

A Rating System for Studying Nondirective Client-Centered Interviews—Revised

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Abstract

This rating system for studying nondirective client-centered interviews modifies and updates preceding unpublished versions (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). It is uniquely distinguished from other client-centered rating scales (e.g., Truax & Carkhuff, 1967; Carkhuff, 1969; Lietaer, 1995; Gundrum, Lietaer & Van Hees-Matthijssen, 1999) because it is the only client-centered rating system that takes into account the therapist's nondirective intention or attitude when making category or rating distinctions.

History of the Rating System

This nondirective client-centered rating system was initially developed by Barbara Brodley and Anne Brody for study of the

Author's Note: Barbara Brodley died on December 14, 2007. This rating scale was very important to Barbara and we are deeply honored to have worked with her so closely in order to bring it to the public. We dedicate this achievement to the memory of a very dear mentor, teacher, colleague, and friend. Words cannot express how much we loved and miss her.

Investigators wanting to accurately use this rating system for research are encouraged to contact the lead author for guidance in utilizing its criteria and rating process. Jerome Wilczynski, Psy.D., Chair, Undergraduate Studies, Argosy University, Chicago Campus, can be reached via his university e-mail account at jwilczynski@argosy.edu or his personal email at jerome.wilczynski@sbcglobal.net.

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psychotherapy interviews conducted by Carl Rogers that remain available through audio and video recordings, film, and transcripts (Brodley & Brody, 1990). The category ratings found in this revised system were derived over many years from phenomenological study of Rogers' responses to clients (Brodley, 1990, 1994, 1996, 1997a, 1997b) as well as examination of the empathic responses of students endeavoring to learn the art of the empathic understanding response process of nondirective client-centered therapy (Wilczynski, 1999, 2004). Additionally, a modification of this rating system was used by Cornelius-White (2003a, 2003b) to explore the construct of nondirectivity and its relationships to therapy process and outcome.

The two most general categories of response are, first, a category of the therapist's statements that are his or her attempt to accurately represent the meanings and feelings the client has immediately expressed. The therapist intends these statements to have no directive influence on the client's subject matter or his or her subjective process. The second general category of responses consists of statements from the therapist's frame of reference (not the client's), although they may be about the client, about the therapist, or about other people or things. These statements may be deliberately directive: for example, asking the client to explore or explain something. Or they may not be intended to influence the client. In this second category, the statements are expressed from the therapist's internal frame of reference in contrast to the first category, whose responses represent the client's frame of reference. Hence, the categories culled from the aforementioned qualitative studies that have employed this rating system primarily aim to distinguish the therapist's nondirective intentions or attitudes from the directive intentions or attitudes in the studied interview.

It is in this way that this rating system is differentiated from others that have been utilized for rating client-centered interviews (e.g., Truax & Carkhuff, 1967; Carkhuff, 1969; Hill, Thames, & Rardin, 1979; Lietaer, 1995; Hayes & Goldfried, 1996; Gundrum, Lietaer, & Van Hees-Matthijssen, 1999; Gazzola & Stalikas, 2003; Talkens, 2005). More specifically, the previous scales fail to assess and make category distinctions based upon the therapist's intentions to accurately understand the client from the client's own frame of reference in

contrast to other intentions. A review of client-centered literature yields no rating systems that assess the therapist's nondirective intentions other than that of Brodley and Brody (1990, 1991, 1993) or Brody (1991). Most relevant and important for understanding client-centered therapy, according to Brodley (1997b) and other writers (e.g., Raskin, 1947/2005; Moon, 2005; Bozarth, 2005/2001; Merry, 2004; Sommerbeck, 2004; Levitt, 2005; Wilders, 2005; Witty, 2005), is the fact that the entire client-centered approach is grounded in the nondirective attitude of the therapist. As John Shlien asserted, "client-centered is inherently nondirective" (personal communication to B. Brodley, 1990). Therefore, developing a rating system that identifies the therapist's nondirective behavior and attitudes is essential.

In the early versions of this rating system (Brodley & Brody, 1990, 1991, 1993; Brody, 1991), empathic understanding responses were not differentiated into types, but were classed into a single category. Since the writing of these earlier versions, Brodley (1994, 1995a, 1995b, 1996, 1999, 2002) has been qualitatively analyzing and differentiating types of empathic responses, and Wilczynski (1999, 2004) gave further definitions of the categories for his research. The definitions contained within the rating system operationalize these categories, thereby making it possible for researchers to systematically classify responses. Other investigators (e.g., Nelson, 1994; Bradburn, 1996; Diss, 1996; Weinstein, 2007) have used the system for research, and now Wilczynski and the original authors have revised the rating system.

The Rating System

According to Brodley and Brody (1990, 1991, 1993) and Brody (1991), therapist responses to client statements other than client's questions addressed to the therapist are rated and placed into one of five major mutually exclusive categories. "A secondary system of classification rates responses into other nonexclusive and nonexhaustive categories" (Brodley & Brody, 1993, p. 2).

The rating system for empathic understanding responses, and other kinds of responses, "utilizes theoretical definitions and infers intentions behind the therapist's responses" (Brodley & Brody, 1993,

p. 1). Using inferences for rating assumes “that one can judge a [client-centered] therapist’s behavior on its face meaning and that one can rely upon common-sense interpretations of the nature of statements” (Brodley & Brody, 1993, p. 1). This practice appears justified on the basis of the high percentages of agreement by independent raters using this system (90 to 100%; see Brodley & Brody, 1990, 1991, 1993; Brody, 1991) and the ease of negotiating agreement between raters about independent nonagreement statements. Where it is possible, it is useful to listen to recordings along with the transcripts, although this is not necessary. The relation of the meanings of therapist’s statements to the meanings of client’s previous statements; the therapist’s syntax; the therapist’s expressions of tentativeness about his or her responses; the client’s subsequent remarks, including statements of agreement; and the therapist’s ease in accepting corrections – all these give strong evidence of the therapist’s nondirective intentions.

Criteria for a Response

Categorizing and rating responses necessitates that one first determine criteria delineating what constitutes a distinct, articulate therapist response (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). This is because a distinct response is not necessarily identical to units of interaction between therapist and client. Prior to rating responses, if multiple raters are utilized in the conduct of research, any difference in their ratings of distinct responses must be resolved through negotiation. The criteria described below are excerpted from the version by Brodley and Brody (1993) and have been further revised as follows:

1. The therapist statement represents a distinct attitude in order to be designated as a distinct therapist response. It is an apparent intention, which is represented alone or within a sequence of therapist’s statements, that determines a separate response ... Although a series of statements may be grouped together and numbered according to the [typed] copy as a single response, for the purposes of this system they are considered separate responses if their apparent intentions are different. Sometimes within a single

sentence or paragraph of verbalizations, the presence of distinct intentions will constitute more than one response. [For instance, differing apparent therapist intentions might include representing what the client has said, getting an answer to a question, or telling the client something].

2. A fragment of utterance that is not a complete sentence but gives enough information to convey apparent intention, and thus be able to be specifically categorized, is considered a response.
3. If there is a significant pause between statements, the [intervening] response is considered distinct, even if the statements before and after the pause are rated within the same category.
4. Verbal gestures such as “I see,” “O.K.,” “Um humm,” etc., are not scored as articulate responses, but are counted into a separate category called “acknowledgements.”
5. If the client’s intervening comment is minimal and the content of the therapist’s intervening comment is continuous or repeats the same statement, this is regarded as one response. (pp. 2-3)

Responses Set Aside for Separate Rating

1. Therapist responses to client’s questions are set aside for separate rating because client’s questions addressed to the therapist require different considerations by the therapist than client’s self-disclosing narratives (see Brodley, 1989, 2004; Kemp, 2004).
2. Therapist responses to the environment (e.g., taping or the physical setting) that are not responses to requests by the client but are spontaneous utterances by the therapist are set aside for rating separately.
3. Client and therapist discussion about business pertaining to therapy or other practical matters (e.g., collecting fees, setting appointment times) are not rated as distinct responses; such interactions are deemed extratherapeutic, and are thereby omitted from the ratings (Brodley &

Brody, 1993). However, such dialogues may be rated separately depending upon the needs of the researcher.

6. "Introductions [to sessions] by the therapist, addressed to the client (e.g. "I'd be interested to hear about anything you'd like to talk about"), are not rated as distinct responses, but are omitted from the ratings on the grounds that they are not responses to client statements or other behavior" (Brodley & Brody, 1993, p. 4). These introductions may be studied, however, for their tentative and nondirective qualities.

The Mutually Exclusive Response Categories Rated in the System

"Study of client-centered interviews to determine the distinguishable and apparent intentions that are present in the material produced five [major] categories. These five categories, distinguishing five different apparent intentions, account for 100% of the therapist's articulate responses in a transcript, other than those omitted as above" (Brodley & Brody, 1993, p. 4). All responses not set aside are rated into five major categories. The major categories found in Brodley and Brody (1990, 1991, 1993) and Brody (1991) have essentially been preserved and are as follows: (1) *empathic understanding response* (EUR), (2) *therapist comment* (TC), (3) *interpretation/explanation* (TI/E), (4) *therapist agreement* (TA), and (5) *leading question* (LQ). All responses in a sample interview, excluding the responses set aside for separate rating, are placed into one of the five major categories.

Types of Empathic Understanding Responses

Responses are generally scored as *empathic understanding response* (EUR) when the therapist's apparent intention is to check his or her understanding of the experience, feeling, or point of view immediately expressed by the client (Rogers, 1957a, 1986a/2002; Brodley, 1997a, 1997b; Brodley & Brody, 1993). These checking responses are an expression of what the therapist perceived the client was trying to convey (Brodley & Brody, 1990, 1991, 1993; Brody, 1991) by language

or gesture.

Achieving empathic understanding of what a client conveys does not aim to discriminate the client's feelings out of the gestalt of the client's communication and self-expression. Therapists should give full respect and attention to *all* that a client communicates. Empathic understanding does not focus solely on feelings or on the apparent experiencing process of the client. However, the therapist does not achieve *true* empathic understanding until the client has expressed or implied personal meanings and his or her sense of self-agency and the therapist has understood this (Brodley, 1996, 2002).

In the rating system, if the client corrects the therapist, indicating that the therapist did not fully or adequately understand the client, the response is still designated as an *empathic understanding response* (EUR) if that appeared to be the therapist's intention (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). In other words, the empathic understanding response may or may not be totally accurate according to the client. The following therapeutic interchange cited in Brody (1991), from the work of Rogers (1983), is an example of an *empathic understanding response* (EUR):

Client: I worry, will people find me out? That I'm not really competent or *able*...I'm afraid I'm not up to it.

Rogers: So it's really *frightening*, if people would find out what you're really like. And that you don't measure up. . . Perhaps you *don't* measure up. (p. 20)

Another example of an *empathic understanding response* (EUR) found in Rogers (1946) is this:

Client: . . . I have a feeling that my sexual part down there is dead, completely dead. I've never had that before. Maybe I've fallen into something new. Never had it before. I've had other problems to contend with, but I've never had

this complete dead feeling.
 Rogers: So that somehow, at least recently, you feel that you've died sexually. (cited in Brody, 1991, p. 21)

Once an *empathic understanding response* (EUR) has been identified it may be rated via one of four types of empathic understanding responses, if the research calls for such discriminations. Otherwise, raters may simply utilize the rubric category of *empathic understanding response* (EUR) when making category distinctions.

Wilczynski (1999, 2004), adapting Brodley's ideas, expressed via personal communication (based upon her research, e.g. 1993, 1994, 1995a, 1995b, 1996, 2002), delineated four types of empathic understanding responses: (a) *literal true empathic understanding responses* (LTE), (b) *complex true empathic understanding responses* (CTE), (c) *informational but not true empathic understanding responses* (INT), and (d) *questions for clarification* (QFC). Wilczynski (2004) defines these four types of empathic understanding responses as follows:

A *literal true empathic understanding* response [LTE] is one that captures the explicit feeling, experience, or point of view expressed by the client by literally repeating what the client communicated. In other words, the therapist's form of response is a ... nearly exact replica of the wording of the client, with the intention to understand. [The therapist's vocal and expressive behavior or slight] alterations in wording [communicate that the] ... therapists (*sic.*) ... respon[ses] ... [represent] the experience of the client rather than the therapist. An example of a *literal true empathic understanding* response [LTE] is:

Client: When he said that, I *really* was hurt.

Therapist: When he said that, you *really* were hurt.

Literal true empathic understanding responses [LTE] are considered to be true empathic following of the client because they capture the essence or meaning conveyed by the client as well

as the most significant informational details that provide a rationale for why the client experienced this situation in a particular manner...

Complex true empathic understanding responses [CTE] fulfill the criteria for an empathic understanding of the client's internal frame of reference. Instead of literally repeating the client, however, the therapist [may deliver] the response in his or her own words [and sometimes uses some of the client's words]. An example would be:

Client: I'm really feeling out-of-sorts today. I got up late, missed my bus, and spilled my coffee on my shoes because I was in a rush. Ah, I really *hate* these days!

Therapist: You really *hate* it and feel off-kilter whenever your day starts off with so many mishaps.

In this example, the therapist communicates that he or she understands how much the client hates it whenever her or his day starts off badly. Closely related to the client's hatred for such days is not feeling quite "right" as a result of how the day began. The therapist accurately understands the two focal sources of affective meaning, along with the significant informational details that provide a rationale for why the client felt this way...

An *informational but not true empathic understanding* response [INT] "tracks" the information provided by the client, but is devoid of an expression of understanding of the [personal] significance of the information to the client. Therefore, since this type of response [either] misses the significance or essence of the client's communication [or the client has not expressed his or her personal meaning], it cannot be scored as a [complex] true empathic [understanding] response. An example is:

Client: I got up early, went to the grocery store, picked up my shoes from the repair shop, made dinner, ate, and did the dishes . . . I'm really tired!

Therapist: You really did a lot today. You went to the store, got your shoes from the repairman, cooked dinner, ate it, and even did the dishes.

This example demonstrates a following or “tracking” of the informational content of the client’s communication. As a result, it falls under the rubric of empathic [understanding]. Unfortunately, the therapist misses the way that this information affected the client (i.e., it made the client tired). This response cannot therefore be considered a *true* empathic understanding response because the client is not provided with the understanding of how this information impacted him or her. Hence, the client is unable to ascertain if she or he has been accurately understood. Nonetheless, the *informational but not true empathic understanding* response [INT] is classified as an empathic [understanding] response since the therapist’s intention is simply to understand or follow the client.

Questions for clarification [QFC] fall under the rubric of empathic [understanding responses] when the intention of the question asked is to explicitly check whether or not the therapist accurately understands the client. These questions do not derive from a desire for more information than that which is provided by the client... An example of a *question for clarification* [QFC] would be:

Client: My boss told me I wasn’t working hard enough today. God, you know, I got a flat tire, and, [AHH]! I really *hate* that, you know?

Therapist: Did you mean you hate the rebuke or the nuisance of a flat tire?

The therapist in this example is merely attempting to ascertain which event is hated, since the client's communication is ambiguous...

...Only responses that *expressly* check the accuracy of the therapist's understanding of the client's communication, or part of it, because the therapist is unsure of his or her understanding, are classified as *questions for clarification* [QFC]. (pp. 7-9)

The other four major categories of responses are all examples of therapist verbal behavior when their immediate intention appears to be something other than a checking of his or her understanding (Brodley & Brody, 1990, 1991, 1993; Brody, 1991).

Therapist Comment (TC)

As stated in Brodley and Brody (1990, 1991, 1993) and Brody (1991), responses are rated as *therapist comment* (TC) when the therapist's apparent intention is to offer his or her observation or opinion, or to express the therapist's own feelings about the client or a general point. An example from the work of Rogers (1985a) of a *therapist comment* (TC) is this:

Client: But not for me. No, no, yeah. I have to sort that out because I don't think I'm genuine in saying that's O.K.--you can be like that.

Rogers: It somewhat strikes me you're so much harder on yourself than you would be on a client. (cited in Brody, 1991, p. 21)

A *therapist comment* (TC) in which the comment (a therapist's

self-disclosure) relates the therapist's experience rather than being *about* the client's experience is also possible (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). Brody (1991) excerpted the following example of this type of client/therapist interchange from Rogers (1977):

Client: I don't know. I was thinking that when we, when we talked earlier about the anger. . . I've been thinking a great deal about that.

Rogers: I've thought a lot about what you had to say about that. (p. 22)

Interpretation/explanation (IT/E)

Responses are rated as *interpretation/explanation* (IT/E) when the therapist's apparent intention is to explain the client *to* the client (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). An example of an *interpretation/explanation* (IT/E) from the therapeutic work of Rogers (1977) is this:

Client: . . . I'd like to really tell him that I uh, really loved him a great deal.

Rogers: So you're telling me in place of telling him... (cited in Brody, 1991, p. 22)

Another example found in Brody (1991), taken from Rogers (1982), of an *interpretation/explanation* (IT/E) is as follows:

Client: . . . I like being told I can be more. I'd like you to give me permission just to be me. Tell me, Carl . . . I'll say, "Carl Rogers said that you can be yourself," you know, you said we can do that. I'll tell them that you're very successful.

Rogers: And the problem which you seem to have raised in the interview is can you tell *yourself* to

be you? (p. 22)

Therapist agreement (TA)

According to Brodley and Brody (1990, 1991, 1993) and Brody (1991), a *therapist agreement* (TA) is identified when the therapist's apparent intention is to verbally agree with the client. Brody (1991) cites an example from Rogers (1985b):

Client: . . . Of course, then there is a biological time clock . . . and so not everything is in my corner.

Rogers: That's right. (p. 23)

Another example of a *therapist agreement* (TA) found in Rogers' (1977) work is:

Client: . . . And at the same time, you know, I really haven't had the opportunity of letting anybody accept mine. Or maybe I haven't given it to them.

Rogers: Yeah. Maybe you haven't given it to them. (cited in Brody, 1991, p. 23)

Still another example, although not from Rogers, of a *therapist agreement* (TA) is this:

Client: I may very well have been fooling myself all along; maybe he really *does* love me?

Therapist: I think you could be right about that.

Leading question (LQ)

A *leading question* (LQ) is identifiable by the presence of the

therapist's apparent intention, in the form of a question, to direct the client's feelings, responses, thoughts, or considerations (Brodley & Brody, 1990, 1991, 1993; Brody, 1991). An example of a *leading question* (LQ) as cited in Brody (1991), from Rogers (1977), is as follows:

Client: . . . And I really don't know how to . . . and I *really* don't know how to deal with that. I really don't. I really don't. (sighs) You know, just really giving so much of yourself and it's just really crazy. Too much. (sighs)

Rogers: If you did cry, what would some of the themes of the crying be? (p. 23)

Another possible example, also taken from Rogers (1985b), of a *leading question* (LQ) is:

Client: I'm not exactly a failure, but there's still that feeling inside me that says that something else could have been done.

Rogers: Almost a bodily feeling, isn't it? (cited in Brody, 1991, p. 24)

Other Descriptive Categories

Responses may also be classified into other categories depending on the researcher's interests and goals. These additional categories, which provide a more detailed analysis of an interview, remain essentially as they appear in Brodley and Brody (1990, 1991, 1993) and Brody (1991). They are (1) first-person response (I Form), (2) tentativeness (T), (3) self-disclosure (SD), (4) response to a client's question (RCQ), and (5) client disagreement (D). The last category, client disagreement (D), is the only rating that evaluates the client's meanings rather than the therapist's.

First-person response (I Form)

Empathic understanding responses are rated as *first-person response* (I Form) “when the therapist uses the first person, from the client’s perspective, in his response” (Brodley & Brody, 1993, p. 9). A first-person response (I Form), as exemplified in the following excerpt from Rogers (1983), cited in Brody (1991), is this:

Client: . . . I don’t have enough knowledge about it, uh.
. . . It seems to me that, uh . . . I’ve been thinking about this lately, and it seems to me that the uh, everything seems to be filtered through this idea that I’m still not competent at what I’m doing.

Rogers: You just feel, “I’m not up to it. I don’t know enough; I’m--I might be nervous, I might be--I might fail. I’m just uh, I’m really not up to it.”(p. 25)

Another example of a *first-person response* (I Form) can be found in the therapeutic work of Rogers (1986b):

Client: I’m asking myself now about how I would be responding to this moment if no one else were here except you and I, you and me . . . I don’t know.

Rogers: But at least the questions arises, “If we were alone would I be talking . . . would I be doing something different than I’m doing now?” (cited in Brody, 1991, p. 26)

Tentativeness (T)

According to Brodley and Brody (1993, p. 10), “Responses are rated as [t]entativeness (T) when the therapist makes reference to his [or

her] degree of certainty or tentativeness in” his or her statement of empathic understanding. Brody (1991) cites an example from Rogers (1986b) as follows:

Rogers: So you’re concerned that maybe you’re not living up to expectations.

Client: Yes

Rogers: And, *as far as I can get it*, it’s your own expectations that you’re afraid that you’re not living up to. (p. 27)

Self-disclosure (SD)

Responses are rated as *self-disclosure* (SD) when a therapist discloses something about his or her feelings to the client (Brodley & Brody, 1993). One example of a *self-disclosure* (SD) excerpted from the work of Rogers (1982) is:

Rogers: . . . I feel, to hell with those who want to say, “ah well, here’s Carl Rogers.” I’m just Carl. I would prefer to be me, to be the person I am. (cited in Brody, 1991, p. 27)

Another example of a *self-disclosure* (SD), albeit not from Rogers, is this:

Client: . . . then, in my final year of undergraduate work, I decided not to continue with my musical studies but become a psychologist.

Therapist: I made that same decision just as I was finishing my undergraduate degree as well.

Response to a client’s question (RCQ)

Properly scoring therapist responses to client’s questions is

based on a separate and sophisticated analysis involving segregating client's questions from client's self-disclosures or narratives in sessions. In a substantial sample of sessions, it became apparent that subcategories of client's questions and therapist's responses to those questions were needed (see Brodley, 2004; Kemp, 2004; Brodley, 1989).

Generally, however, responses are rated as *response to a client's question* (RCQ) "if the therapist response follows, or reacts to, the client's asking a question. Rating in this category is *not* dependent on the therapist's response *answering* the question" (Brodley & Brody, 1993, p. 8). Therapists may answer, ignore, address but not answer, make an empathic understanding response, or use a combination of these categories in response to a client's question. "A therapist response need not immediately follow the client's question in order to rate it as a [*response to a client's question* (RCQ)], if this is the case" (Brodley & Brody, 1993, p. 8). An example, from Rogers (1964), cited in Brody (1991), of a *response to a client's question* (RCQ) is:

Client: Take me for instance, how would you go about [?] . . . like I don't have a goal, like I told you a while ago. How do you go about helping me find me?

Rogers: Well, uh, let's talk about it a bit. Uh, you say you have no goal. (p. 25)

Another example found in Rogers' (1957b) therapeutic work is this:

Client: It was the combination, I think . . . If you notice my . . . I move my feet.

Rogers: Yes, I did notice. (cited in Brody, 1991, p. 25)

Client disagreement (D)

This category, as with an analysis of responses to questions (Brodley, 2004; Kemp, 2004; Brodley, 1989), rates the response of the

client rather than the therapist. Scoring in this category is based upon judgment of the client's narration about himself or herself *in relation to* a therapist's empathic understanding response. "Responses are rated as *client disagreement* (D) when the client explicitly disagrees with the therapist's [empathic understanding response]" (Brodley & Brody, 1993, p. 11). The following is an example of a *client disagreement* (D) excerpted from Rogers (1957b):

Rogers: You feel you were in kind of a desperate way, at those points. . . .

Client: No, I didn't feel desperate, I just didn't understand it, I didn't know why I blacked out. (cited in Brody, 1991, p. 27)

Brody (1991) cites another example from Rogers (1985b) as this:

Rogers: It's a really confusing situation isn't it? Wanting a child very much . . . wanting that miracle . . . yet, not being sure.

Client: Well, I think I am sure that I want that... (p. 28)

Rater Agreement

The percent of agreement between the raters of earlier versions of this rating system (Brodley & Brody, 1990, 1991, 1993; Brody, 1991; see also Brodley, 1994, 1995b, 1997b, 2001, 2002), as well as of the types of empathic responses in subsequent studies (Wilczynski, 1999, 2004), were calculated. The percent of agreement between raters as reported in the 1993 version of this rating system "... for a response and for the [five major] mutually exclusive categories were based on judgments by two independent raters, and measured by percent of agreement between the two raters. [Agreement] ranged from ninety percent to one hundred percent for both types of judgment. Mean agreement for identification of a distinct response was ninety-four

percent and mean agreement for the five [major] mutually exclusive categories ([EUR], TC, TI/E, TA, LQ) was ninety-two percent” (Brodley & Brody, 1993, p. 11). Differences were resolved by negotiated agreement (Brodley & Brody, 1990, 1991, 1993; Brody, 1991).

Likewise, according to Wilczynski (1999, 2004), the percent of agreement between raters with respect to the types of empathic understanding responses (LTE, CTE, INT, QFC) was determined similarly, with some modifications, to the process reported in the earlier Brodley and Brody (1990, 1991, 1993) and Brody (1991) versions. Wilczynski (1999, 2004) stated that the mean percentage of agreement between raters was ninety percent.

Conclusions

Aside from this rating system, every rating scale used to assess responses in client-centered interviews (e.g., Truax & Carkhuff, 1967; Carkhuff, 1969; Hill, Thames, & Rardin, 1979; Lietaer, 1995; Hayes & Goldfried, 1996; Gundrum, Lietaer, & Van Hees-Matthijssen, 1999; Gazzola & Stalikas, 2003; Talkens, 2005) has failed to take into account the nondirective attitude of client-centered therapy in the rating process. This revised rating system categorizes responses based upon the inference of the nondirective attitude as an operational premise. It is in this way that this system takes into account the crucial nondirective attitude of the client-centered therapist.

The writers think the system may be useful in assisting students of client-centered therapy to understand when the nondirective attitude is compromised in their therapeutic work. On the basis of our teaching experiences, we find that student ratings of their practice transcripts using the present system help students identify and understand exactly how their attitudes are expressed in their responses.

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