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Empathic Development of Counselor Trainees for Difficult Clients through Film and
Narrative

By

Kristin Elisabeth Matson

A Thesis Submitted in Partial Fulfillment of the
Requirements for the Degree of
Master of Science
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Empathic Development of Counselor Trainees for Difficult Clients through Film and Narrative

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This thesis has been examined and approved by the following members of the Department of Counseling and Student Personnel thesis committee.

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EMPATHIC DEVELOPMENT OF COUNSELOR TRAINEES FOR DIFFICULT
CLIENTS THROUGH FILM AND NARRATIVE

Kristin Elisabeth Matson

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Abstract

This paper posits that to develop empathy, similar to cross-cultural counseling competencies, counselor trainees should be exposed to life experiences of various clients, especially those deemed challenging, and which counselor trainees indicate no desire to work. As it is impractical to expect counselors to experience every type of client, learning about populations through narrative or film may be an option (Gladstein & Feldstein, 1983; Kurkijan & Banks, 1978; Pearson, 2003). Specifically, empathy in masters level counselor trainees both pre and post exposure to narrative and film depictions of violent juvenile offenders was explored. Results indicated that exposure to juvenile offenders through film, narrative, and a combination of film and narrative interventions increased positive attitudes towards offenders and enhanced various components of empathy felt by counselor trainees. Thus, simple and short interventions have the capacity to increase empathy of counselor trainees for specific populations of challenging clients.

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“He that gives good advice, builds with one hand; he that gives good counsel and example, builds with both...” – Sir Francis Bacon

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Chapter I

Introduction

Empathy

Empathy as a general construct has long been accepted as a component in the therapeutic relationship in a variety of helping professions. Rogers defines empathy as “temporarily living in [another’s] life, moving about in it delicately without making judgments, sensing meanings of which [the other] is scarcely aware, but not trying to uncover feelings of which the person is totally unaware”, and considers it one of three necessary and sufficient therapeutic aspects (Rogers, 1975, pp.4). Duan and Hill (1996) consider empathy “... the very basis of all human interaction” (pp. 262). Further, Rogers (1975) claimed that “a high degree of empathy in a relationship is possibly the most potent and certainly one of the most potent factors in bringing about change and learning” (pp. 3). However, Kirschenbaum and Jourdan (2005) noted in their review of the literature that, “empathy is a more complex concept than Rogers and others have recognized” (pp. 42). Though empathy has been studied for over 50 years and Rogers’ definition is widely accepted, empathy is not a completely understood concept.

Empathy is multifaceted, with both cognitive and affective components (Duan & Hill, 1996; Gladstein, 1983; Rogers, 1975). To date, no one has been able to concretely determine empathy as an intellectual and/or emotional construct but many believe that they are reciprocal in nature. Intellectual empathy has been defined as taking the perspective of another, while emotional empathy is feeling the emotions of the other

(Duan & Hill, 1996). Davis (1980) identified four categories of empathy: perspective taking, empathic concern, fantasy and personal distress, which together constitute empathy as a whole. Further, Duan and Hill's (1996) review of the relevant empathy literature found empathy to be a personality trait or a situationally specific construct, with affective empathy mediating helping behavior and cognitive empathy mediating attribution of other's behavior. Previous literature has categorized empathy as "dispositional empathy", "empathic experience", or "empathic process", in regards to how empathy is developed (Duan & Hill, 1996).

Empathy is not only a facet of clinical work, as it has also been explored in developmental and social psychology. In social psychology, empathy has been explored with respect to how it affects society and interactions. Some of the first empathic interactions children have are with parents and peers. Similarly, developmental psychology has explored an individual's ability to perceive and internalize these interactions with others, to develop an empathic understanding. Children seem to be incapable of experiencing or expressing empathy before the age of seven. It is not until age eleven or twelve that children develop the ability to be empathic to another's role without personalizing the empathy (Gladstein, 1983).

Being an effective therapist means attempting to understand the client's point of view and having a desire to fully know the client and their experienced meanings (Rogers, 1975). Further, for empathy to be a necessary and sufficient condition in the counseling relationship, it must come from the therapist and not the client because an empathic therapist brings about client-directed change, rather than therapist-directed change (Rogers, 1975).

While researchers disagree if empathy is innate, dependent on situation, or experienced in stages, all agree that empathy can be enhanced and promoted through training and experience (Duan & Hill, 1996). Higher levels of empathy have been correlated with experience and training of the therapist. It is important for therapists to receive as much training as possible to be empathic with the multitude of clients they will see, because “situational factors such as counselor mood, knowledge of the client, and awareness of the client ... may influence therapists’ feelings and expression of empathy” (Duan & Hill, 1996, pp. 266). Even in cases of severe pathology, a therapist’s sensitive, empathic understanding of the client can greatly impact positive client change. From a client’s perspective, a lack of empathic understanding from the therapist fosters emotions such as, “if no one understands me, if no one can grasp what these experiences are like, then I am indeed in a bad way – more abnormal than I thought” (Rogers, 1975, pp. 6). The client needs the therapist to understand him/her empathically to be comfortable in the relationship.

Challenging Clients

Though every counselor has different definitions of what makes a client difficult or challenging, a few categories of clients have been deemed especially challenging for most clinicians. Client populations that have been determined especially challenging include sufferers and perpetrators of sexual and physical violence, clients with substance abuse, clients with a history of trauma, clients with severe characterological disorders, and clients who exhibit hostility and anger. Other difficult populations noted are clients who are homeless, chronically mentally ill, under-educated, and unemployed (Ganzer &

Ornstein, 2002; Noesen, 1999). Challenging clients are important for clinicians to address because they are the cases in which clinicians most grow and develop. According to Ganzer and Ornstein,

... much of our learning as clinicians derives from those cases that present us with more questions than answers, that tax our clinical acumen, send us to seek consultation, make us turn to books and articles for direction, and finally cause us to reflect and ponder our enactments, interactions, and emotional turmoil (Ganzer & Ornstein, 2002, pp. 128).

The transference and countertransference counselors feel for these especially challenging clients can inhibit the therapeutic relationship because the client's trust comes from the counselor's ability to be open, accepting, and nonjudgmental (Ganzer & Ornstein, 2002).

According to Anderson, Ogles, Patterson, Lambert, and Vermeersch (2009), counselors exhibit emotional expression and persuasiveness, known as Facilitative Interpersonal Skills (FIS) that indicate the counselor's warmth, empathy, and hopefulness towards the client. Clients are aware of even the most subtle FIS indications of the counselor's negative feelings towards and attitudes about the client, and these expressions of negative reactions impacts the therapeutic outcome (Anderson et al. 2009). For counselors to express positive FIS to all clients, and thus promote a positive relationship and therapeutic growth, they need to be of all reactions and countertransference towards the client (Ganzer & Ornstein, 2002) because the client's presenting situation is what makes the client challenging (Spaner, 1964, pp. 80).

Juvenile Offenders

The population of juvenile offenders was the focus of challenging clients in this research because they are both a very challenging population and an interest of the

authors. Juvenile offenders are a population that exhibits need for mental health resources but often do not receive the necessary services, in part because the public opinion of this population greatly impacts the policies and practice the systems they do have access to (Naylor, Lincoln, & Goddard, 2008; Rodway et al., 2011).

Juvenile offenders are found to have depression, behavior problems, hyperactivity, and substance abuse at three times the prevalence of juvenile nonoffenders (Naylor et al., 2008). Of the population of juvenile offenders examined by Naylor et al. (2008), one in five exhibited significant depression and one in ten exhibited self-injurious behavior, anxiety, or posttraumatic stress disorder. Further, only ten percent of juvenile offenders of homicide have received counseling in the past, and only five percent have received counseling within the year prior to their crime (Rodway et al., 2011).

Risk factors for juvenile offenses include a history of physical and sexual abuse, parental history of mental illness, substance abuse, previous criminality, and experiences of domestic violence at home (Rodway et al., 2011). These demographics are important for counselors to understand, because, when juvenile clients at risk for offending experiences the counselor as trustworthy, empathic, and caring, the current experiencing of many of these risk factors decreases (Rodway et al., 2011).

Similar to other challenging populations, juvenile offenders are aware of the subtle cues that show the counselor's perception of the client. This population of client has reported that when counselors do not seem genuine, show disrespect, or a negative manner towards the client, the client lacks the necessary trust in the therapeutic relationship and often times does not return for following sessions (Naylor et al. 2008). This population clearly has a need for therapeutic services but they also are met with a

negative public opinion and can pick up on the indicators of this negative opinion in the counselor. Thus, when a counselor does not meet the client with empathy, genuineness and positive regard, the experience of risk factors will be perpetuated and resources will continue to be lacking.

Statement of Research Problem

This paper examines the struggle counselor trainees face when trying to work empathically with a difficult subset of clients, namely juvenile violent offenders. This study examined the effectiveness of narrative and video-based instruction on the development of empathy in counselor trainees, specifically for juvenile violent offenders. Empathy is an important aspect of the counselor-client relationship and all clients deserve the empathy of the counselor. As McCulloch, a prison psychologist notes: “I treated them like human beings. I showed concern and interest while accepting their anger without judging it...I told them I valued speaking with them...” (2003, as cited in Kirschenbaum & Jourdan, 2005), which showed the empathy necessary in the therapeutic relationship.

Research Questions

The research questions addressed in this study are: 1. Can experiences of difficult clients read through narrative enhance empathy in counselor trainees? 2. Can experiences of difficult clients shown in film enhance empathy in counselor trainees? 3. Can experiences of difficult clients read through narrative and shown in film enhance empathy in counselor trainees? 4. Will there be a difference in empathy enhancement in counselor trainees between experiencing the difficult client through narrative, experiencing the

difficult client through film, and experiencing the difficult client through a combination of narrative and film? This literature review suggests that it is possible and necessary for counselors to learn empathy for this clientele, and understanding this client group through poetry, narrative or film may more effectively develop empathy in counselor trainees.

Empathy was measured with the Interpersonal Reactivity Index (Davis, 1980), which examines the constructs of Empathic Concern, Perspective Taking, Personal Distress, and Fantasy through a 28 item, 5-point Likert scale questionnaire. Positive regard, another of Rogers' (1957,1975) necessary and sufficient components of positive therapeutic change was measured with the Attitudes Towards Prisoners scale (Melvin, Gramling, & Gardner, 1985), a 36 item, 5-point Likert scale questionnaire.

The null hypotheses are as follows: H_{01} states there will be no statistical differences between the mean scores of the pre Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale and the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale for Intervention Group One: Narrative Condition; H_{02} states there will be no statistical differences between the mean scores of the pre Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale and the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale for Intervention Group Two: Film Condition; H_{03} states there will be no statistical differences between the mean scores of the pre Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale and the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale for Intervention Group Three: Narrative and Film Condition; and H_{04} states there will be no statistical differences between the mean scores of the post Interpersonal Reactivity

Index and Attitudes Towards Prisoners Scale between the three intervention groups, Narrative Condition, Film Condition, and Narrative and Film Condition.

The alternative hypotheses are as follows: H_1 states there will be statistical differences between the mean scores of the pre Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale and the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale for Intervention Group One: Narrative Condition; H_2 states there will be statistical differences between the mean scores of the pre Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale and the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale for Intervention Group Two: Film Condition; H_3 states there will be statistical differences between the mean scores of the pre Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale and the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale for Intervention Group Three: Narrative and Film Condition; and H_4 states there will be statistical differences between the mean scores of the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale between the three intervention groups.

Chapter II

Review of Literature

Empathy in the Therapeutic Relationship

After Rogers' (1957) initial exploration of empathy as a necessary and sufficient therapeutic condition, the connection between empathic understanding and the therapeutic relationship was greatly accepted. There is evidence indicating that empathy is related to positive therapeutic outcomes, and the amount of empathy present is related to the amount of change made by the client (Kirschenbaum & Jourdan, 2005; Myers & White, 2009; Rogers, 1957; Truax et al., 1966). Further, there is evidence that a lack of empathy is related to client worsening in adjustment and/or pathology (Rogers, 1975). As earlier stated, counselor education professional publications and textbooks discuss empathy as a known and necessary part of the therapeutic process (Corey & Corey, 2007; Cormier, Nurius, & Osborn, 2009; Egan, 2006), with the expectation that empathy is present and viable in all counselor trainees without directly focusing on the primary development of empathy.

As a search word in engines such as psycINFO and ERIC, "empathy" produces thousands of results. For the purposes of this article, the empathy literature was reviewed in respect to its affect on the therapeutic process and how it is taught.

Empathy has arguably been present and discussed for centuries. Articles dating as early as 1910 discuss empathy in relationships (Ogden, 1910). Publications as recent as

the 2000s indicate that empathy remains a vague construct that authors continue to struggle to define (Constantine & Gainor, 2001; Cook et al., 2007; Corey & Corey, 2007; Cormier et al., 2009; Egan, 2006; Hatcher, Favorite, Hardy, Goode, Deshetler, & Thomas, 2005; Kirschenbaum & Jourdan, 2005; Myers & White, 2009).

This paper reviews articles that investigate how empathy affects the therapeutic relationship. Additionally, empathy development in laypersons, undergraduate students and graduate students will be discussed.

Lesser (1961) explored both empathy and counselor-client similarity with statistical results not clear about the importance of empathy in counseling. He hypothesized that the therapeutic relationship would be enhanced by not only empathic understanding of the counselor, but also by the similarity of the client's and counselor's self-concepts. Eleven university counseling center counselors and 22 of their clients sorted 100 self-referent statements as a measure of self-concept. Each client reorganized the statements for his/her ideal self (Lesser, 1961).

The counselors and clients also completed the Empathic Understanding Scale, which is a list of 12 statements of characteristics of an expert counselor and a therapeutic experience. Both the clients and the counselors organized the Empathic Understanding Scale regarding the perception of the counselor. The counselors rated themselves on the Felt Similarity Scale, an author created seven-point continuum scale with anchors of "most" to "least". The counselors completed this scale for each of their clients to determine the counselor's feelings of similarity (Lesser, 1961).

A t-test analysis of pre and post counseling measures showed that counselor empathic understanding was not significantly related to counseling progress. A similarity

in self-concept between counselor and client was significantly and negatively related to counseling progress but not related to ratings of empathic understanding. However, the counselor's correct awareness of similarity between counselor and client was significantly and positively related to counseling progress but not related to empathic understanding (Lesser, 1961).

Five years after Lesser's study of empathy's effect on therapy (1961), the relationship between Rogers's (1957) three necessary and sufficient therapeutic conditions and therapeutic outcome was explored (Truax et al., 1966).

Truax and colleagues followed 40 clients who received at least once-per-week one-hour sessions of therapy over the course of four months. The four participating therapists were separated as either possessing high or low levels of empathy, genuineness and warmth as assessed by the Accurate Empathy Scale (Truax, 1961a as cited in Truax et al., 1966), the Non-Possessive Warmth Scale (Truax, 1962b as cited in Truax et al., 1966) and the Therapist Genuineness Scale (Truax, 1962a as cited in Truax et al., 1966). Each therapist counseled 10 clients and client progress was assessed at the termination point of four months (Truax et al., 1966).

The therapists administered the patient global improvement scale while the client self-administered a second patient global improvement scale, a change score on the discomfort scale and a target symptom improvement scale was completed after therapy. The researchers completed the social ineffectiveness rating scale (Truax et al., 1966). Following the authors' hypothesis, the clients who were counseled by therapists with the higher ratings of empathy, genuineness and warmth had the most significant progress. Further, the study indicated that empathy and genuineness were more related to positive

therapeutic outcomes than warmth, though the three combined provided the best outcomes (Truax et al., 1966).

More recently, research has focused on teaching and developing empathy in a variety of populations. Empathy was accepted as an enhancement to interpersonal relationships and explored in how it enhances interpersonal relationships among laypersons after programmed instruction of microtraining, and systematic human relations training methods of empathy skills, as well as the use of tapes, to a group of 55 members of Montgomery, Alabama evangelical churches (Crabb, Moracco & Bender, 1983).

Participants met for eight hours one Saturday and learned about empathy through either a microtraining method, a systematic human relations training method or a control. The microtraining method group spent two hours learning comparative psychology, one hour learning the biblical theory of personality (all humans are equal and morally responsible to God), and one hour of lecture and modeling of empathy. The following four hours were used for participants to role-play being helper, helpee, and observer of empathic responses. The systematic human relations training method group spent two hours learning comparative theories of personality, one hour learning the biblical theory of personality, and one hour learning an overview of the developmental model of counseling. The following four hours were spent reviewing the previous models and theories and then the instructor modeled the first three levels of the Empathic Understanding in Interpersonal Process: A Scale for Measurement (EUIPASM, 1969). Finally, the systematic human relations training methods group completed a workbook assignment and watched volunteers model empathy. Each group was then administered

the EUIPASM. Each treatment group as well as the control group had ten randomly assigned participants listen to three tapes that taught empathic listening and communication skills. A factorial ANOVA was used to analyze the variables of treatment group and tape or no tape condition (Crabb et al., 1983).

The results indicated significant main effects for both the training method and the tape condition. While there was no significant difference between microtraining and human relations training, both were significant when compared with the controls. The results show that empathy can be developed in the lay population with modeling of appropriate empathic responses and some supervision. Listening to taped empathic responses and practice allowed for significant empathy development (Crabb et al., 1983).

In addition to evaluating empathy development in the lay population, empathy has also been examined as both a teachable, and a developmentally acquired construct. Empathy development was explored in college and high school students after they received training on the construct of empathy and Rogerian listening skills (Hatcher, Nadeau, Walsh, Reynolds, Galea & Marz, 1994).

The participants included 72 high school junior and senior students and 16 college students, all enrolled in a semester long peer-facilitation skills course. A control group was used for the college student population, and consisted of 16 college students enrolled in a behavioral psychology course rather than a peer-facilitation skills course. Participants completed Davis' (1980) Interpersonal Reactivity Index (IRI) as part of their peer-facilitation skills course, at both the beginning and end of the class. The IRI is a 28-item, Likert scale that measures four constructs of empathy, namely Perspective Taking (PT), Personal Distress (PD), Fantasy (FS), and Empathic Concern (EC). This procedure

was the same for the high school, college, and college control participants (Hatcher et al., 1994).

T-tests were used for the three participant groups comparing the scores of Empathic Concern (EC), Fantasy (FS), Perspective Taking (PT) and Personal Distress (PD) subscales from both pre and post tests; which analyzed the differences between groups and within groups on IRI scores before the course and at the completion of the course. The complete IRI means were also analyzed with ANCOVAs and compared the college and high school participants, and college participants and controls, on scores of EC, FS, PT, PD and sum IRI (Hatcher et al., 1994).

The results of this study corroborated other findings that empathy can be developed and taught through specific skills training (Jegerski & Upshaw, 1984). The research provides evidence to demonstrate that empathy development may be age dependent, as the college population had significant empathy improvement in the subscales of EC, PT and total IRI mean score when compared with the high school population. These significant empathy score changes were also evident when the college population was compared with the control population (Hatcher et al., 1994).

Empathic understanding of counselor trainees has also been investigated through a within-class game of fictitious client statements (Barak, 1990). Graduate students were given short written statements that represented client situations with descriptions of both cognitive and affective components. The statements were written for the intent of enhancing empathy in counselor trainees (Barak, 1990).

Prior to and post completion of the game, students completed the Counselor Response Questionnaire, which assesses empathy through correct responses to 16 client

statements in a three-option multiple-choice format. An Empathy Rating Scale was also completed pre and post game. Two, study-blind raters watched videotapes of each student conduct of a role-played interview session with a confederate client and then completed the Empathy Rating Scale (Barak, 1990).

The nine students separated into three groups with three statements per group. The group then communally answered four questions from the perspective of the client. The questions asked the students to address the client's cognitive response, emotion, cause of the problem and solution. The questions were asked in multiple-choice format and each group had to choose the best out of 20 possible answers for each client question. Each of the three groups then role-played their three scenarios and the other six students individually answered the same four questions as the three-member group. The final stage of the game consisted of the role-playing group providing the answer to each of the four questions for each client statement (Barak, 1990).

An increase in empathy was defined in this study as an increase in both individual and group scores for each role-played question. Each question was assigned one point for the correct answer and zero points for the incorrect answer. A correct answer was defined as a match between the individual role-play viewer's choice of the 20 options and the original choice of the group who performed the role-play. A three-by-two ANOVA indicated a significant effect of game rounds, meaning that the players were more accurately empathic with each subsequent role-play experience. A t-test concluded students' scores on the Counselor Response Questionnaire significantly increased post game. A second t-test concluded students' scores on the Empathy Rating Scale increased significantly post empathy game (Barak, 1990).

Buie (1981) examined the development of empathy and the process of enhancing empathy through the counselor's internal understanding of the client's experience. Buie determined that the counselor's "internal referents" (pp. 293) allow him/her to enhance empathy for the client through "memory, fantasy, conceptualization, and other cognition in relation to impulses, defenses, and need-satisfying as well as gratifying introjects" (pp. 293). The counselor's empathy is enhanced when the counselor can summon his/her own affect and cognition associated with an experience similar to, though less intense than that of the client. For example, an analyst is working with a "borderline patient who is frantic with a sense of abandonment. When the analyst induces in himself as somewhat similar affect by imaginative imitation, he may remember moments in his past when he lived through similar experiences" (Buie, 1981, pp. 297).

According to Buie (1981), there are four types of internal referents that are present in and enhance counselor empathy. The first is referred to as a conceptual referent, which comprises both specific, internal experiences of the counselor and more broad "creative symbolism of myth, art, and religion" (pp. 294). The counselor relates information provided by the client to his own experiences and referents. Secondly, Buie (1981) identified self-experience referents, which are memories of the counselor. These memories include childhood experiences as well as present affective, cognitive, and visceral experiences. This referent provides the counselor with a connection to the emotions and feelings of the client (1981).

The third referent, which is most applicable to this paper, is identified as the imaginative imitation referent. This referent is used when the client is discussing an experience of which the counselor has no personal knowledge or connection. The

counselor must combine his/her imagination with similar, less severe, experiences. As Buie suggested, “perhaps more useful is the employment of imaginative imitation in order to discover those parts of the analyst’s actual experience that resemble the patient’s but of which he has been unaware because they play such a minor, even minute, role in his own life” (1981, pp. 296-297). It may be assumed, then, that exposure to the stories of difficult clients through narrative or film would enhance the counselor’s ability to address his/her own similar experiences. Further, exposure in counselor training programs could allow the counselor to gain an awareness of these minor experiences before he/she is in a therapeutic session with more difficult clients.

Lastly, Buie (1981) discussed resonance referents, which is the natural response a person has when he/she sees another person experiencing strong emotion. This referent is an identification of the scenario “when patients are about to express or actually express strong feelings or impulses, the [counselor] may experience a similar feeling at a level of intensity exceeding that involved in self-experience reference” (1981, pp. 297). This referent is more intense for the counselor and might lead to countertransference and is considered beyond the scope to this paper.

Empathy remains, however, a vague construct that is not well defined in distinct, teachable characteristics. Counseling students are expected to know about and have empathy for clients, but the literature dealing with learning or acquiring empathy skills is sparse. Counselor training programs typically instruct about empathy from the premise that a basic level of empathic understanding exists in counselor trainees. Empathy is discussed, defined, honed and taught from the perspective that empathy pre-exists in the counselor trainee (Corey & Corey, 2007; Cormier et al., 2009; Egan, 2006). However,

the assumption of a preexisting foundation of empathy appears to only be viable for populations present with life adjustment issues. Textbooks used for graduate level counseling skills courses tend to briefly discuss and define “difficult” clients as a gay male with a counselor who is religiously opposed to homosexuality, a teen girl who wants to have an abortion with a counselor who prefers adoption and a husband and father who wants a divorce without considering his wife and children (Corey & Corey, 2007; Cormier et al., 2009; Egan, 2006). While these situations highlight value differences between client and counselor, these clients still represent individuals within the range of normal adjustment.

When neophyte trainees are challenged to find empathic understanding for clients with “darker” more pathological presentations, such as sex offenders, prison populations, or violent juveniles, there seems to be a disconnect. There appears to be limited research on how to develop empathic understanding and responsiveness in counselor trainees for populations outside the range of normal adjustment issues. Counselor trainees have developed basic empathy during childhood and adolescence, but “social norms and situational factors may interfere with [their abilities for] effective helping” (Gladstein, 1983). As stated by Forester-Miller and Kottler:

A common problem in the field of counseling is that most counselors want to work with the easiest clients. The upper-middle-income person who presents with a clearly defined problem and needs assistance in adjusting a life out of balance, who is motivated to change and is cooperative in his or her efforts, is the client many counselors wish for. Yet such clients are also the least likely to need counselors’ help; they are the people who can find direction through reading, discussions with friends, or minimal contact with therapeutic services. It is the most difficult clients, the ones least likely to change on their own and the ones who often need the most powerful interventions, who are most likely to benefit from counseling (1997, pp. 59).

Thus, the clients that most need a counselor's empathy and understanding to benefit from counseling are often the clients that are most difficult to feel empathy for.

The literature indicates that empathy can be enhanced through practice and skills training. Over the last decade, there has been an increase in research focusing on enhancing empathy for specific groups and populations. For example, the literature has examined counselor empathy for lesbian gay bisexual (LGB) clients, multicultural, and spiritually diverse clients (Constantine & Gainor, 2001; Hatcher et al., 2005; Kurkjian & Banks, 1978; Pearson, 2003; Willow, 2008). Yet, there remains a gap in the literature that addresses empathy development for more challenging clients such as those presenting with more pathological concerns.

Empathic development in a multicultural setting

The continued diversification of the United States created a need for counselors to develop a more expansive worldview. Counselors must understand and be empathic with an expanding client population of diverse cultures. Currently every large association in counseling and psychology includes multicultural competence in their guidelines.

Developing empathy for seemingly dissimilar clientele can be difficult for counselors. Kurkjian and Banks (1978) addressed empathy development through novels and narratives. The authors defined empathy as the "understanding [of] a client's experience cognitively and affectively". Empathy as understanding is greatest when the experience of the client and counselor is shared. A strictly cognitive and factual understanding is not sufficient for empathic understanding. A strictly affective and

emotional understanding is considered sympathy, rather than empathy, because the counselor is unable to see the experience objectively (Kurkjian & Banks, 1978).

Kurkjian and Banks (1978) compared the necessary empathic understanding of counselors to that of a novel reader. The reader is able to subjectively share the experience of the character while remaining at an emotionally objective distance. The difference between a counselor and a reader is the necessity for the counselor to communicate empathy to the client (Kurkjian & Banks, 1978).

Knowledge of a literary experience is a facsimile to knowledge of a real-life experience. When counselors are culturally, sexually, racially or religiously different from clients, a literary experience may provide one opportunity to develop an empathic understanding of the client. In a racially different counseling relationship, the authors posit that reading “Black literature” can not only attune the White counselor to the experiences of the Black client, but it will also show the counselor how the client perceives the counselor’s culture. Because there are myriad possibilities for counselor and client differences, empathic development through literature may be the most efficient and plausible technique (Kurkjian & Banks, 1978).

Regarding empathic development for a specific client population, Pearson (2003) qualitatively studied ten counseling graduate students in their response to gay, lesbian and bisexual (GLB) issues. During one meeting of an eight-week summer course regarding a variety of topics, the students were presented with two popular musical pieces about GLB issues and oppression and discussed their reactions (Pearson, 2003).

Students were directed to record their feelings, cognitions, physical sensations and personal reactions to a song discussing stereotypes, hatred and oppression. In regard to

the second song that spoke directly of GLB identity development and societal oppression, the students were directed to reflect upon how the singer/songwriter felt during the performance and the message she was trying to get across. Students reported a greater understanding of victimization, oppression and hate experienced by some in society. In the discussion of the second, more overtly GLB song, students discussed an understanding of identity development, adolescent issues and the variety of emotions experienced by GLB persons (Pearson, 2003).

Students also completed a pre and post course survey regarding all the topics covered throughout the eight-week course. No statistical analyses were run on this data; however, mean scores of items suggested an increase in interest of GLB issues and topics. Responses indicated that students gained an understanding in and appreciation for this population. One student reported that, though this was a population with whom he did not want to work, he was now aware that he could (Pearson, 2003).

In a qualitative study Cook et al. (2007) researched empathic development with a narrative assignment. Six doctoral students were given the assignment to create their own hypothetical suicide scenarios and then write a reflection about the experience. Students were told to include how, where and why they would commit suicide. They were instructed to give details such as what they would be wearing and its significance, who would find them, what the student would look like and how the student would orchestrate the situation so only the intended person found them (Cook et al., 2007).

Students were also asked to describe the emotions and cognitions surrounding the hypothetical suicide. The themes of responses suggested that the hypothetical suicidal emotions and cognitions would “both scare and comfort” the students, “promote feelings

of empowerment, entrapment, anger and soothing”, and seemed to the students to be “both a friend and an enemy” (Cook et al., 2007).

The students reflected on their personal experiences of hopelessness and loss, which helped them understand a suicidal situation and the similarities between the student and their suicidal clients. Students also wrote about an increased understanding of and appreciation for suicidal clients. Four of the six participating students wrote about an increased empathy for suicidal clients, with whom the students reported originally feeling disconnected and separate (Cook et al., 2007).

A second qualitative study regarding multicultural issues examined the impact of interracial study groups (Willow, 2008). Twenty community members who were already members of interracial study groups voluntarily responded to a mailed request to participate in an interview regarding their experience in the study groups (Willow, 2008).

These group members chose to participate in the study group and reported internal motivation for joining the group. Motivation ranged from racial curiosity to work or personal experiences to desire for personal growth. Participants reported a significant experience with someone of another race causing them to look at their familial messages of acceptance. Participants also reported gaining empathy through discussion of the experiences of others. They also developed their own racial identity as well as an understanding of others’ racial identities, which led to an interest in social justice and self-reflection (Willow, 2008).

Empathic understanding of another’s experience was also explored through therapist ratings of perceived differences in empathy, response and thoughts and feelings while viewing videotape vignettes of diverse clients (Hatcher et al., 2005). Ninety-three

therapists viewed five scenarios role-played by actors that depicted culturally, religiously and situationally diverse clients.

Participants completed the Interpersonal Reactivity Index (Davis, 1980) and their vignette responses were coded for empathic content. The participants also responded to the question “How much do you believe you are able to empathize well with the patient’s ‘story’?” on a five-point Likert scale with the anchors “extremely” and “not at all”. Self-perceived differences were measured by responses to the questions 1. “How similar or different do you find the patient, and his or her presenting issues, from your own life experience?” 2. “How similar or different is the vignette from your own family life?” and 3. “How similar or different are the patient’s problems from any you have experienced?” on a five-point Likert scale with anchors being “very different” and “similar”. Lastly, participants completed a reference point questionnaire with open-responses to questions of cognitive and affective experiences during the viewing, personal experiences that came to mind during the viewing and the effectiveness of the participant’s proposed intervention.

Summary

The research has demonstrated that empathy is a commonly practiced therapeutic technique that has also been taught to both counselors and laypersons (Barak, 1990; Crabb et al., 1983; Hatcher et al., 1994). This paper postulates that empathy development is an important aspect particularly when working with difficult clients. This paper seeks to identify how counselors can develop empathy for different and more difficult clients. Some studies identified that empathy can be developed, and it can be developed through

modeling by either tape viewing or directly through meeting with a supervisor (Crabb et al., 1983; Hatcher et al., 1994; Jagerski & Upshaw, 1984).

Similarly, the research has demonstrated that counselor trainees may develop empathy through narrative such as watching films or creating scenarios to better understand a specific clientele. While there is little to no research regarding empathy development in counselor trainees for difficult clients, the aforementioned research may support that this is both possible and necessary for both counselor trainees who are preparing to work with this population, and those who believe they may never work with this population (Crabb et al., 1983; Hatcher et al., 1994; Jagerski & Upshaw, 1984). This literature review suggests that it is possible and necessary for counselors to learn empathy for this clientele, and understanding this client group through poetry, narrative or film may more effectively develop empathy in counselor trainees. Therefore, this investigation will evaluate the following research questions: 1. Can experiences of difficult clients read through narrative enhance empathy in counselor trainees? 2. Can experiences of difficult clients shown in film enhance empathy in counselor trainees? 3. Can experiences of difficult clients shown through narrative and in film enhance empathy in counselor trainees? 4. Will there be a difference in empathy enhancement in counselor trainees between experiencing the difficult client through narrative, experiencing the difficult client through film, and experiencing the difficult client through a combination of narrative and film?

Consistent with the aforementioned research questions, the following research hypotheses will be the focus of this study: H_{01} : There will be no statistical differences between the mean scores of the pre IRI and ATP and the post IRI and ATP for

Intervention Group 1: Narrative Condition. H_{02} : There will be no statistical differences between the mean scores of the pre IRI and ATP and the post IRI and ATP for

Intervention Group 2: Film Condition. H_{03} : There will be no statistical differences between the mean scores of the pre IRI and ATP and the post IRI and ATP for

Intervention Group 3: Narrative and Film Condition. H_{04} : There will be no statistical differences in the mean scores of the post IRI and ATP between the three intervention groups, Narrative Condition, Film Condition, and Narrative and Film Condition.

Chapter III

Method

Participants

The sample comprised a convenience sample of 49 Master's level students in a CACREP accredited Counseling and Student Personnel program at a medium sized Midwestern university. The participants were registered for a first-year required Counseling Procedures and Skills course. Only one participant identified as a second-year student, but was attending the program part-time and had not received any prior empathy or counseling skills training. The intervention was conducted prior to the first practice counseling session in the course, so participants had not received any feedback on their counseling skills.

The mean age of the sample was 26.79 (SD = 6.65). There were 39 females and 10 males with 81.6% identifying as Caucasian, 6.1% as Bi-racial, 2.0% as Black/African American, and 4.1% as Other.

Seven participants indicated that they had previous empathy training, 10 indicated previous work experience with offenders, and 13 indicated having a family member as an offender. The previous demographics were self-reported and loosely defined, so they could hold different meaning for different participants.

Measures

Interpersonal Reactivity Index.

The Interpersonal Reactivity Index (IRI; Davis, 1980) is a standardized questionnaire with 28 5-point Likert scale questions ranging from Does Not Describe Me Well to Describes Me Very Well. The IRI measures four subscales of empathy. The first subscale, Empathic Concern, measures feelings of warmth, compassion, and concern for others. The second subscale, Perspective Taking, measures ability to adopt perspectives and see another's point of view. The third subscale, Fantasy, measures the ability to identify with characters in movies, novels or plays. The fourth subscale, Personal Distress, measures personal anxiety and discomfort from seeing another's negative experience.

The reported reliabilities of the four subscales are as follows: Empathic Concern (Males .68, Females .73); Perspective Taking (Males .71, Females .75); Fantasy (Males .78, Females .79); and Personal Distress (Males .77, Females .75) (Davis, 1980). These reliabilities indicate that each subscale is consistent in measuring similar constructs in both male and female populations.

Some sample questions from the IRI are as follows: "I daydream and fantasize, with some regularity, about things that might happen to me"; "In emergency situations, I feel apprehensive and ill-at-ease"; "I try to look at everybody's side of a disagreement before I make a decision"; and "When I see someone being taken advantage of, I feel kind of protective towards them" (Davis, 1980).

Attitudes Towards Prisoners scale.

The Attitudes Towards Prisoners Scale (ATP) (Melvin, Gramling, & Gardner, 1985) is a 36-item questionnaire with 5-point Likert scale questions ranging from Disagree Strongly to Agree Strongly. The ATP measures attitudes towards the population of convicted offenders. The reported test-retest reliability was $r = .82$ and the split-half reliability was $r_s = .90$ (Melvin et al., 1985). This indicates that the ATP measure is stable and consistent over time and the questions are all measuring a similar construct.

Some sample questions from the ATP are as follows: “Prisoners are different from most people”; “Bad prison conditions just make a prisoner more bitter”; “You never know when a prisoner is telling the truth”; and “The values of most prisoners are about the same as the rest of us” (Melvin et al., 1985).

Interventions

True Notebooks: A Writer’s Year at Juvenile Hall.

True Notebooks: A Writer’s Year at Juvenile Hall by Mark Salzman (2003) is the memoir of a creative writing teacher who volunteered at a juvenile detention center for violent offenders. Twice a week the author went to the detention center and provided prompts and opportunities for a group of offenders to write prose and poetry regarding their pasts, crimes, and hopes for the future. The memoir includes the writings of the offenders as well as the perspective of the author in working with this population.

When Kids Get Life.

When Kids Get Life (Bikel, 2007) is a PBS: Frontline episode documenting the lives and crimes of five juveniles in Colorado who have been sentenced to life imprisonment without the opportunity for parole. The episode chronicles the crimes, all homicides, and the events that led up to these offenses. Experts in child psychology and forensics, as well as family members and friends of both the offenders and the victims comment on the crimes, the individuals, and the greater societal understanding of juvenile homicides.

Research Design

Participants first reviewed and signed the consent form to participate in the study (see Appendix A). They then completed the demographics form (see Appendix B). Next they completed the IRI and ATP pre-test. After all participants had completed the preliminary assessments, they were randomly assigned to one of three treatment conditions: Group 1: Narrative Condition; Group 2: Film Condition; and Group 3: Narrative and Film Condition.

Intervention group 1: Narrative condition.

Participants in the first group read a two-chapter excerpt from the book *True Notebooks: A Writer's Year at Juvenile Hall* (Salzman, 2003). The book chronicles Salzman's year spent at a juvenile detention center in Los Angeles facilitating a writing workshop for the offenders.

The excerpt read by participants included only the last two chapters of the book. It included the author's reflection of his past year at the detention center and some prose and poetry written by the offenders. A letter written to the author from one of the offenders, regarding the author's positive impact him was included in the excerpt. The individual in the excerpt was a young man who was being charged with a gang-related murder and was being transferred to an adult prison. The writing of the offender indicated an increased self-awareness and remorseful understanding of his crime, due to the time spent writing about and sharing his experiences with Salzman and other individuals taking the workshop in the detention center. Each participant received a photocopy of the narrative segment and was asked to read it to himself or herself quietly alone. After participants finished reading the narrative, they completed the IRI and the ATP post-test (see Appendix C).

Intervention group 2: Film condition.

Participants in the second group viewed a 10-minute segment from a PBS Frontline episode entitled *When Kids Get Life* (Bikel, 2007). The viewed segment was from 3:36 of Chapter One entitled *A Deeply Troubled Family* to 6:26 of Chapter Two entitled *Is Abuse a Reason to Commit Murder?*. The film condition was shown on a large digital projection screen in a conference room and all participants in this condition were asked to quietly view the video segment. This segment told the story of Jacob Ind, a man who murdered his mother and stepfather in Colorado in 1992, at the age of 15. Participants heard a voice-over tell Ind's story and saw pictures and videos of the crime scene. They also saw pieces of the trial and heard testimony from his older brother, who

discussed and described their difficult childhood. Ind's brother testified in court and on the documentary that both boys were routinely sexually and physically abused by their stepfather and that attempts to seek help from child protective services were of no help to either boy at the time.

Participants also heard from Paul Mones, an attorney who discussed child abuse and parricide and Mary Ellen Johnson, the mother of a classmate of Ind's, who wrote a book about the case. Both individuals discussed the abuse that led to Ind's offense. Ind spoke in the documentary for a short time during this segment. He discussed his mindset at this stated age of the murder and his understanding and acceptance of his responsibility now. After viewing the film segment, participants completed the IRI and the ATP post-test (see Appendix D).

Intervention group 3: Narrative and film condition.

Participants in the third group first completed the narrative segment in the same way as the Intervention Group 1: Narrative Condition. Once each participant was finished reading, they viewed the 10-minute film segment from PBS discussed in Intervention Group 2: Film Condition. After reading the narrative and viewing the film segment, the participants completed the IRI and the ATP post-test (see Appendix E).

Summary

In sum, each participant first read and completed a consent form and indicated their understanding and desire to participate. Participants then completed the demographics form and the IRI and ATP pre-test. Then the participants were randomly

assigned to one of three treatment groups (narrative, film, narrative and film). Individuals assigned to the narrative and film groups were escorted to separate rooms with procedures being implemented by three separate but uniformly trained administrators. Individuals assigned to the narrative and film group remained in the classroom to complete the study.

Intervention Group 1: Narrative Condition read a narrative and two pieces of poetry from the book *True Notebooks: A Writer's Year at Juvenile Hall* by Mark Salzman; Intervention Group 2: Film Condition viewed the 10-minute segment of *When Kids Get Life*; and Intervention Group 3: Narrative and Film Condition read a narrative and two pieces of poetry from the book *True Notebooks: A Writer's Year at Juvenile Hall* by Mark Salzman and then viewed the 10-minute segment of *When Kids Get Life*. After the completion of the respective conditions, participants completed the IRI and the ATP post-test.

Chapter IV

Results

Alternative Hypotheses

The alternative hypotheses are as follows: H₁ states there will be statistical differences between the mean scores of the pre Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale and the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale for Intervention Group One: Narrative Condition; H₂ states there will be statistical differences between the mean scores of the pre Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale and the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale for Intervention Group Two: Film Condition; H₃ states there will be statistical differences between the mean scores of the pre Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale and the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale for Intervention Group Three: Narrative and Film Condition; and H₄ states there will be statistical differences between the mean scores of the post Interpersonal Reactivity Index and Attitudes Towards Prisoners Scale between the three intervention groups.

Reliabilities

Initially, internal consistency reliability statistics using Cronbach's Alpha were run for the IRI and the ATP on the current participants. The reliabilities for the IRI subscales were: Empathic Concern pre $\alpha = .67$, post $\alpha = .81$; Perspective taking pre $\alpha =$

.80, post $\alpha = .81$; Fantasy pre $\alpha = .72$, post $\alpha = .73$; and Personal Distress pre $\alpha = .78$, post $\alpha = .86$. The reliabilities for the ATP were: pre $\alpha = .90$ and post $\alpha = .91$. These results were consistent with the reliability reported by Davis (1980) and Melvin et al (1985) indicating that the IRI and ATP were internally reliable.

Findings Related to Hypothesis One

Analysis and Results.

Within group t-tests were conducted to compare mean pre and post scores on the IRI for Intervention Group 1: Narrative Condition. Results indicated that only one subscale showed significant differences. Specifically, results showed a significant difference between pre and post scores on the Personal Distress Subscale for group one $t_{15} = 3.04$, $p = .008$, with an effect size of .23. Pretest and posttest means for Intervention Group 1: Narrative Condition were 9.56 (SD = 4.26) and 8.56 (SD = 4.41), respectively. Within group t-test results did not show a significant difference between pretest and posttest scores on the IRI Empathic Concern scale for group one, $t_{15} = -.341$, $p = .738$. Pretest and posttest means for Intervention Group 1: Narrative Condition were 27.63 (SD = 3.59) and 21.81 (SD = 3.85), respectively. Within group t-test results did not show a significant difference between pretest and posttest scores on the IRI Perspective Taking scale for Intervention Group 1: Narrative Condition, $t_{15} = -.916$, $p = .374$. Pretest and posttest means for condition group one were 20.38 (SD = 3.86) and 21.00 (SD = 2.73), respectively. Within group t-test results did not show a significant difference between pretest and posttest scores on the IRI Fantasy scale for group one, $t_{15} = -.921$, $p = .371$.

Pretest and posttest means for group one were 17.13 (SD = 4.62) and 17.88 (SD = 4.56), respectively.

With regard to the ATP for Intervention Group 1: Narrative Condition, the within group t-test comparing mean total scale scores pre and post the narrative condition was significant, $t_{15} = -3.43$, $p = .004$, with an effect size of $-.43$. Pretest and posttest means were 98.38 (SD = 10.53) and 103.06 (SD = 11.19), respectively.

A table of significant results and effect sizes can be found in Appendix F.

Findings Related to Hypothesis Two

Analysis and Results.

Within group t-tests were conducted to compare mean pre and post scores on the IRI for Intervention Group Two: Film Condition. Results indicated none of the IRI subscale scores showed significant differences for Intervention Group Two: Film Condition. Within group t-test results did not show a significant difference between pretest and posttest scores on the IRI Empathic Concern scale for Intervention Group Two: Film Condition, $t_{15} = -1.51$, $p = .151$. Pretest and posttest means for Intervention Group Two: Film Condition were 21.50 (SD = 3.65) and 22.25 (SD = 3.71), respectively. Within group t-test results did not show a significant difference between pretest and posttest scores on the IRI Perspective Taking scale for Intervention Group Two: Film Condition, $t_{15} = -.417$, $p = .682$. Pretest and posttest means for Intervention Group Two: Film Condition were 20.63 (SD = 4.11) and 20.44 (SD = 4.02), respectively. Within group t-test results did not show a significant difference between pretest and posttest

scores on the IRI Fantasy scale for Intervention Group Two: Film Condition, $t_{15} = -.969$, $p = .348$. Pretest and posttest means for group two were 14.69 (SD = 4.90) and 15.31 (SD = 4.91), respectively. Within group t-test results did not show a significant difference between pretest and posttest scores on the IRI Personal Distress scale for Intervention Group Two: Film Condition, $t_{15} = 1.13$, $p = .277$. Pretest and posttest means for group two were 11.06 (SD = 4.01) and 10.44 (SD = 4.60), respectively.

For the ATP total scale score for Intervention Group Two: Film Condition the within group t-test results showed a significant difference between pre and post scores, $t_{15} = -2.36$, $p = .033$, with an effect size of $-.20$. Pretest and posttest means for Intervention Group Two: Film Condition were 97.31 (SD = 11.94) and 99.72 (SD = 12.30), respectively.

A table of significant results and effect sizes can be found in Appendix F.

Findings Related to Hypothesis Three

Analysis and Results.

Within group t-tests were conducted to compare mean pre and post scores on the IRI for Intervention Group Three: Narrative and Film Condition. Results indicated that only one subscale showed significant differences. Specifically, results showed a significant difference between pre and post scores on the IRI Empathic Concern scale, $t_{15} = -2.27$, $p = .039$, with an effect size of $-.38$. Pretest and posttest means for Intervention Group Three: Narrative and Film Condition were 20.38 (SD = 2.94) and 21.63 (SD = 3.56), respectively. However, none of the other subscales on the IRI showed significant

results for Intervention Group Three: Narrative and Film Condition. Within group t-test results did not show a significant difference between pretest and posttest scores on the IRI Perspective Taking scale for Intervention Group Three: Narrative and Film Condition, $t_{15} = -1.83$, $p = .087$. Pretest and posttest means for group three were 16.88 (SD = 3.70) and 18.19 (SD = 4.12), respectively. Within group t-test results did not show a significant difference between pretest and posttest scores on the IRI Fantasy scale for Intervention Group Three: Narrative and Film Condition, $t_{15} = .235$, $p = .817$. Pretest and posttest means for group three were 17.94 (SD = 3.60) and 17.75 (SD = 3.75), respectively. Within group t-test results did not show a significant difference between pretest and posttest scores on the IRI Personal Distress scale for Intervention Group Three: Narrative and Film Condition, $t_{15} = 1.02$, $p = .324$. Pretest and posttest means for group three were 12.25 (SD = 5.03) and 11.44 (SD = 5.82), respectively.

With regard to the ATP, the within group t-test results showed a significant difference between pre and post scores, $t_{15} = -3.08$, $p = .008$, with an effect size of -.40. Pretest and posttest means for Intervention Group Three: Narrative and Film Condition were 89.06 (SD = 16.27) and 95.44 (SD = 14.29), respectively.

A table of significant results and effect sizes can be found in Appendix F.

Findings Related to Hypothesis Four

Analysis and Results.

An ANOVA was used to compare the posttest means of all three intervention groups. Results show that there were no significant differences in the posttest means

between Intervention Group One: Narrative Condition, Intervention Group Two: Film Condition, and Intervention Group Three: Narrative and Film Condition.

With regard to the IRI Empathic Concern scale, between group ANOVA results of the posttest showed no significant difference $F_2 = .120$, $p = .888$. The posttest means for Intervention Group One: Narrative Condition, Intervention Group Two: Film Condition, and Intervention Group Three: Narrative and Film Condition were 21.81 (SD = 3.85), 22.25 (SD = 3.71), and 21.63 (SD = 3.56), respectively.

With regard to the IRI Perspective Taking scale, between group ANOVA results of the posttest showed no significant difference $F_2 = 2.62$, $p = .084$. The posttest means for Intervention Group One: Narrative Condition, Intervention Group Two: Film Condition, and Intervention Group Three: Narrative and Film Condition were 21.00 (SD = 2.73), 20.44 (SD = 4.02), and 18.19 (SD = 4.12), respectively.

With regard to the IRI Fantasy scale, between group ANOVA results of the posttest showed no significant difference $F_2 = 1.70$, $p = .194$. The posttest means for Intervention Group One: Narrative Condition, Intervention Group Two: Film Condition, and Intervention Group Three: Narrative and Film Condition were 17.88 (SD = 4.56), 15.31 (SD = 4.91), and 17.75 (SD = 3.75), respectively.

With regard to the IRI Personal Distress scale, between group ANOVA results of the posttest showed no significant difference $F_2 = 1.37$, $p = .264$. The posttest means for Intervention Group One: Narrative Condition, Intervention Group Two: Film Condition, and Intervention Group Three: Narrative and Film Condition were 8.56 (SD = 4.41), 10.44 (SD = 4.60), and 11.44 (SD = 5.82), respectively.

With regard to the Attitudes Towards Prisoners scale, between group ANOVA

results of the posttest showed no significant difference $F_2 = 1.46$, $p = .243$. The posttest means for Intervention Group One: Narrative Condition, Intervention Group Two: Film Condition, and Intervention Group Three: Narrative and Film Condition were 103.06 (SD = 11.19), 99.72 (SD = 12.30), and 95.44 (SD = 14.29), respectively.

Chapter V

Discussion

Summary of Findings

The results support hypotheses one for Intervention Group 1: Narrative Condition for the IRI subscale Personal Distress and hypothesis three for Group 3 Narrative and Film for the IRI subscale Empathic Concern. The results also supported hypotheses for Intervention Group One: Narrative Condition, Intervention Group Two: Film Condition, and Intervention Group Three: Narrative and Film Condition for the ATP. That is, Intervention Group One: Narrative Condition, Intervention Group Two: Film Condition, and Intervention Group Three: Narrative and Film Condition showed significant increases in positive attitudes toward the prison population, as measured by the ATP scale. The significant results all had medium effect sizes, which is noteworthy for a one-time, 15 – 30-minute condition.

Discussion Related to Hypothesis One

With regard to hypothesis one, the participants in Intervention Group One: Narrative Condition, who read the two-chapter narrative, reported a significant decrease in feelings of personal distress when seeing another's negative experience. They also reported significant increases in the positive attitudes towards the prison population.

The finding in this investigation that there was a decrease in personal distress and an increase in positive attitude for offenders through narrative interventions is consistent

with Kurkjian and Banks (1978) who indicated that literature can accurately reflect life and thus one can enhance empathic understanding of one's life by reading literature and an empathic response evoked in reading literature is comparable to an empathic response evoked in counseling. Davis determined that personal distress is inversely related to empathy (1983b), and the anxiety felt by counselor inhibits their ability to empathize with the presenting problems of the client (Constantine & Gainor, 2001, pp. 135). These findings suggest that through the narrative intervention, participants were able to increase their empathy for juvenile offenders by decreasing their sense of personal distress while reading about the characters' experiences.

Discussion Related to Hypothesis Two

The findings that Intervention Group Two: Film Condition increased their positive attitudes is consistent with the findings of Gladstein and Feldstein (1983). This investigation also suggests that film can be used to assist counselors in their understanding of the world of their clients without having to share lived experiences. Goldstein and Feldstein (1983) suggested that film allows the audience member (counselor trainees) to experience the character's (client) emotion through viewing "...the human technology of speech, facial expression, gestures, touch, [and] spatial distances..." (Gladstein & Feldstein, 1983, pp. 128), which in turn allows the counselor to empathically understand the world of the client (Gladstein & Feldstein, 1983). Gladstein and Feldstein suggested that film may only impact the basic empathic levels, which may explain the absence of significant differences on any of the four IRI subscales in the film condition.

Discussion Related to Hypothesis Three

The Intervention Group Three: Narrative and Film Condition showed an increase for empathic concern on the IRI as well as an increase in positive attitudes towards offender populations. Relative to this finding, Davis (1983a) determined that the empathic concern subscale was a significant measure of helping behavior. A significant increase in both empathic concern and positive attitudes, then, seems to be a strong indicator of the generally accepted term empathy, as sensitivity towards and concern for others. Empathic concern is also considered an emotional measure, which is more positively correlated with helping behaviors than intellectual measures, such as perspective taking (Davis, 1983b).

The ability for participants to increase both their attitudes and their emotional empathy measures suggests that a combination of narrative and film allowed the counselor trainees to gain a deeper empathic understanding of a client significantly different from the counselor trainees. The significant findings for the narrative and film condition may be a function of two factors; the presentation of dual modalities and increased time exposure to the empathic intervention. The narrative and film intervention group participated in both narrative and film intervention modalities, which may have the additional affect of addressing individuals with different learning styles or preference. The combined modalities may also give participants increased length of exposure to the challenging client and exposure to multiple clients allowing for empathic understanding to occur.

Discussion Related to Hypothesis Four

The ANOVA results for between group differences were not significant. These results indicate that the three intervention groups were not significantly different in their post-test means of the IRI and ATP. The analysis did not show that any intervention had more of an impact than another intervention regarding the IRI and ATP. Thus, statistically, no intervention is more effective in enhancing empathy and attitudes than other interventions in counselor trainees.

Discussion

The results of this study are consistent with previous research suggesting that an increased knowledge of and understanding about diverse or more challenging clients may increase counselor empathy (Buie, 1981; Constantine & Gainor, 2001; Kurkijan & Banks, 1978; Pearson, 2003; Willow, 2008). Though the intellectual empathic subscales of fantasy and perspective taking (Davis, 1980) were not significantly affected in this study, the more emotionally-focused scales of the empathic concern subscale on the IRI and the emotional empathic subscale of personal distress were impacted. Thus, findings of this study suggest that exposure to a challenging client seems to impact the empathic emotional connection felt by the counselor trainee for the client.

The film intervention did not significantly impact any of the four empathy subscales on the IRI (Davis, 1980). The lack of significance in the film condition on the IRI may be explained by the fact that this intervention may not have been equal in the type of exposure to the lived experiences of the challenging client. The PBS interviews included perspectives from professionals, the offenders brother and then also the

offender/client. The narrative intervention was written from a first-person perspective, which may promote a deeper understanding of the client's worldview and therefore perhaps a greater connection or understanding from the counselor trainee's perspective. Empathy development may also be better facilitated through reading since many of the participants are more familiar with text during their academic study of empathy through texts in coursework and more infrequently are exposed to film as a medium to teach about empathy.

Limitations and Recommendations

The participants in this study included a convenience sample of 49 Master's level students in a CACREP accredited counseling program. Participants were randomly assigned into one of three intervention groups, narrative, film and film and narrative to assess the impact of these strategies on empathy development in counselor trainees.

This investigation was conducted in close proximity to a large state forensic hospital and treatment center and several of the study participants are currently or may have been previously employed by the hospital, and some indicated that they may have family and friends who are or have been employed by the hospital. This connection to a large offender population may impact the generalizability of these results to otherwise similar programs.

Each of the treatment conditions in this study consisted of interventions lasting for a relatively short duration of approximately thirty minutes. Furthermore, the IRI and ATP pre and posttest measures were administered within a fairly short timeframe as well; within fifteen to thirty minutes apart. The short time frame between the two

administrations may call to question the internal validity of the study such that participants may have remembered questions thereby affecting the results. It should also be noted that the posttests were administered directly after the intervention, which could affect the external validity as the findings may have had an immediate impact on empathy but without follow-up it is difficult to discern what the duration of such findings may be.

The results of this investigation suggest that it is possible to impact counselor trainee's empathic responsiveness on an emotional level using a relatively short and unobtrusive intervention. It is recommended that this study be replicated to increase the sample size thus potentially increasing the generalizability of the findings. Replication of the study at other CACREP and non-CACREP accredited programs may expand the applicability of these interventions. As mentioned previously, the proximity of the institution to the forensic hospital and treatment center may have had an impact on the outcome of this study. Future investigations that address more specifically the impact of previous empathy training and/or experience with offenders in either a professional or personal setting will add clarity to these findings.

Conclusion

The literature has indicated that counselor trainees are likely in need of additional experience and exposure to clients of diverse backgrounds, experiences and cultures.

Forester-Miller and Kottler (1997) state:

A common problem in the field of counseling is that most counselors want to work with the easiest clients. The upper-middle-income person who presents with a clearly defined problem and needs assistance in adjusting a life out of balance, who is motivated to change and is cooperative in his or her efforts, is the client many counselors wish for. Yet such clients are also the least likely to need counselors' help; they are the people who can find direction through reading,

discussions with friends, or minimal contact with therapeutic services. It is the most difficult clients, the ones least likely to change on their own and the ones who often need the most powerful interventions, who are most likely to benefit from counseling (Forester-Miller & Kottler, 1997, pp. 59).

In summary, the findings of this investigation are encouraging as they suggest that efforts to enhance therapeutic empathy in counselor trainees may be significantly impacted and enhanced in a very short time frame by the addition of narrative and film interventions that provide opportunities for counselors to have more closely approximated lived experiences of more challenging and difficult clients.

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Appendices

Appendix A

Consent Form

IRB Study # _____ **5584** _____

Title of Study: Empathic Development in Counselor Trainees for Difficult Clients Using Film and Narrative

Principal Investigator: Dr. Diane Coursol

MSU-M Department: Department of Counseling and Student Personnel

Email Address: diane.coursol@mnsu.edu

Faculty Advisor: Dr. Diane Coursol

You are being asked to take part in a research study to investigate the impact of film and/or narrative regarding incarcerated juvenile offenders to enhance empathy development in counselor education master's students. To join the study is voluntary.

You may refuse to join and you may withdraw your consent to be in the study at any time, for any reason, without penalty.

This research study is designed to obtain new knowledge about empathic development in counselor trainees. This new information may help counselor educators improve the development of empathy in counselor trainees and instruction for teaching empathy.

Details about this study are discussed below. It is important that you understand this information so that you can make an informed choice about being in this research study.

You will be given a copy of this consent form. You should ask the researchers named above any questions you have about this study at any time.

Purpose of the Study

The purpose of this research study is to learn about the empathic development of counselor trainees for difficult clients. The researchers are investigating the ability of counselor trainees in Counseling Procedures and Skills I and Counseling Procedures and Skills II courses to evaluate empathy for difficult clients, namely juvenile offenders.

If you take part in this study you will be asked to complete the Interpersonal Reactivity Index, a 28-item scale which evaluates empathy, and the Attitudes Towards Prisoners scale, a 36-item scale which evaluates attitudes towards prisoners. Completion of these questionnaires will take less than 10 minutes. You will then either watch a short film about incarcerated juvenile offenders or read two poems written by incarcerated juvenile offenders or do both. Following the viewing, reading or both, you will complete the Interpersonal Reactivity Index and the Attitudes Towards Prisoners scale a second time.

Your participation in this study will take place during your Counseling Procedures and Skills I or Counseling Procedure and Skills II class period and does not require outside participation.

Benefits from Participation

This research is designed to benefit the counselor education field and society by gaining new knowledge. You may also expect to benefit by participating in this study by gaining empathy for a difficult client population and learning how to enhance your empathy for other client populations. Participation may increase your abilities as a counselor by providing awareness of difficult client populations and knowledge regarding future empathy enhancement.

What are the possible risks or discomforts involved from being in this study?

The video and literature may contain graphic images or words and some sensitive material. The video clip you will watch was initially aired on the PBS series Frontline. If you experience discomfort or adverse effects following participation, please contact the Counseling Center in CSU 245 or call at 507-389-1455 or talk with the researchers or your advisor. The researchers and Minnesota State University, Mankato will not be responsible for any costs incurred for seeking assistance associated with study risks.

How will your privacy be protected?

Your participation in this study will remain confidential. No names or identifying information will be recorded on any questionnaires or collected data, to protect your anonymity and confidentiality. Codes will be assigned to each student in order to match pretest and posttest questionnaires. Coding information will be kept confidential in a locked file cabinet in the office of Dr. Diane Coursol. Participants will not be identified in any report or publication about this study.

What if you want to stop before your part in the study is complete?

You can withdraw from this study at any time, without penalty.

Will you receive anything for being in this study?

You will not receive any compensation for taking part in this study.

Will it cost you anything to be in this study?

There will be no costs for being in the study.

What if you have questions about this study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions, complaints, or concerns, you should contact the researchers listed on the first page of this form.

What if you have questions about your rights as a research participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights as a research subject contact the MSU IRB Administrator Anne Blackhurst, Minnesota State University, Mankato, Institutional Review Board, 115 Alumni Foundation, (507) 389-2321 or by email at anne.blackhurst@mnsu.edu.

Title of Study: Empathic Development in Counselor Trainees for Difficult Clients
Using Film and Narrative

Principal Investigator: Dr. Diane Coursol

Participant's Agreement:

I have read the information provided above. I have asked all the questions I have at this time. I voluntarily agree to participate in this research study.

Signature of Research Participant

Date

Printed Name of Research Participant

Signature of Research Team Member Obtaining Consent

Date

Printed Name of Research Team Member Obtaining Consent

Appendix B

Appendix C

Script for Intervention Group One: Narrative Condition

Hand out folders: please do not look at the green paper facing backwards in your folders. You may pull out the white consent form and the yellow demographics form.

Thank you all for participating in my thesis research. You have all read and signed the consent form.

First, I am going to ask you all to complete a demographics form documenting some general information. This information will not be matched with your name or survey answers and all data will be reported in aggregate form.

Please answer all the questions honestly and to the best of your knowledge.

If you look in the top right corner of your consent form, you will see a number from 1 to 12. I have randomly assigned these numbers into 3 groups.

If you have the number _____, you will go with Staci into room 105.

If you have the number _____ you will go with Jenna into room 108.

And if you have the numbers _____ you will stay with me in room 3.

I will ask you to complete two surveys.

Please answer all the questions on the Interpersonal Reactivity Index and the Attitudes Towards Prisoners scale honestly and to the best of your knowledge. Again, this information will not be attached with your name.

Once you have finished both surveys, please turn them over and wait for the next instructions.

In room 105

I am handing out a chapter from a book entitled True Notebooks: A Writer's Year at Juvenile Hall by Mark Salzman. We are not recording the amount of time it takes to read the chapter. I want you to read for content and overall meaning. Please take as much time as you need and sit quietly until everyone is finished reading.

I will ask you now to complete two surveys again. Please make sure your survey says Post and contains the number assigned to you on your consent form. Please answer all questions honestly and to the best of your knowledge. Do not focus on answering as you did earlier, but answer according to how you feel after Reading the Chapter; Viewing the Video; Reading the Chapter and Viewing the Video. Once you are finished please sit quietly until everyone is done. If you have any further questions please contact the Kristin Matson or Dr. Coursol, whose information is on your consent form.

Appendix D

Script for Intervention Group Two: Film Condition

Hand out folders: please do not look at the green paper facing backwards in your folders. You may pull out the white consent form and the yellow demographics form.

Thank you all for participating in my thesis research. You have all read and signed the consent form.

First, I am going to ask you all to complete a demographics form documenting some general information. This information will not be matched with your name or survey answers and all data will be reported in aggregate form.

Please answer all the questions honestly and to the best of your knowledge.

If you look in the top right corner of your consent form, you will see a number from 1 to 12. I have randomly assigned these numbers into 3 groups.

If you have the number _____, you will go with Staci into room 105.

If you have the number _____ you will go with Jenna into room 108.

And if you have the numbers _____ you will stay with me in room 3.

I will ask you to complete two surveys.

Please answer all the questions on the Interpersonal Reactivity Index and the Attitudes Towards Prisoners scale honestly and to the best of your knowledge. Again, this information will not be attached with your name.

Once you have finished both surveys, please turn them over and wait for the next instructions.

In room 108

I am going to play a ten-minute video clip from a PBS Frontline episode entitled When Kids Get Life. You do not need to take notes, please just watch for the content and overall message of the video. Please watch the video quietly and please do not disturb the viewing experience for others.

I will ask you now to complete two surveys again. Please make sure your survey says Post and contains the number assigned to you on your consent form. Please answer all questions honestly and to the best of your knowledge. Do not focus on answering as you did earlier, but answer according to how you feel after Reading the Chapter; Viewing the Video; Reading the Chapter and Viewing the Video. Once you are finished please sit quietly until everyone is done. If you have any further questions please contact the Kristin Matson or Dr. Coursol, whose information is on your consent form.

Appendix E

Script for Intervention Group Three: Film and Narrative Condition

Hand out folders: please do not look at the green paper facing backwards in your folders. You may pull out the white consent form and the yellow demographics form.

Thank you all for participating in my thesis research. You have all read and signed the consent form.

First, I am going to ask you all to complete a demographics form documenting some general information. This information will not be matched with your name or survey answers and all data will be reported in aggregate form.

Please answer all the questions honestly and to the best of your knowledge.

If you look in the top right corner of your consent form, you will see a number from 1 to 12. I have randomly assigned these numbers into 3 groups.

If you have the number _____, you will go with Staci into room 105.

If you have the number _____ you will go with Jenna into room 108.

And if you have the numbers _____ you will stay with me in room 3.

I will ask you to complete two surveys.

Please answer all the questions on the Interpersonal Reactivity Index and the Attitudes Towards Prisoners scale honestly and to the best of your knowledge. Again, this information will not be attached with your name.

Once you have finished both surveys, please turn them over and wait for the next instructions.

I am handing out a chapter from a book entitled True Notebooks: A Writer's Year at Juvenile Hall by Mark Salzman. We are not recording the amount of time it takes to read the chapter. I want you to read for content and overall meaning. Please take as much time as you need and sit quietly until everyone is finished reading.

I am going to play a ten-minute video clip from a PBS Frontline episode entitled When Kids Get Life. You do not need to take notes, please just watch for the content and overall message of the video. Please watch the video quietly and please do not disturb the viewing experience for others.

I will ask you now to complete two surveys again. Please make sure your survey says Post and contains the number assigned to you on your consent form. Please answer all questions honestly and to the best of your knowledge. Do not focus on answering as you did earlier, but answer according to how you feel after Reading the Chapter; Viewing the Video; Reading the Chapter and Viewing the Video. Once you are finished please sit quietly until everyone is done. If you have any further questions please contact the Kristin Matson or Dr. Coursol, whose information is on your consent form.

Appendix F

Significant Mean Differences and Effect Sizes of the Three Intervention Groups

Intervention Group	Interpersonal Reactivity Index	Significance	Effect Size	Attitudes Towards Prisoners Scale	Significance	Effect Size
Narrative	Personal Distress Pretest Mean (sd): 9.56 (4.26) Posttest Mean (sd): 8.56 (4.41)	$t_{15} = 3.04$ $p = .008$.23	Pretest Mean (sd): 98.38 (10.53) Posttest Mean (sd): 103.06 (11.19)	$t_{15} = -3.43$ $p = .004$	-.43
Film				Pretest Mean (sd): 97.31 (11.94) Posttest Mean (sd): 99.72 (12.30)	$t_{15} = -2.36$ $p = .03$	-.20
Narrative & Film	Empathic Concern Pretest Mean (sd): 20.38 (2.94) Posttest Mean (sd): 21.63 (3.56)	$t_{15} = -2.27$ $p = .04$	-.38	Pretest Mean (sd): 89.06 (16.27) Posttest Mean (sd): 95.44 (14.29)	$t_{15} = -3.08$ $p = .008$	-.40