

An analysis of counseling response mode profile in short-term dynamic psychotherapy

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ABSTRACT

The Hill Counsellor Verbal Response Category System-Revised (HCVRCS-R; Friedlander, 1982) was used to examine the counsellor response mode profile in a short-term dynamic psychotherapy (STDP) process developed by Davanloo (1978, 1980). Using a single case design, three sessions (early, middle and late) of the complete sixteen session treatment were analyzed and categorized by independent raters in order to establish the exact pattern of interventions in STDP. Results showed that the counsellor response modes used across the three sessions were predominantly information seeking, providing information, interpretation and confrontation, respectively, accounting for 93.6% of all responses. A discussion of these findings and additional explanations with respect to counsellor response mode in STDP are provided.

Key words: Psychotherapy process research, Short-term dynamic psychotherapy, Therapist intervention.

The counselling interview can be conceptualized as a dyadic communication system where the counsellor's primary task is to foster the optimal exchange of personal information and to facilitate client verbal expression. This implies that for a better understanding of what transpires in a clinical interview, consideration must be given to the technical operations of counsellors in an attempt to determine what they actually do. Interest in counsellor techniques or operations is of special interest to researchers for these become markers in understanding the process by which change may be effected. Indeed, what counsellors say to their clients has been found to exercise a significant influence on many aspects of the counselling process (Elliott, Hill, Stiles,

Friedlander, Maher, & Margison, 1987; Elliott, Stiles, Shiffman, Barker, Burstein, & Goodman, 1982; Hill, Helms, Tichenor, Siegel, O'Grady, & Perry, 1988).

However, while agreement exists on the importance of the identification of effective counsellor techniques, there is great diversity on how these are selected, operationalized, and coded (Elliott et al., 1987). A common approach entails the categorization of counsellor techniques as verbal response modes "that refer to the grammatical structure of the therapist's verbal response, independent of the topic or content of the speech" (Hill, 1992, p. 690). Indeed, Hill's work in this area seems particularly valuable (Hill, 1978, 1986, 1992; Hill, Carter, & O'Farrell, 1983; Hill et

al., 1988; Hill, Thames, & Rardin, 1979) because it underscores the essential link between specific counsellor statements and client responses in the counselling interview.

Moreover, a compelling body of literature already exists with respect to how different schools or models of counselling use different verbal response modes to operationalize their particular system of help-giving (Dumont, 1993; Hill et al., 1979; Stiles, Shapiro, & Firth-Cozens, 1988). Understanding the interface between theory and practice helps establish the necessary concordance between what we think and believe and what we actually say and do. This supports the tenet that different theoretical orientations do indeed call for very different counsellor technical operations. Hence, it follows that empirical research into counsellor techniques informs our field in important ways.

In the present study, we were interested in examining a process of a short-term dynamic psychotherapy (STDP) approach developed by Davanloo (1978, 1980). Our intent was to investigate, at both a quantitative as well as qualitative level, what specific patterns of verbal responses comprise this approach. While there exists much anecdotal and case report material related to this model, empirical data are scarce and lag far behind the clinical application of this model. This has been clearly pointed out by Messer and Warren (1995) who suggested that increasing the empirical validation of STDP would further bolster its practice base. Given the dearth of empirical reports, we sought to partially redress this situation by analyzing the moment-by-moment interventions used by a counsellor in the course of this brief psychodynamic treatment. We expected that this initial description would provide empirical support to our understanding of those counsellor verbal responses that are considered fundamental to STDP treatment.

Davanloo's short-term dynamic psychotherapy treatment is well-suited to this type of investigation because of its active orientation and greater therapist involvement in comparison with

other approaches to psychotherapy. Based on psychoanalytic principles, STDP was first developed and experimented at the Montreal General Hospital (McGill University) in Montreal by Habib Davanloo during the 1960s. Although, in keeping with the Freudian orientation, the oedipal features of the presenting conflict become a predominant focus of the therapy, Davanloo considered his approach to be «broad-focused» and thus suitable to a wide range of psychoneurotic disorders, whether oedipal in focus or not, and possibly having more than one focus.

Davanloo's technique of highly focused interviews required the counsellor to consistently and actively intervene to clarify, interpret, and confront aspects of current and past relationships as well as the transference. In this way, client feelings that emerged were clarified and challenged in the course of the exploration and interpretation of the transference configuration. Indeed, Davanloo (1978, 1980) repeatedly emphasized the techniques of clarification and interpretation as central to STDP's therapeutic process. Furthermore, he advocated the use of trial interpretations from the initial session as well as confrontation of the client's anxieties, defenses, and impulses in establishing the groundwork for STDP. The therapeutic intent of such interventions was to ensure greater client involvement in the therapy process while concomitantly exposing the dynamic components of the client's problems and their attending affect and cognitions (Davanloo, 1978, 1980). It is in this way that STDP impacts on the client's insights and understanding of their condition as one that basically defends against intimacy and closeness thus sabotaging their interpersonal relationships. The therapy varies between five and forty sessions with an average duration of about twenty-five sessions.

Given that the counsellor's stance is primarily to clarify, confront, and interpret, it was our interest to establish the specific manner in which this is done. Stated differently, we were motivated by an interest in describing and accounting

for those specific verbal response modes that were used by the counsellor in carrying out the clinical mandate of this model. Specifically, our questions centered on the use of one response mode relative to another. In this study, this was addressed empirically by examining the frequency of occurrences of the various response modes. In this way, a pattern of verbal responding could be established both within and across all three sessions.

In view of the clinical guidelines advocated by Davanloo (1978, 1980), we expected that interpretations would emerge as pivotal in the STDP process. However, given the counsellor's active and flexible stance, it was also reasonable to assume that the process would encompass a wide range of verbal responses. Such observations would inform us concerning the manner by which the counsellor negotiates the actual moment-by-moment STDP interview towards its therapeutic objectives.

Method

Stimulus material

A single case that was considered by the authors to be typical of the STDP approach was used for this study. The single case is an appropriate methodology for the systematic examination of the therapeutic process. While the conclusions generated may be limited in their generalizability it has the advantages of producing a large pool of data regarding in-session therapeutic events (Galassi & Gersh, 1993). In this way, the subjective experience of the participants is not only captured, but can be thoroughly examined as it occurs within the counselling sessions.

This particular client was selected for study because he possessed the suitable STDP characteristics (Davanloo, 1978, p.14; p. 26-30) and because the outcome represented the kind of therapeutic improvements typical of this approach

(Davanloo, 1978, p. 25; p. 41). Davanloo (1978, 1980) maintained that the suitability and therapeutic potential of a client are not strictly related to a clinical diagnosis, but rather stressed that the interview process in evaluating and selecting clients, based on a set of criteria, is a more efficient diagnostic process. This is extensively presented and discussed elsewhere (Davanloo, 1978, pp. 14-23).

Regarding the suitability of this particular case for STDP, the criteria of a circumscribed psychotherapeutic focus, the presence of at least one meaningful human relationship, the ability to interact with the counsellor, manifest affect, psychological-mindedness and good response to counsellor interventions were met by the client.

Specifically, the case involved a young man of 32 who presented himself for treatment following the break-up of his marriage of seven months. The presenting problems were identified as difficulty with interpersonal relations (especially concerning women) characterized by passivity, with a fear of rejection, feelings of anxiety and depression, low self-esteem, feelings of inadequacy and lack of confidence. The client was evaluated in two sessions, lasting sixty minutes each. During these interviews, it became evident that in his interpersonal relations he was submissive and anxious for fear of being rejected but this made him feel controlled which then led to feelings of anger and depression. The client satisfied the DSM-IV diagnostic criteria for adjustment disorder with mixed anxiety and depressed mood.

The treatment lasted 16 sessions and the client was judged to be significantly improved and fulfilled the outcome criteria established by Davanloo (1978, p. 25; p. 41) for satisfactory progress and symptom improvement. In this case, the client reported: a) changes in relationship patterns; b) changes in attitude and behavior, giving up the passive-submissive pattern of relating; c) reduction of anxiety especially towards heterosexual relationships; d) resolution of the fear

of rejection; and e) resolution of the presenting problems that brought the client to counselling.

A male, doctoral-level counselling psychologist, who already had one year of supervised training with the model, conducted the counselling sessions. His technique consisted of highly focused interventions where the primary task was to establish links between the client's typical reactions in one situation versus another. This was especially true when the focus was on the maternal figure and his ex-spouse. The counsellor maintained a high rate of dialogue such that periods of silence rarely occurred.

Sessions six, nine and fifteen of the complete 16-session treatment were subjected to quantitative analysis. As previously discussed, STDP sets criteria for the selection of appropriate clients and the establishment of a circumscribed therapeutic focus as conditions for this type of treatment (Davanloo, 1978, p.14 - 23; Messer & Warren, 1995, p. 78). These conditions were satisfied by the fourth session. Eliminating sessions before the sixth ensured that these conditions had been met while allowing an adequate working alliance to develop. Consequently, sessions six, nine and fifteen, representing an early, a middle, and a late session respectively, were selected for study.

Judges - Measures

Four doctoral level graduate students in counselling psychology were used as judges for the study. The judges rated each counsellor response using the Hill Counsellor Verbal Response Category System-Revised (HCVRCS-R; Friedlander, 1982). The HCVRCS-R consists of nine nominal, mutually exclusive categories for judging counsellor verbal behavior: 1) encouragement / approval / reassurance, 2) reflection / restatement, 3) self-disclosure, 4) interpretation, 5) confrontation, 6) providing information, 7) information seeking, 8) direct guidance / advice, and 9) unclassifiable. The system was originally

developed by Hill (1978) and later revised by Friedlander (1982).

This instrument was chosen on the basis of research findings indicating that a good verbal response mode instrument should have the categories identified by the present instrument (Elliott, Hill, Stiles, Friedlander, Mahrer, & Margison, 1987). Research has shown it to have good psychometric properties ranging from .68 to .85 (Hill, 1978; Hill, Thames, & Rardin, 1979). The judges followed a 30 hour training program as suggested by the author of the scale.

Procedure

Verbatim typescripts of the three sessions were produced and all counsellor and client statements were numbered consecutively. A statement was defined as all the words spoken by each party during one speaking turn. Each judge listened independently to the session aided by a verbatim transcript and made the appropriate ratings. A criterion of 75% agreement was required for each rating. Where the agreement level was not reached, the judges met, discussed the differences, resolved the discrepancies, and reached a consensus. The consensus meetings consisted of each of the judges presenting their arguments for making a certain judgment and a discussion as to what the criteria were. Through this exchange the judges were coming into a consensual judgment as to what the verbal response mode for each statement was. Cohen's kappa coefficient (Cohen, 1960) was calculated for all possible combinations of any two judges.

On the first round of independent rating, 69% of statements reached the criterion level. The balance of statements were discussed and agreement at a minimum 75% level was reached. The Cohen kappa coefficients for all possible combinations of any two judges were between .69 and .78, indicating moderate agreement among all judges using the category systems.

This range of agreement is within the reliability coefficient reported by previous studies (Hill, 1978; Hill, Thames, & Rardin, 1979).

Results

All counsellor speaking turns were coded for the entire three sessions to determine the response mode category. Table 1 presents the frequencies and percentages of each of the nine response mode categories across the three sessions.

The descriptive data presented in Table 1 indicate that STDP uses mainly four response mode categories.

Information seeking (IS) made up the greatest proportion (45.9%), followed by providing information (PI) (21.4%), interpretation (INT) (16.8%), and confrontation (CONF) (9.5%), respectively. These four categories accounted for 93.6% of counsellor responses across the three sessions.

To examine the occurrence of each of the particular response modes for each session and

across all sessions, chi-square (χ^2) analyses were conducted. Between-session comparisons revealed no significant differences for sessions six and nine, $\chi^2(6, N = 381) = 3.821, p = .701$, whereas a significant difference in response modes was found for sessions six and fifteen, $\chi^2(6, N = 460) = 31.607, p = .000$, and sessions nine and fifteen, $\chi^2(6, N = 393) = 27.104, p = .000$. While the raw data (see Table 1) seem to indicate that a significant difference should be present, the statistical analysis revealed no actual statistically significant differences. Since no significant differences were found between sessions six and nine, these were collapsed and compared with session 15. This analysis indicated that response modes differed significantly between these sessions, $\chi^2(6, N = 236) = 40.36, p = .0001$, that is, whereas sessions six and nine were essentially similar in response modes, session 15 showed a different pattern of responses.

Specifically, the examination of the chi-square cells and the comparison of the difference between the expected and the observed value of each cell indicated that there was a significant

Table 1
Frequency and percentages of response mode categories in sessions six, nine and fifteen

Category of response mode	Session 6		Session 9		Session 15		Total per category	
	N	%	N	%	N	%	N	%
EAR(1)	2	0.52	3	1.91	6	2.54	11	1.80
RR(2)	9	2.36	9	5.73	2	0.85	20	3.20
SD(3)	0	0.00	0	0.00	0	0.00	0	0.00
INT(4)	45	11.81	26	16.56	28	11.86	99	16.80
CONF(5)	23	6.04	12	7.64	22	9.32	57	9.50
PI(6)	31	8.14	23	14.65	78	33.05	132	21.40
IS(7)	108	28.35	82	52.23	93	39.41	283	45.90
DGA(8)	6	1.57	2	1.28	7	2.97	15	2.40
Total	224	100.00	157	100.00	236	100.00	617	100.00

Note. EAR = encouragement/approval/reassurance, RR = reflection/restatement, SD = self-disclosure, INT = interpretation, CONF = confrontation, PI = providing information, IS = information seeking, DGA = direct guidance/advice.

difference in the occurrence of INT and PI, with INT being used more in the earlier sessions (6 and 9) and PI in the later session (15). A significant difference was also found between PI and IS, with IS occurring more frequently across sessions. However, the results also indicated that PI occurred significantly more frequently in the later session than in the earlier sessions, increasing in a steady rate of occurrence from sessions 6 to 15. Information-seeking (IS) occurred significantly more frequently in the earlier sessions.

Discussion

The purpose of the present study was to describe the counsellor's response mode profile specific to a psychodynamic process as characterized by the STDP model (Davanloo, 1978, 1980). Our results indicate that the bulk of counsellor responses in STDP are characterized by a pattern of four techniques, namely, Information-seeking (IS), Providing Information (PI), Interpretation (INT) and Confrontation (CONF). There was an obvious absence of self-disclosure and very little in the way of restatements, reflections, or direct advice. This presents a picture of the counsellor who is focused exclusively on the client's disclosures but who uses a psychodynamic frame of reference to structure interventions. By this we mean that the counsellor's interest is primarily in eliciting specific types of material and then in using this material for confrontations and interpretations. Additional insights and clarifications are also elicited through the use of information giving (PI). In the context of STDP, information-giving interventions have a unique function or purpose. Whereas information giving is a feature of many therapies, for STDP, information giving is not intended to have an instructive function as in the case of cognitive-behavioral approaches (Beck & Emery, 1985) or the psychoeducational approaches (Anderson, Reiss, & Hogarty, 1986). Rather, respo-

nses coded as PI go beyond a strict information-giving function in that they are clearly meant to bolster the effects of confrontations and interpretations.

Our explanation of how PI fits with Davanloo's STDP is in keeping with other researchers who found that PI was closely associated with teaching (Hill, 1992) and with aspects of confrontation and interpretation (Elliott, 1985). Our results show that PI is associated with CONF and INT which indicate that PI may function as an "advance organizer" ensuring that the content of the confrontations and interpretations become accepted by the client as having narrative truth within the context of the client's story. Stated differently, it appears that some interventions are used as "lubricators" whose function often is to prepare other counsellor interventions. This is consistent with the notion that in many cases counsellor intentions are actualized through more than one response mode (Hill, 1992).

These findings are in line with the clinical guidelines described by Davanloo (1978, 1980) and others (Messer & Warren, 1995; Said, 1990) where the therapeutic task was highly focused on establishing a context wherein the client was literally forced to explore and confront the maladaptive and self-defeating behavior patterns in his life. This was accomplished partially by the triad of PI, CONF, and INT, and additionally by the counsellor's active interest in continually co-evolving new data through the use of IS.

With respect to IS, which makes up the largest bulk of counsellor activity, what we saw is a relentless attitude of constant exploration and amplification of the therapeutic focus through the use of questions. The use of IS was consistent with the model's theoretical framework where the adherence to an ongoing process of exploration and understanding of the dynamic patterns that maintain the client's suffering was a main focus of the counsellor's activity (Davanloo, 1978, 1980). Also, as with PI, in the context of a psychodynamic framework, the use of IS was not simply used to elicit data or facts about the

client's current and past experiences, but also to clarify and to challenge. In counselling, questions have a different intent depending on many factors. At times, a question reveals the counsellor's curiosity whereas at other times the question actually implies a statement.

Therefore, it seems that the interventions used in STDP can be classified in two distinct categories: eliciting information and constructing information. Whereas the inquiring (IS) elicits important, useful information of both a factual and phenomenological nature, the other responses function to construct meanings for the client primarily in the form of observations (PI), discrepancies (CONF) and patterns (INT). With these findings we can argue that IS (questions) serves a pivotal purpose by orienting the counsellor to seek out relevant information (Tomm, 1987) required to operationalize the other three response modes. Thus, while the counsellor may be working primarily at an intuitive level, the pattern that emerges appears highly systematic and strategic in its process.

An examination of the data sequentially across the sessions showed that while there was no significant difference in counsellor response mode profile between sessions 6 and 9, there was a significant difference between these sessions and session 15. The data indicate that in the early sessions (6 and 9), the counsellor's focus was significantly more on INT whereas in the session close to termination (15) the focus was primarily on PI. This may be taken as further evidence that PI may have an interpretative focus, that is, when the client accepts the validity of a particular interpretation, that information becomes accepted as narrative truth within the unique context of that process. This implies that the counsellor may not need to develop or repeat interpretations but may simply need to "remind" the client of what they already "know" and "believe". Providing information (PI) becomes a process of review where the client's changes and learning are consolidated and amplified.

Overall, while the present research offers

some empirical validation for the theoretical underpinnings of STDP, further replication is warranted in order to clearly establish the active elements inherent in this approach. This would support the expectation that different counsellors with different clients will manifest essentially similar patterns of techniques. Finally, contrasting STDP with other approaches would help glean those counsellor techniques that are most commonly helpful and effective in the practice of counselling and psychotherapy.

In conclusion, these findings seem to indicate: (a) Short-Term Dynamic Psychotherapy is accomplishing its therapeutic tasks by using a very consistent set of verbal response modes. (b) the combination of these response modes are almost exclusively present in all the sessions examined, (c) the frequency of these response modes seems to remain similar in the two earlier sessions with a predominance of interpretation, while in the last session provision of information increased. Finally, these results also indicate that while the therapist functions at a semantic level, the grammatical structure of the interventions follows statistically significant patterns.

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