together; 4) is an excellent means of helping trainees to work on particular counseling skills (e.g., effectively reflecting feelings, making interpretations, hypothesis-testing, summarizing, etc.), and 5) can be used with particular trainees and/or clients at particular times for particular purposes. The use of the ACS, for example, might provide exactly the kind of modeling and support needed by a given trainee to begin thinking and acting like a counselor when other efforts to provide such help have been non-productive.

For any imaginative counselor trainer, further innovative uses of the ACS suggest themselves. To encourage such increased use and experimentation, the senior investigator has developed a trainer's guidebook which is included as a chapter in the full report of the present study (McClure, 1973).

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