

## **The Analyzed Nondirectiveness of a Brief, Effective Person-Centered Practice**

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### **Abstract**

A brief person-centered therapy practice is described in terms of the frequency and categorization of nondirective and directive verbal behaviors using 22 clients and 101 taped sessions during a nine-month period. Empathic following responses (91%) followed by nondirective therapist comments (4%) were the most frequently observed behaviors. The therapist spoke about 4 sentences a minute, comprising approximately 28% of the spoken words during therapy sessions. While person-centered nondirectiveness was found to co-exist with therapeutic effectiveness, a pattern was not found between slight differences in nondirectiveness and outcome measures.

### **Background**

Therapy outcome research consistently shows that the quality of the therapeutic relationship and clients' own resources are most relevant for therapeutic change (Bozarth, 1998; Glauser & Bozarth, 2001; Lambert, Shapiro, & Bergin, 1994; Norcross, 2001; Patterson, 1984). However, attention toward the consistency between the presence of therapeutic relationships that utilize client resources and therapist orientation (Cornelius-White, 2002) as well as approach integrity (the consistency of the therapist's stated orientation and actual practice) (Kazdin, 1994) are rarely addressed. Person-centered nondirectiveness, or the presence or extent of a therapist's accepting trust of the client (Brodley, 1997), is an additional factor that is theoretically consistent with person-centered therapy (Raskin, 1947), empirically supported therapy relationships (Cornelius-White, 2002) and client- resource factors (Bozarth, 1998; Duncan & Moynihan, 1994), that has been given little attention in the research.

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When the empirical effects of nondirectivity on outcome have been defined and measured by researchers, such researchers usually have not been explicitly person-centered and have used a definition significantly different from that associated with person-centered therapy. Nondirectivity was typically defined as using a psychodynamic, self-directed or other relationship-oriented therapy and is not usually measured directly. Most of these findings have found that directivity is preferable with clients low in resistance (cooperating with therapist influence) and nondirectivity is preferable with clients high in resistance (opposing therapist influence) (Beutler, Rocco, Moleiro, & Talebi, 2001). An exception to the typical researcher allegiance and findings on the moderating impact of resistance on the efficacy of nondirectivity is the research by Greenberg & Watson (1998), which found mixed results. Similarly, while Elliot, Greenberg, and Lietaer's (2003) meta-analysis found significant statistical superiority of the effectiveness of the more directive experiential and cognitive behavioral treatments over client-centered therapy, they reported that these differences were "trivial" and disappeared when the effect of researcher allegiance was statistically controlled.

This paper investigates under-researched aspects of person-centered nondirectivity by providing a descriptive analysis from audiotapes and transcriptions of the author's verbal behaviors as a therapist.

## Methods

### *Procedures*

Using one therapist and 22 clients at a college-counseling center, the author acquired tapes of 101 brief therapy sessions from September 1999 through May 2000. The study followed sampling procedures in The Wisconsin Project (Rogers, 1967). Fifty four-minute segments were randomly chosen. None of these segments were of the first or last two minutes of a counseling session. These segments were then transcribed and analyzed using the Categorical Directivity Rating System (CDRS) (Cornelius-White, 2000). The author utilized 3 additional instruments, the Derogatis Psychiatric Rating Scale (Derogatis & Savitz, 1999), the Quality of Life Inventory (Frisch, Cornell, & Villanueva, 1992), and the Global Assessment Scale (Endicott, Spitzer, Fleiss, & Cohen, 1976), to measure the progress and outcome of clients.

### *Participants*

The therapist was a Psy.D. intern with a Master of Arts Degree in Clinical Psychology and five years of clinical experience as a nondirective client-centered therapist, who believes in an unconditional trust of clients as the central component of client-centered therapy. However, the therapist has studied and been influenced by several other approaches to therapy, including other person-centered therapies, cognitive behaviorism, psychoanalysis, and systems theory (White, 1997).

There were 22 participating clients, students at a large community college in suburban Chicago, 17 of whom took part in all phases of the research. Clients ranged in age from 18 to 38 with a mean age of 22 years and with two modes being at 19

and 26. There were 17 females and 10 males. Seven percent were gay or bisexual. Twenty-six percent were people of color. Students' intelligence and educational achievement varied widely as seen by an American College Testing (ACT) score range of 15 to 35. (The ACT is a national college entrance exam with a range of 0-36.) Clients came for 3-16 sessions.

### ***Measures***

The Categorical Directivity Rating System (CDRS) (Cornelius-White, 2000) was used to measure the therapist's verbal behavior. A rater categorizes actual therapist sentences during therapy sessions into nine mutually exclusive categories, five of which are directive and four of which are nondirective. The categories are listed in Table 1. The most common category is an empathic following statement, which is anything intended only to check understanding and is usually followed by the question, "Is that what you mean?" The CDRS also provides an overall nondirectiveness score, which is the percentage of total therapist-spoken sentences that are scored in the four nondirective categories. The CDRS is a revision of a scale with content validity and an inter-rater reliability between 90-100% that has been used by Brodley (1994), Brody (1991), and others, especially in the analysis of the therapy transcripts of Rogers. Therapist sentences that are excluded from the categorization include statements of acknowledgment of simple understanding, such as "Yes," "I see," and "Uh-huh," as well as answers to explicit requests posed by the client and aspects of scheduling or business. The author acknowledges that issues of whether to answer specific requests directly, inquire further on motivation for request, and/or decline to satisfy requests present important variables in the range of directivity. However, such requests were exceedingly rare in this sample and were not in the original scale's domain of inquiry.

### **Results**

Eight hundred and sixty five therapist sentences were scored. Empathic following responses made up 91%. Nondirective therapist comments were the next largest amount with 4%. Seven and one half percent of therapist sentences voiced the therapist's frame of reference, which included sentences in the seven non-empathic categories. Table 1 shows the total distribution, including the lower frequency categories. The nondirectiveness score for the whole sample was 97%.

During a four-minute segment, there were an average of 16 Empathic Following (EF) responses and 0.5 Therapist Comment Nondirective (TCN) responses. All the other categories occurred less often. Analyzing a sub-sample of six segments, 28% of the words were spoken by the therapist. The range of therapist words as a percentage of total words ranged from 17% to 39%. The author computed frequency data for therapist behavior during each individual session segment and with each individual client. Aside from one segment during which 53% of the comments were directive, no segments had less than 86% nondirective responses. Nondirectiveness rates for each client ranged from 91% to 100% nondirective. Most sessions (exactly 80%) were 100% nondirective.

Table 1

*Percentage of Therapist Responses by Category*

Category	EF	ED	NC	DC	NI	DI	NO	DO	LQ
Percentage	91	1	4	1	1	0	1	0	0

Note: The categories are as follows: EF= Empathic Following, ED= Empathic Directive, NC=Nondirective Comment, DC=Directive Comment, NI=Nondirective Interpretation, DI=Directive Interpretation, NO=Nondirective Observation, DO=Directive Observation, and LQ=Leading Question. Percentages are rounded to be whole numbers.

The author computed correlations between fluctuations in nondirectiveness scores with the scores on outcome measures. (The outcome data is described extensively in Cornelius-White (2003)). No significant correlations between the nondirectiveness score and the outcome measures were found, with the exception of that with the GAS scores. A negative correlation,  $-.66$  with a  $p < .02$ , was found between the change in GAS scores for each client and the therapist nondirectiveness score for each client. However, A Bonferoni correction (to control for the number of correlations) was not calculated, which may reduce the likelihood that this correlation was actually significant.

## Discussion

The vast majority of therapist responses were nondirective (97%). These data support the conclusions that the therapist's style can be considered consistently nondirective. Likewise, the vast majority of therapist responses were empathic following responses (91%). Hence, the mainstay of his therapeutic behavior is the checking of understanding. This is similar to the rates of Rogers (90% empathic following responses) and Brodley (97% in demonstration transcripts though her overall estimate is 95%) (Brodley, 2001; Brody, 1991).

The next most common way his behavior is intended to be nondirective and therapeutic is in making therapist comments. This category of response is the most varied in its contents (anything from "Wow," to "I had been wondering how that went for you.") Further research might chose to break this category into separate categories, such as self-disclosure, simple nondirective agreements, statements of spontaneous emotional response, etc. Sentences in the therapist comment nondirective category may represent the most common way of communicating from congruence and evidencing presence aside from the frequent empathic following response, silence, and non-verbal communications.

It appeared that when the therapist was empathic yet directive, the therapist corrected for the bias and/or errors in his response during the next two responses in about 44% (4) of the nine cases. Hence, even rare directive intentions in empathic statements were often very short lived. While this "correcting" process also occurred with other types of directive sentences, it occurred at a smaller frequency. It appears that if the therapist was being directive using his own frame of reference, the therapist showed more attachment to his intentions. That this phenomenon may be common among therapists represents a testable hypothesis for future research.

It appeared to me at first that the therapist talked a lot, averaging about 4 sentences per minute. Hence, the author looked for comparisons with other therapists. The author made three four minute samplings, one from an early Rogers (1942) transcript, that with Herbert Bryan, one from a humanist-influenced psychodynamic, female colleague of mine, and one from a psychoanalytic male colleague of mine. The first two yielded what seemed to me to also be a lot of sentences while the third yielded a very low rate, with 3 and 2.8, 0.5 sentences per minute, respectively. Also, the therapist's word count ratio of 28% is virtually identical to the word count analysis conducted on the work of Barbara Brodley (27%) and Rogers (27%) (Brodley, 2001; Brody, 1991). Hence, the rate of 4 sentences/minute seems a little high while the word ratio does not. Pacing appeared faster in the therapist's practice in comparison to the other therapists.

It can also be noted that the average percentage of total words spoken by a therapist seems to have some consistency with stated orientation. An average near 27-28% with a typical range of 10-40% (Brodley, 2001) appears to be a consistent pattern for nondirective client-centered therapists. Cognitive-behavioral clinicians appear to have higher ratios and psychodynamic clinicians appear to have lower ratios. The word count analysis of Albert Ellis (the founder of Rational Emotive Therapy) has been found to have a rate of speaking 45-55% (Brodley, 2001). The sampling of the therapist's humanist influenced psychodynamic colleague showed a rate 21% of words and the psychoanalytic colleague was 4% of words. In actuality, the word percentage range for any therapist in a given situation could be 0-100%. These findings are given as a testable hypothesis for further research; no statistical differences were calculated with the N of 3.

Client verbal activity and cooperation are aspects of therapy process that has yielded a positive relationship to outcome in 2/3 of the existing studies (Orlinsky, Grawe, & Parks, 1994). Client activity and cooperation is seen by clients' speaking 72% of the words and 91% of the therapist's words being empathically focused upon client content. These percentages may also indicate client openness, which has been shown to positively correlate with outcome in 4/5 of the existing studies (Orlinsky, Grawe, & Parks, 1994).

This study found that a practice previously shown to be effective (Cornelius-White, *this issue*) was also nondirective. However, no pattern was found between the slight variations in nondirectiveness scores (91%-100%) and the outcome measures (Cornelius-White, *this issue*). Seven of the eight correlations between outcome measures and level of nondirectiveness were statistically insignificant. The correlation between nondirectiveness and GAS score was statistically significant, but

in the opposite direction from that expected. Interestingly, of eight outcome measures, the GAS was the least correlated with client self-report variables (Cornelius-White, *this issue*). Nevertheless, this correlation of  $-.66$  with a  $p < .02$  is worthy of discussion.

At the simplest level, the inverse correlation between nondirectiveness and GAS means that as nondirectiveness scores decreased, positive change in clients' GAS scores generally increased. One interpretation is that within the context of a consistently nondirective practice, infrequent, spontaneous occurrences of direction may represent more effective therapy. Another plausible interpretation is that directive responses are more likely to occur in this therapist's practice with clients who are evidencing higher functioning. Perhaps, the therapist is careful about the presence of directive sentences when clients appear to be in more distress. This interpretation would also be consistent with the theoretical speculations and recommendations of Warner (1998), that clients with a more vulnerable and "fragile" process benefit from more disciplined and technically precise empathy. Similarly, this interpretation is supported by Beutler et al.'s (2001) findings that nondirective methods work better with more resistant clients, if higher resistance is assumed to co-exist with lower GAS scores. Future research investigating a wider range of nondirectiveness scores might clarify these speculations.

Several limitations to this study are noteworthy. One limitation concerns the therapist-as-researcher aspect. Ratings on some outcome measures (Cornelius-White, *this issue*) and the CDRS could evidence bias. While most of the correlations between client and therapist rated variables were significant, the potential confound of therapist-researcher bias exists (Cornelius-White, *this issue*). Further, while a distinguished nondirective client-centered therapist (Barbara Brodley) was consulted on scoring that was subjectively determined by the author to be difficult, the author rated a majority of the CDRS scores himself. Nevertheless, this design had distinct advantages, especially in terms of cost, convenience, and self-exploration. The author recommends this design to other therapists interested in better understanding their therapy behaviors. Other limitations included the limited validation of the CDRS as well as the client sample size and demographics.

## Conclusion

This study described the frequency and categorization of the therapist's behaviors with regards to nondirectiveness using a sample of 22 clients and 101 audiotapes. His therapist behavior was shown to be consistently nondirective (97%) with empathic following responses as the most typical response (91%). Most sessions (exactly 80%) had nondirectiveness scores of 100%. The therapist spoke 28% of the words heard in sessions. This nondirective practice existed in the context of empirically effective brief therapy (Cornelius-White, *this issue*).

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