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Abstract

After they had learned exploration skills, 132 undergraduate helping skills students were taught to use the insight skill of immediacy. After training, students increased in self-efficacy for using immediacy, and catharsis and cohesion increased among lab group members. Students who completed training first (nondelay) had higher self-efficacy post-training than those in a delay condition before they had training. Self-efficacy for immediacy increased after lecture, modeling, and large-group discussion; decreased between lecture and lab; and increased after lab practice. Qualitative results indicated that practice was the most helpful component. Students with the highest initial self-efficacy and prior helping experience (PHE) had the highest post-training self-efficacy, whereas those with the lowest self-efficacy or the highest PHEs had the greatest self-efficacy increases. In addition, cultural background played a role in learning and using immediacy.

Keywords

immediacy, helping skills training, counseling training, self-efficacy, mixed-method

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Immediacy, or talking in the here-and-now about the therapy relationship, has been theorized by psychodynamic and interpersonal theorists to be a powerful therapeutic tool (see review in Hill & Knox, 2009). Furthermore, empirical research (Berman et al., 2012; Hill et al., 2013; Hill et al., 2008; Kasper, Hill, & Kivlighan, 2008; Kuutmann & Hilsenroth, 2011; Mayotte-Blum et al., 2012) has shown that immediacy helps therapists and clients negotiate and resolve problems in the therapeutic relationship, and helps clients talk in depth about thoughts and feelings in the moment.

Immediacy is, however, a complex intervention that can be difficult to teach and to learn. In our experience, trainees typically are intrigued by the concept of immediacy but also are intimidated by the prospect of using it with clients (see also Hill, Sullivan, Knox, & Schlosser, 2007). They fear that they will not use immediacy correctly and will damage the therapeutic relationship. Furthermore, trainees often say that because they rarely are direct in their interpersonal relationships, they feel awkward and inauthentic using immediacy in a therapeutic relationship. They also note how difficult it is to shift from being empathically focused on the client to talking about their own feelings in sessions, even when these feelings are used in the service of helping the client. Thus, just how to approach immediacy training presents a number of unique training challenges.

Outcomes of Training Students to Use Immediacy

In addition to changes in self-efficacy for using immediacy, as was discussed in the overview article (Hill, Spangler, Chui, & Jackson, 2014), we speculated that training would also have effects on other domains. Given that immediacy ideally helps people deal more openly with interpersonal relationships, we postulated that individual lab group members' perceptions of the helpfulness of the group climate would increase after training in immediacy. Although the lab groups are not therapy groups, our observations from previous work with students in these small groups provide anecdotal evidence of notable changes in the interpersonal cohesion among lab group members over the course of the semester, especially after the immediacy lab. Two subscales of the Curative Climate Instrument (CCI; Fuhriman, Drescher, Hanson, & Henrie, 1986) are especially well suited to assess group climate changes that might be affected by immediacy training. The Catharsis subscale (CCI-Cath) asks how helpful it is to be able to express "negative or positive feelings toward other persons in the group" and how helpful it is to learn "how to share in an honest and responsible way, how group members are coming across to me," both of which could be considered plausible outcomes of immediacy training. In addition, the Cohesion subscale (CCI-Coh) asks

group members questions such as how helpful it is "belonging to a group who understood and accepted" them. Yalom and Leszcz (2005) suggested that openly sharing one's inner experiences of other group members (immediacy), and having those experiences accepted by others, builds group cohesion. In addition, prior research (Slavin, 1993) has indicated that here-and-now intragroup communication (i.e., immediacy) predicted group cohesion. Given that interpersonal difficulties in using immediacy are often cited by trainees, it seems worthwhile to examine how immediacy training affects the perceived helpfulness of lab group climate.

Purposes of the Present Study

Our first purpose was to assess the outcomes of training in immediacy in terms of growth trajectories in self-efficacy for using immediacy (SEIm), catharsis, and group cohesion. Our second purpose was to test the effectiveness of components of training: reading, lecture, modeling, large-group discussion, and practice in small lab groups. We assessed the helpfulness of the components both through changes in self-efficacy and in qualitative analyses of written comments following training. Our third purpose was to examine whether individual differences in initial self-efficacy, prior helping experience (PHE), attitude toward learning helping skills, and natural helping ability predict final levels of self-efficacy as well as changes over training.

Method

Participants

Instructors. Five women (three self-identified as European American, one multiethnic African American, one Asian American; one PhD with 1 year of post-degree experience, four advanced doctoral students), all in counseling psychology, were the instructors. All had been teaching assistants for the course 4 to 5 times and had taught the class 1 to 6 times prior to the study. Using a 9-point scale (1 = *not at all*, 9 = *completely*), instructors reported that they believed in the Hill model of helping skills ($M = 8.60$, $SD = 0.55$). They reported (using a 5-point scale; 1 = *low*, 5 = *high*) the extent to which they believed in and adhered to the techniques of the feminist/multicultural orientation ($M = 4.80$; $SD = 0.45$), psychoanalytic/psychodynamic orientation ($M = 4.40$, $SD = 0.55$), humanistic orientation ($M = 4.20$, $SD = 0.84$), and cognitive-behavioral orientation ($M = 2.20$, $SD = 0.84$). In addition, 23 individuals (18 female, 5 male; 14 European American, 4 of Asian origin, 2 Latino/a, 2 mixed ethnicity, and 1 African American; 11 doctoral students,

9 seniors, and 3 post-baccalaureates), all of whom had taken at least one helping skills course previously, served as lab leaders or graduate teaching assistants. Using the same scales described previously, they reported the extent to which they believed in the Hill model (M = 7.58, SD = 0.72), humanistic orientation (M = 4.35, SD = 0.63), cognitive-behavioral orientation (M = 3.73, SD = 0.87), feminist/multicultural orientation (M = 3.42, SD = 0.86), and psychoanalytic/psychodynamic orientation (M = 3.31, SD = 1.01).

Students. Out of 145 students in the five courses, 1 did not consent to inclusion of his or her data, 1 dropped the course, and 11 did not provide complete data. ANOVAs on all those who had available data indicated no significant differences between students who did or did not complete the Self-Efficacy for Immediacy at Time 1 (SEIm-1), $F(1, 140) = 0.62$, $p > .05$; CCI-Coh, $F(1, 141) = 0.00$; Attitude toward Learning Helping Skills (ALHS), $F(1, 141) = 1.16$, $p > .05$; or Natural Helping Measure (NHM), $F(1, 141) = 0.03$, $p > .05$. There were significant differences on the PHEs measure, $F(1, 141) = 4.03$, $p < .05$, such that completers had more helping experiences (M = 13.59, SD = 4.39) than noncompleters (M = 10.33, SD = 1.39).

The final sample included 132 upper-level undergraduate students (96 women, 36 men; 93 European American, 18 African American, 9 of Asian origin, 5 Latino/a, 7 Multiethnic or Other; 4 juniors, 128 seniors; 127 psychology majors, 5 other majors; age M = 21.51, SD = 1.20 years) in five helping skills courses (15-33 students per section) taught at one large public mid-Atlantic university during one semester. All students had taken several prerequisite courses (e.g., introductory psychology, statistics), and 93 (70%) had also taken or were taking introduction to counseling psychology and/or introduction to clinical psychology courses. Participation was voluntary and anonymous (i.e., participation in the study was not a requirement of the course), although students obtained extra credit for participating. Students were informed that participation in the study, including their ratings of skills use and self-efficacy, would have no bearing on their grades in the course.

Judges. Five of the authors of the present study, all female, served as judges for the qualitative data. One was a professor, and four were advanced doctoral students.

Measures

We used the demographic form, PHE, ALHS, NHM, and SEIm, described in the overview article (Hill, Spangler, Chui, & Jackson, 2014), and the CCI, described below.

CCI: Catharsis and Cohesion subscales (CCI-Cath; CCI-Coh). The five-item Catharsis subscale assesses the presence and helpfulness of the release of emotionally loaded material (e.g., "Learning how to share, in an honest and responsible way, how group members are coming across to me"). The 5-item CCI-Coh subscale (e.g., "Belonging to and being valued by a group") assesses the presence and helpfulness of cohesion (the interpersonal forces holding the group together). Items are rated on a 5-point Likert-type scale, ranging from 1 (*not helpful*) to 5 (*extremely helpful*). Factor analysis (Fuhriman et al., 1986) indicated that Catharsis and Cohesion were distinct subscales (in addition to Insight) of the CCI. Both subscales had eigenvalues >1, with all items loading >.60, accounting for 12% and 42% of the variance, respectively. Internal consistency estimates for the CCI-Cath were .81 in Fuhriman et al., .87 in Johnson et al. (2006), and ranged from .77 to .86 for the six different administrations used for this study (findings for the first three administrations were dropped from the analyses because of low internal consistency). Internal consistency estimates for CCI-Coh were .87 in Fuhriman et al., .93 in Johnson et al., and ranged from .79 to .92 in the nine different administrations in the present study.

Procedures

At the end of every weekly lab meeting during the semester, students completed the CCI. The week before the immediacy training, in preparation for the immediacy exercise at the end of the lecture class, students independently wrote about what they liked and disliked about the instructor, lecture, teaching assistants, lab exercises, grades, exams, syllabus, and readings. Instructors encouraged students to be open and honest.

Students' baseline SEIm-1 was completed at the end of the class session prior to the immediacy training. Students were then assigned to read the immediacy chapter in Hill (2004) and selected passages from Hill and Knox (2009), and were informed that there would be a quiz on the readings in the next class.

At the beginning of the next lecture class, trainees completed the SEIm-2 and took a five-item quiz on the assigned readings (passing score was 3 or more correct answers). All students passed the quiz, suggesting that they had completed the reading. After a 30-min lecture about immediacy (using a common set of PowerPoint slides), during which instructors described types of immediacy (negotiating the goals of therapy, articulating feelings about the therapy relationship, rupture and repair in the relationship, and drawing parallels between the therapy relationship and relationships outside therapy), students completed the SEIm-3. Next, instructors showed four vignettes

ranging from 2 to 11 min, created for the present study (three of the authors and an advanced doctoral student role-played helpers and clients), demonstrating the four types of immediacy; trainees then completed the SEIm-4. Next was a 25-min discussion in which instructors invited students to say what they liked or disliked about the class and their immediate feelings about being in the class to allow students to use immediacy in the class. Students expressed feeling overwhelmed by the workload and the logistics of the class, having difficulty with assignments, and not liking the exams. Instructors attempted to respond nondefensively, actively reinforced students' expressions, and modeled how to react to immediacy. Trainees then completed the SEIm-5.

At the start of the lab 2 to 5 days later, after trainees completed the SEIm-6, lab leaders led trainees through a brief (2- to 3-min) mindfulness exercise to help the students become more aware of their feelings in the present moment in preparation for the immediacy exercise. For example, lab leaders instructed trainees to "Remain seated comfortably, breathe deeply, and pay attention to your breathing. If you find yourself distracted by thoughts, simply notice and acknowledge them." Next, a feedback chain exercise was introduced in which each student gave feedback to another group member about how he or she perceived that person. In the exercise, one student gave positive or neutral feedback to another (e.g., "You're very open;" "I wish I knew you better"), with the two students then interacting for at least three speaking turns using more than minimal responses (e.g., more than "thank you"). The student who received feedback then picked another student and repeated the exercise, with the process continuing until all students in the group gave and received feedback. Lab leaders were not part of the feedback chain, but they did provide feedback as necessary to encourage trainees to be gentler or more detailed. After the feedback chain, lab leaders asked group members to talk about the exercise, using immediacy to generate discussion if necessary. Finally, students completed the SEIm-7.

After the lab meeting, students wrote a one- to two-page reflection paper responding to four questions: (a) What was difficult about learning to do immediacy? (b) What was most helpful about the training? (c) What was least helpful about the training? (d) How did your culture affect your ability (either positively or negatively) to learn immediacy? Students submitted this paper to their instructor via email prior to the start of the next lecture.

Delay condition. Three of the classes had immediacy training in the eighth week of the semester, and two were delayed until the ninth week. All training procedures were exactly the same for both groups; the only differences were additional ratings of SEIm before and after lecture and before and after lab

the week prior to immediacy training for those in the delay condition. Because we did not want students in the delay condition to have additional helping skills instruction during their delay week, instructors lectured instead about intakes, interviews, assessment instruments (Minnesota Multiphasic Personality Inventory-2 and Rorschach), and psychopathology.

Results

The means, standard deviations, and correlation coefficients of predictors and outcome variables are presented in Table 1. Correlations indicated that SEIm-1 was significantly positively correlated with CCI-Cath and CCI-Coh during the nondelay training week. Post-training SEIm was not related to CCI-Coh, but was significantly positively related to CCI-Cath during training week for the delay group (Week 9), and during Weeks 12 and 13 of the semester. Finally, changes in SEIm were not related to changes in CCI-Cath or CCI-Coh, although SEIm change was significantly negatively correlated with CCI-Cath during the week of training for the nondelay group. CCI-Cath and CCI-Coh were related to each other initially, but not in terms of change. These results suggest that self-efficacy is related to catharsis, but not to cohesion.

Effectiveness of Training

Changes in self-efficacy. Preliminary examination of the graphed mean SEIm scores (see Figure 1) showed a cubic pattern of change in self-efficacy. Specifically, when nondelay and delay conditions were combined for time in training, there were increases in SEIm for lecture, modeling, and large-group discussion, followed by a decrease before the start of small-group practice, and then another increase after small-group practice. Based on these results, we constructed cubic growth curve models. Given that time points were nested within students, and students were nested within lab groups, a three-level model would have made sense. However, a post hoc power analysis of a three-level model using Optimal Design 2.0 software (Liu, Spybrook, Congdon, Martinez, & Raudenbush, 2009) indicated that for a large effect size (.80) and alpha of .05, power was about .53. Given the inadequate power of the three-level model, we constructed a two-level growth model (time points within students). Because we were still concerned about whether intragroup factors were related to immediacy self-efficacy, however, we constructed a conditional model with nondelay–delay and membership in specific lab groups as Level 2 predictors. Lab group membership was not significant for Time 7 (post-training for nondelay), nor for the linear, quadratic, or cubic

Table 1. Intercorrelations, Means, and Standard Deviations.

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	*M*	*SD*
1. SEIm-1	—																				4.61	1.82
2. SEIm-3	.38**	—																			5.52	1.49
3. SEIm-4	.41**	.79**	—																		5.93	1.52
4. SEIm-5	.42**	.80**	.90**	—																	6.15	1.44
5. SEIm-6	.39**	.65**	.77**	.83**	—																5.61	1.42
6. SEIm-7	.38**	.50**	.59**	.62**	.61**	—															6.48	1.27
7. Change	−.75**	−.03	.01	.01	.03	.33**	—														1.87	1.78
8. PHE	.08	.08	.04	.06	.11	.19*	.05	—													13.46	4.45
9. ALHS	.03	.19*	.15	.13	.08	.09	.04	.20*	—												7.74	1.00
10. NHM	.22*	.13	.10	.12	.11	.15	−.12	.46**	.43**	—											5.49	0.86
11. Cath 5	.08	.13	.10	.07	.01	.06	−.04	.21*	.27**	.31**	—										3.76	0.52
12. Cath 8	.28**	.21*	.24**	.17	.10	.14	.19*	.13	.17	.21*	.48**	—									3.81	0.65
13. Cath 9	.13	.14	.17	.15	.12	.20*	.01	.10	.27**	.13	.34**	.43**	—								3.90	0.61
14. Cath 13	.22*	.11	.16	.15	.12	.23	−.06	.17	.03	.16	.53**	.56**	.52**	—							3.92	0.64
15. Cath Chg	.16	.01	.10	.12	.14	.21*	−.02	−.03	.19*	−.11	−.32**	.20**	.28**	.64*	—						0.16	0.58
16. Coh 3	.04	.13	.11	.09	.06	.06	.00	.19*	.24**	.24**	.46**	.38**	.25**	.41**	.03	—					3.96	0.55
17. Coh 8	.20*	.08	.12	.06	.00	.04	−.18*	−.02	.18*	.20*	.48*	.64**	.40**	.57**	.21*	.47**	—				4.18	0.62
18. Coh 9	.06	.17	.10	.11	.03	.06	−.01	−.13	.28**	.16	.24**	.28**	.53**	.29**	.11	.29**	.40**	—			4.22	0.50
19. Coh 13	.16	.09	.15	.15	.15	.14	−.06	.20*	.12	.22*	.35**	.37**	.34**	.48**	.23*	.39**	.52**	.41**	—		4.49	0.51
20. Coh Chg	.10	−.04	.02	.05	.08	.07	−.05	.00	−.12	−.03	−.13	−.04	.07	.04	.17	−.59**	.02	.09	.52**	—	0.54	0.59

Note. SEIm = self-efficacy for using immediacy (Time Point 2 is omitted from the table because there were no changes from Time 1); PHE = prior helping experience; ALHS = attitudes toward learning helping skills; NHM = natural helper measure; Cath = Catharsis subscale; Cath Chg = change in Catharsis subscale from pre- to post-training; Coh = Cohesion subscale; Coh Chg = change in Cohesion subscale from pre- to post-training.
*$p < .01$. **$p < .001$.

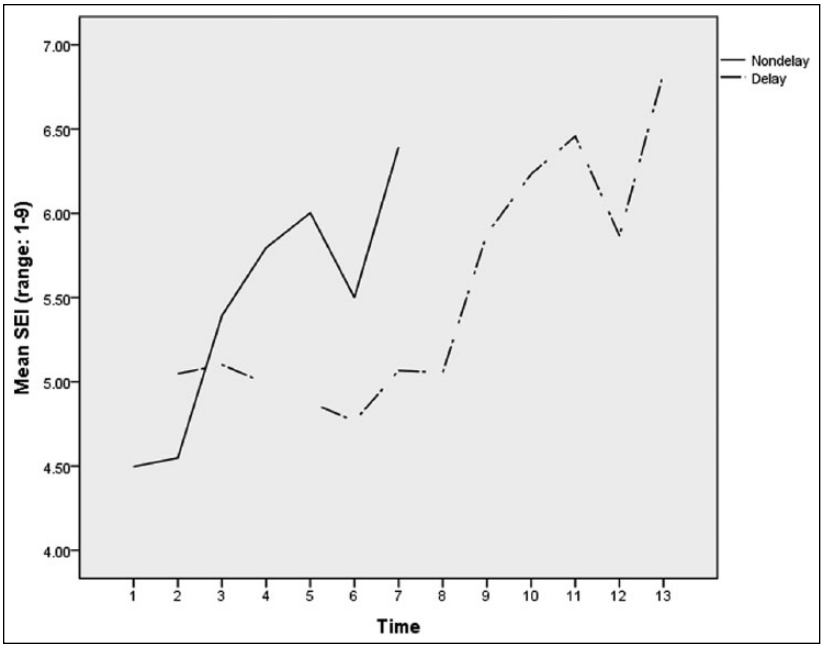

Figure 1. Change in SEIm over the course of training for nondelay and delay conditions.

Note. The overlap in the nondelay (solid) and delay (dashed) trajectories reflects the unchanged SEIm of the delay group whereas the nondelay group SEIm increased as they underwent training. Both groups' SEIm increased during training in similar cubic patterns. Because no data were collected on the delay group at SEIm-4, there is a break in the delay group's trajectory. SEIm = self-efficacy for using immediacy.

parameters. In addition, a general linear hypothesis test of the models, $\chi^2(1) = 3.34$, $p > .05$, indicated that the addition of the group variable did not make a significant difference in model fit to the data over the model without group. We also wanted to determine whether there were instructor effects, but with only five instructors, there was insufficient power for a three-level model. We tested for differences among instructors by using the same conditional model as used for the lab group membership test, using membership in specific instructors' course section as a Level 2 predictor. Membership in an instructor's course section was not significant for Time 7, nor for the quadratic or cubic parameters; and a general linear hypothesis test of the models, $\chi^2(1) = 1.83$, $p > .05$, indicated that the instructor variable did not make a significant difference in model fit. Hence, we present here results for the conditional cubic model with nondelay–delay as the only Level 2 predictor.

Fixed effects. Results for the conditional cubic model (see Table 2) indicated a significant nondelay–delay effect at Time 7 (post-training for nondelay), $t(130) = 4.52$, $p < .001$. The positive coefficient ($\beta_{01} = 1.190$) indicated that, at Time 7, participants in the nondelay condition were significantly higher in immediacy self-efficacy than those in the delay condition. There also was a significant nondelay–delay effect for the cubic slope, $t(130) = 1.98$, $p < .05$, with a positive coefficient ($\beta_{31} = .12$), indicating that those in the nondelay condition decreased in SEIm less during their downturn phase than did those in the delay condition. To test model fit, a general linear hypothesis test was run. The chi-square statistic, $\chi^2(1) = 24.14$, $p < .001$, indicated that the nondelay–delay model was a better fit for the data than the unconditional model.

Variance components. Although the addition of the nondelay–delay parameter explained some variance between students' self-efficacy, random effects were significant for Time 7, and for the cubic parameter. This indicated significant unaccounted-for variance between students after the nondelay–delay parameter was added to the model.

Taken overall, these results indicated that students in the nondelay condition were higher in immediacy self-efficacy at Time 7. Students in the nondelay and delay conditions had different patterns of increases and decreases in self-efficacy for immediacy. However, there was significant variance between students that was not accounted for by the immediacy training, which may have been due to other factors such as individual differences.

Changes in catharsis and group cohesion. Examination of the graphed mean catharsis scores (see Figure 2) indicated marked increases in catharsis during the training week lab group for both the nondelay (Week 8) and delay (Week 9) conditions, with steep declines in catharsis in the week following training, and increases in subsequent weeks. The graphed mean cohesion scores (see Figure 3) indicated that for both the delay and nondelay conditions, there were steady increases in cohesion in the first half of the semester, with accelerated growth during the week of immediacy training, a decline the week after training, and an increase in subsequent following weeks. With the similarity of change trajectories in both conditions, we speculated that a cubic growth pattern would fit for both catharsis and cohesion.

Although a three-level model would have been ideal, a post hoc power analysis indicated that for a large effect size (.80) and alpha of .05, power was .39, indicating that a three-level model was not adequately powered to detect even a large effect size. In addition to inadequate power, we took into consideration Johnson et al.'s (2006) multilevel factor analysis of the CCI, from which the authors concluded that an individual-level interpretation of the

Table 2. Growth Curve Analysis of Self-Efficacy for Immediacy for Nondelay and Delay Conditions (N = 132).

Variable	Coefficient	*SE*	*t* ratio	*df*	*p*
Fixed effect					
Intercept, π_0					
Intercept 2, β_{00}	4.975	0.223	22.270**	130	<.001
Nondelay vs. delay, β_{01}	1.190	0.263	4.521**	130	<.001
Linear slope, π_1					
Intercept 2, β_{10}	0.526	0.107	4.906**	130	<.001
Nondelay vs. delay, β_{11}	−0.030	0.308	−0.098	130	.922
Quadratic slope, π_2					
Intercept 2, β_{20}	0.120	0.017	7.134**	130	<.001
Nondelay vs. delay, β_{21}	0.062	0.250	0.250	130	.803
Cubic slope, π_3					
Intercept 2, β_{30}	−0.042	0.013	−3.186†	130	.002
Nondelay vs. delay, β_{31}	0.117	0.059	1.975†	130	.050

Random effect	Variance	*df*	χ^2	*p*
Intercept 1, r_0	1.552	130	830.145**	<.001
Linear slope, r_1	0.400	130	216.988**	<.001
Quadratic slope, r_2	0.009	130	156.932	.054
Cubic slope, r_3	0.006	130	198.675**	<.001
Level 1 error, e	0.568			

†$p < .05$. **$p < .001$.

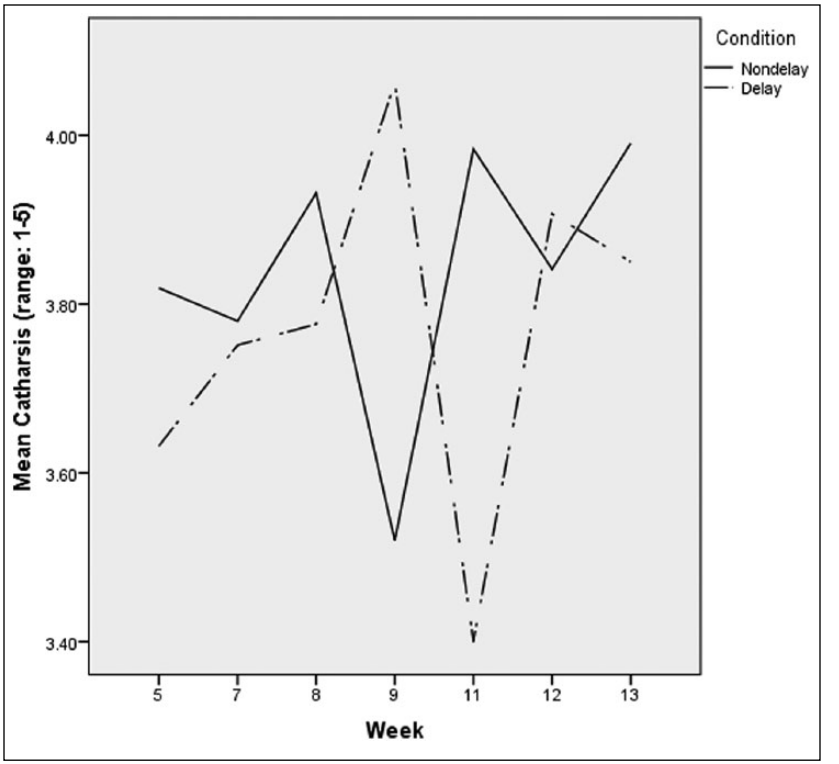

Figure 2. Change in perceived lab group catharsis over time.
Note. The mean catharsis of the two groups peaked during their respective immediacy training labs, and then decreased in the next lab group meeting after training. Because of low reliability on the Catharsis subscale in Weeks 3, 4, and 14, these time points were omitted.

CCI was more appropriate than a group-level interpretation. Given these factors, we constructed a two-level model with within-person changes in catharsis and group cohesion over time at Level 1, and between-person differences at Level 2. For catharsis, an unconditional cubic growth model was significant, whereas a quadratic unconditional model was significant for cohesion. Thus, conditional cubic and conditional quadratic growth models were constructed for catharsis and cohesion, respectively.

Fixed effects. For catharsis, results for the cubic model (see Table 3) indicated no significant nondelay–delay effect at Week 8 (training week for nondelay), $t(128) = 0.07$, $p = .948$. However, there was a significant nondelay–delay effect for the cubic slope, $t(128) = 2.48$, $p < .05$, with a positive coefficient

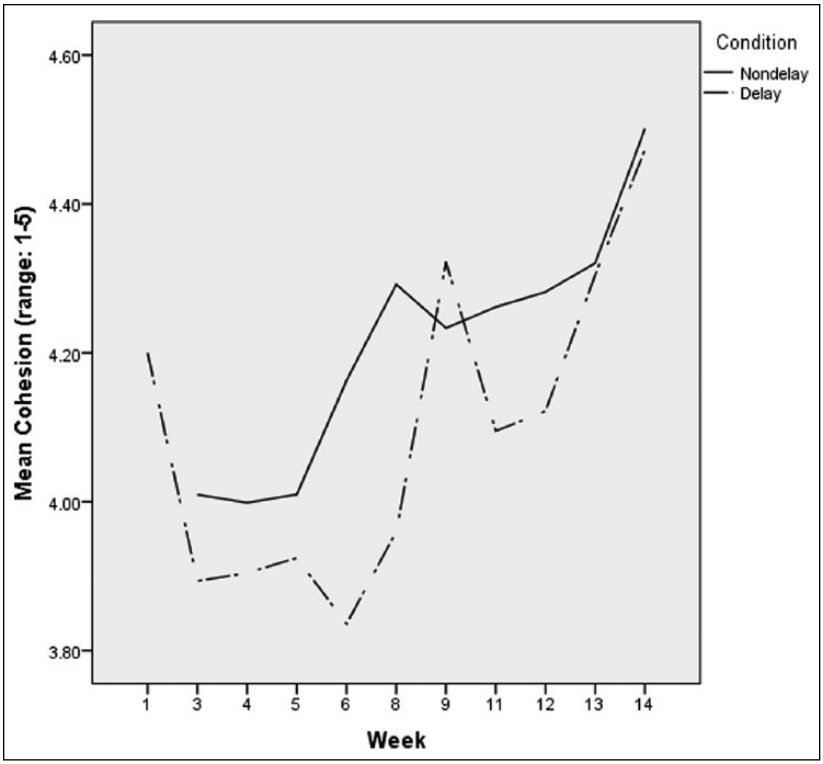

Figure 3. Change in perceived lab group cohesion over time.
Note. The overlap in the nondelay and delay trajectories reflects the steep increase in perceived cohesion after practicing immediacy in lab group in Week 8 for the nondelay group and in Week 9 for the delay group.

($\beta_{31} = .5$) indicating that trainees in the nondelay condition decreased less in catharsis during their downturn phase than those in the delay condition. To test model fit, a general linear hypothesis test was run. The chi-square statistic, $\chi^2(3) = 5.00$, $p < .05$, indicated the nondelay–delay model was a better fit for the data than the unconditional model.

For cohesion, results for the quadratic model (see Table 4) indicated a significant nondelay–delay effect at Week 8, $t(130) = 2.02$, $p < .05$. The positive coefficient ($\beta_{01} = .188$) indicated that participants in the nondelay condition were significantly higher in group cohesion at Week 8 than were those in the delay condition. There was no significant effect for the nondelay/delay condition for either the linear parameter, $t(130) = -0.30$, $p > .05$, or the quadratic parameter, $t(130) = -0.96$, $p > .05$. The general linear hypothesis test

Table 3. Growth Curve Analysis of Lab Group Catharsis (N = 130).

Variable	Coefficient	*SE*	*t* ratio	*df*	*p*
Fixed effect					
Intercept, π_0					
Intercept 2, β_{00}	3.852	0.073	52.808**	128	<.001
Nondelay vs. delay, β_{01}	0.006	0.095	0.065	128	.948
Linear slope, π_1					
Intercept 2, β_{10}	0.224	0.054	4.162**	128	<.001
Nondelay vs. delay, β_{11}	−0.244	0.068	−3.588**	128	<.001
Quadratic slope, π_2					
Intercept 2, β_{20}	−0.013	0.025	−0.521	128	.603
Nondelay vs. delay, β_{21}	0.062	0.250	0.250	128	.959
Cubic slope, π_3					
Intercept 2, β_{30}	−0.034	0.016	−2.177†	128	.036
Nondelay vs. delay, β_{31}	0.049	0.019	2.482†	128	.014

Random effect	Variance	*df*	χ^2	*p*
Intercept 1, r_0	0.458	128	461.928**	<.001
Linear slope, r_1	0.160	128	149.177	.097
Quadratic slope, r_2	0.001	128	123.773	>.500
Cubic slope, r_3	0.001	128	198.675**	>.500
Level 1 error, e	0.179			

†p < .05. **p < .001.

Table 4. Growth Curve Analysis of Lab Group Cohesion (N = 132).

Variable	Coefficient	*SE*	*t* ratio	*df*	*p*
Fixed effect					
Intercept, π_0					
Intercept 2, β_{00}	3.958	0.071	55.373**	130	<.001
Nondelay vs. delay, β_{01}	0.188	0.093	2.023*	130	.045
Linear slope, β_1					
Intercept 2, β_{10}	0.112	0.015	7.549**	130	<.001
Nondelay vs. delay, β_{11}	−0.024	0.019	−1.299	130	.196
Quadratic slope, π_2					
Intercept 2, β_{20}	0.025	0.008	2.992*	130	<.003
Nondelay vs. delay, β_{21}	−0.011	0.011	−0.962	130	.338

Random effect	Variance	*df*	χ^2	*p*
Intercept 1, r_0	0.238	130	815.409**	<.001
Linear slope, r_1	0.005	130	241.448**	<.001
Quadratic slope, r_2	0.001	130	172.229*	<.008
Level 1 error, e	0.141			

*p < .01. **p < .001.

chi-square statistic, $\chi^2(1) = 4.09$, $p < .05$, indicated that the nondelay–delay model was a better fit to the data than the unconditional model.

Variance components. For catharsis, random effects were significant for the Week 8 intercept, indicating significant unaccounted-for variation between individuals after the delay–nondelay parameter was added to the model. Random effects were not significant for the cubic parameter, indicating no significant unaccounted-for variation between individuals after the delay–nondelay parameter was added to the model.

Although the addition of the nondelay-delay parameter accounted for some of the variance in cohesion, random effects were significant for the intercept and linear and quadratic parameter. This indicated significant unaccounted-for variance between students even after the nondelay–delay parameter was added to the model. In sum, students in the nondelay and delay conditions did not differ on catharsis during the Week 8 lab group; however, they did have differing cubic patterns of growth in catharsis. Furthermore, students in the nondelay condition perceived greater group cohesion in Week 8 than did participants in the delay condition; however, quadratic patterns of growth in cohesion did not differ significantly.

Effects of Components of Training

Quantitative analyses. Data for participants in the delay and nondelay conditions were combined along the same timeline. A repeated-measures ANOVA was used to investigate the unique contribution of each component of immediacy training on SEIm. Because Mauchly's test indicated that the assumption of sphericity was violated, $\chi^2(20) = 252.40$, $p < .05$, the degrees of freedom were corrected using Greenhouse–Geisser estimates of sphericity ($\varepsilon = .60$). Results indicated overall significant differences on SEIm scores across time, $F(3.62, 477.97) = 74.81$, $p < .001$. To examine the contribution of each component, six contrasts were constructed and compared, controlling for the alpha with a Bonferroni adjustment (.05/6 = .008). The difference between Times 1 and 2 (.00) was not significant, indicating no effect for the reading assignment. The differences between Times 2 and 3 (.82), Times 3 and 4 (.41), Times 4 and 5 (.22), Times 5 and 6 (−.53), and Times 6 and 7 (.92) were all significant at the $p < .001$ level. Thus, participants' self-efficacy increased after the lecture, modeling, and large- and small-group practice; decreased during the gap between lecture and lab; and did not change for reading.

Qualitative analyses. We report here all the findings that fit for at least 15% of the sample. A majority (73%) of the sample indicated that practice was the

most effective component of training. As one student stated, "The most helpful part about immediacy training was actually doing it in lab. As with any of the counseling skills that we are lectured on, the only way to master them is to practice them." Some students (16%) found being restricted to positive or neutral feedback unhelpful, whereas others (25%) found the exercise artificial when they did not know the classmate well. In addition, 18% of the students wanted more practice in situations involving negative immediacy, and 17% wanted more practice in smaller groups or dyads.

Students also found modeling to be a helpful component of the training (55%), especially the video vignettes (38%). One student said, "It was easier to grasp the concept when I could see and hear people actively doing it. It was also helpful that the actors demonstrated four types of immediacy because I could not visualize the difference between them." Some of the students (19%), however, did not like the vignettes because they were too long and artificial. Students also mentioned that modeling by classmates was a helpful component (20%). One student noted,

> It was very helpful to observe other members of my lab group using immediacy. One pair was able to demonstrate the correct way to apply immediacy in a session in a manner that made it seemingly easy. They modeled to me how you can talk about your immediate feelings, not just listen to someone else talk about theirs.

In addition, 14% of the students thought that even more modeling would have been useful, especially more concrete, realistic examples.

Although structured feedback was not provided in this study, 19% of the sample mentioned feedback as helpful. One student wrote,

> It was helpful to get constructive feedback from the lab leaders as well. They did not give harsh remarks or assess us, but rather helped us to see what we should improve upon and other ways to go about using the immediacy skill given the context.

Some students (24%) mentioned that support from peers was helpful. One student commented,

> I also found it helpful to be able to practice immediacy with my lab group. It was easier to practice with a group of people who I have become comfortable with, rather than having to do it for the first time in a real helping session that we would later have to transcribe.

In contrast, 27% noted that peers made them anxious. One student noted,

> The least helpful thing about the immediacy training was having to use the skill in front of all my lab members. Although it was helpful in getting peer feedback, it was also a bit stressful. I felt a little pressure in doing it perfectly because everyone was watching me and waiting to give their critiques.

A frequently mentioned difficulty (55%) was that it felt awkward, uncomfortable, and socially inappropriate using immediacy (e.g., "Learning to do immediacy was difficult because unlike most of the other helping skills we have used, it is not something we use in our daily lives and is not a normal part of most conversations."). Students also mentioned that grasping the concept of immediacy was difficult or that they disagreed with it (42%). In addition, students noted the need for rapport before using immediacy (31%), feared that using immediacy would damage the therapeutic relationship (26%), and felt vulnerable using immediacy (16%).

Predictors of Training Outcome

Initial self-efficacy and PHE. The correlation matrix (see Table 1) indicates that SEIm-1 and PHE correlated significantly with final levels of self-efficacy (SEIm-7), although ALHS and NHM did not. In addition, SEIm-1 (but not PHE, ALHS, or NHM) correlated with change in self-efficacy (SEIm-7 to SEIm-1). We therefore created a growth curve model with SEIm and PHE added at Level 2. For this model, the data for nondelay and delay conditions were combined along the same timeline. For the unconditional models, the data were centered on SEIm-1. See Table 5 for conditional model results.

Fixed effects. SEIm-1 was significant for the intercept (SEIm-7), $t(129) = 4.29$, $p < .001$, indicating that initial self-efficacy for immediacy was positively related to post-training self-efficacy. Thus, students with higher initial self-efficacy had higher final self-efficacy. SEIm-1 was also significant for the linear, $t(129) = -2.23$, $p < .05$; quadratic, $t(129) = -2.56$, $p < .05$; and cubic parameters, $t(129) = -3.68$, $p < .001$, indicating that initial self-efficacy was significantly negatively related to the SEIm growth trajectory. The negative coefficients for the linear ($\beta_{11} = -.30$), quadratic ($\beta_{21} = -.27$), and cubic ($\beta_{31} = -.08$) parameters indicated that students with higher initial SEIm had smaller increases and downturns in their growth trajectories. Thus, those with high initial SEIm increased less in self-efficacy than those with low initial SEIm.

PHE was not significant for SEIm-7, $t(129) = 1.76$, $p = .08$, although it was trending toward significance. PHE was significant for the linear, $t(129) = 2.17$, $p < .05$; quadratic, $t(129) = 2.20$, $p < .05$; and cubic parameters, $t(129) = 2.16$, $p < .05$, indicating that PHE was significantly related to the SEIm

Table 5. Growth Curve Analysis of Initial Self-Efficacy and Prior Helping Experience as a Predictor of Post-Training Self-Efficacy for Immediacy and Change in Self-Efficacy Over Time (N = 132).

Variable	Coefficient	*SE*	*t* ratio	*df*	*p*
Fixed effect					
Intercept, π_0					
Intercept 2, β_{00}	4.555	0.407	11.187**	129	<.001
Initial SEIm, β_{01}	0.261	0.061	4.287**	129	<.001
Prior helping experience	0.254	0.144	1.757	129	.081
Linear slope, π_1					
Intercept 2, β_{10}	0.615	0.843	0.730	129	.467
Initial SEIm, β_{11}	−0.280	0.125	−2.234†	129	.027
Prior helping experience	0.581	0.268	2.168†	129	.032
Quadratic slope, π_2					
Intercept 2, β_{20}	0.423	0.722	0.586	129	.559
Initial SEIm, β_{21}	−0.270	0.106	−2.560†	129	.012
Prior helping experience	0.505	0.229	2.204†	129	.029
Cubic slope, π_3					
Intercept 2, β_{30}	0.249	0.156	1.593	129	.114
Initial SEIm, β_{31}	−0.085	0.023	−3.678**	129	<.001
Prior helping experience	0.111	0.051	2.163†	129	.032

Random effect	Variance	*df*	χ^2	*p*
Intercept 1, r_0	0.905	129	336.632**	< .001
Linear slope, r_1	0.302	129	127.688	>.500
Quadratic slope, r_2	0.584	129	145.018	.159
Cubic slope, r_3	0.048	129	166.073†	.015
Level 1 error, e	0.537			

Note. SEIm = self-efficacy for using immediacy.
†$p < .05$. **$p < .001$.

growth trajectory. The positive coefficients for the linear (β_{12} = .58), quadratic (β_{22} = .51), and cubic (β_{32} = .11) parameters indicated that students with more helping experience had greater increases and downturns in their growth trajectories. The general linear hypothesis test chi-square statistic, $\chi^2(1) = 3.46$, $p < .05$, indicated that the nondelay–delay model was a better fit to the data than the unconditional model.

Variance components. Although the addition of initial SEIm and PHE explained some of the variance between students on post-training SEIm, random effect results for the conditional model showed that significant variance remained. Specifically, the Level 2 variance estimations for mean SEIm-7 and the cubic parameter of the conditional model, were significant, indicating significant unexplained variance in the cubic model even after initial SEIm and PHE were taken into consideration.

In sum, students with high initial SEIm or PHE had high post-training SEIm whereas those with low initial SEIm or PHE had low post-training SEIm. Students with low initial SEIm increased more in self-efficacy than did students with high SEIm and low PHE.

Influence of culture on learning immediacy. Although 45% of the students indicated that culture positively influenced their ability to learn immediacy, 58% indicated that culture negatively influenced their ability to learn immediacy. Most of these comments related to gender or ethnicity. For female students, 10% indicated a positive influence:

> I feel that as a female [*sic*], I was always encouraged to express my feelings, and to form and preserve lasting relationships . . . this inclination to express feelings in the 'here and now' could have positively affected my ability to use immediacy.

In contrast, 18% of the male students indicated that being a man made it difficult to learn immediacy:

> I have been taught and conditioned by the society around me that, as a male, it is not socially acceptable to express my emotions towards others; I think this is especially true for sadness. Guys are supposed to keep their emotions inside and not convey that they are affected by what other people say and do.

With regard to ethnicity, an African American student noted, "I believe my culture positively affected my ability to learn immediacy because I believe African Americans are very open and outspoken, which is a part of

immediacy." Others noted negative aspects of ethnicity. A Euro-American student said,

> People generally don't say negative things to others unless they are first provoked. I was raised to follow the old saying, "if you don't have anything good to say, don't say anything at all." I was taught that this means one must lie at times if necessary. Sometimes admitting how you really feel can make matters worse.

Another student said,

> Coming from a Persian background has made me value privacy. It has also taught me that showing negative emotion can be viewed as a weakness . . . It takes a lot . . . to be able to tell someone I do not know very well how I feel in the moment with them.

An African American student said, "Positive feedback is not often given. . . . This type of behavior can feel too emotional, or wishy-washy."

Discussion

Undergraduate students were able to begin to use the skill of immediacy after 4 hr of intensive training following half of a semester of training in exploration skills. In this section, we focus first on the evidence that the training was effective, then we discuss the evidence for the effectiveness of the components of training, and finally we discuss the findings related to the predictors of the outcomes of training.

Effectiveness of Training

The use of a delay condition as a comparison with the nondelay condition provided evidence for the effectiveness of the immediacy training. Students in the nondelay condition improved more in self-efficacy at Time 7 than did students in the delay condition, suggesting that these changes were not due to time alone. In addition, a cubic pattern of growth in self-efficacy in both groups seems fitting given that the didactic and modeling components were more passive types of learning, and the practice components required students to take risks by actively practicing a technique that was difficult and socially awkward. It makes sense that self-efficacy would decrease just before attempting practice and then increase again once students gained confidence through practice.

In addition, catharsis increased in cubic patterns for both groups, and it appeared on the graphed means (see Figure 1) to be related to training; however, the groups were not significantly different on catharsis during nondelay training week. It may be that all items on the Catharsis subscale were not closely enough related to immediacy and thus were less affected by immediacy training.

Group cohesion also increased for both groups, and the groups were significantly different on cohesion the week of nondelay training, although the quadratic pattern was not significantly different for the groups. It makes sense that group cohesion would increase after students gave each other feedback and spoke openly and honestly with each other.

It is interesting to note that catharsis and cohesion both decreased markedly the week following training for both nondelay and delay groups. Although it is possible that the training had a delayed negative effect on lab group climate, a more likely explanation for the temporary decreases in catharsis and cohesion is that for three of the courses, the students did not meet in their usual lab groups the week following immediacy training because of the helping sessions (described in Hill, Spangler, Chui, & Jackson, 2014) scheduled for that week. It seems likely that the missed week of meeting in lab groups, particularly immediately following the training week in which their catharsis and cohesion levels had increased significantly, negatively affected the levels of catharsis and cohesion. It is also possible that without the impetus of immediacy training, group members felt less close and open with each other in the week following the immediacy training. In subsequent weeks, they did recover training week levels of cohesion and catharsis, but because SEIm was not measured in the weeks after training, it is unclear whether increased catharsis and cohesion were related to increased self-efficacy.

There is also some qualitative evidence that immediacy training contributed to group climate. In their reflection papers, students wrote that immediacy training helped them become closer and more genuine with one another. Some students cited the interpersonal environment as facilitating their ability to practice immediacy during lab, although others indicated feeling hindered by the interpersonal environment. Helping skills students may have experienced the use of immediacy within the lab group as facilitating mutual openness with and acceptance of their lab mates. It should be noted that the dynamics of immediacy in a dyad are different from those in a group; there is greater intimacy in a dyad than in a group. For the present study, the students practiced in dyads; however, the dyads were within a group setting. It seems likely that given the dyads were not exclusive, but rather proceeded as a chain exercise, that the immediacy would have been less intimate than in a genuine

dyad. According to Yalom and Leszcz (2005), this type of environment promotes immediate interpersonal learning through feedback and peer support.

Components of Training

All of the training components (instruction, modeling, practice, and feedback) were found to be helpful, which supports Bandura's (1969, 1986) theory. Because slightly different results were found for each component, we review these separately in the order in which they occurred in the training.

Instruction. The quantitative results indicated that lecture was the second most effective component in terms of increasing self-efficacy. Our qualitative results on this component were not as unequivocal, however, in that one fifth of the students thought that instruction (reading and lecture) was most helpful, yet another one fifth found it the least helpful component. The difference in the quantitative and qualitative findings may be due, in part, to the timing of the measurements. The self-efficacy measures were completed right after each training component, whereas the reflection papers were written post-training. Given that the lecture was close to the beginning of the training, it may have helped clarify some aspects of immediacy not easily understood through the reading. However, by the end of the immediacy training, when students had received all components of training and could retrospectively judge the relative effectiveness of all of the components, the lecture was not perceived as having been as helpful as practice.

Reading, another aspect of instruction, was not perceived as being as helpful as other components in either the quantitative or qualitative analyses. We suspect, however, that reading was an essential foundation for the lecture, which, in turn, served as a foundation for practice.

Modeling. Modeling (via video vignettes) brought immediacy to life, giving students a better idea of how this skill could be used in a therapy relationship. Modeling resulted in the third greatest increase in self-efficacy for immediacy, and more than half of the students wrote in their reflection papers that modeling was the most helpful component. These findings about the effectiveness of modeling are consistent with Bandura's (1986) classic work on social learning and Hill and Lent's (2006) meta-analytic findings that modeling had a strong effect on training.

Practice. Quantitative results showed that practice yielded the greatest increase in self-efficacy. Consistent with this finding, the qualitative results indicated that nearly three fourths of the students thought that the practice

component was helpful in learning to use immediacy. Practice allowed students to put their understanding to use and added an experiential component to the training process. Practice was probably particularly helpful because immediacy feels socially awkward and is counter to typical interactions for most people.

Students' recognition of the value of practice was reflected in their recommendations that more practice be provided in future training. They also wanted practice with immediacy related to negative experiences because some felt the positive-only feedback exercise lacked genuineness, and they felt unprepared to use immediacy related to negative feelings in the future. However, exercises with negative feedback would be problematic; the pedagogic value might not outweigh the potential negative impact on students' emotional well-being and relationships. Because students recognized the difficulties related to practicing negative immediacy in the classroom setting, some suggested using scripted scenarios. They also suggested that it would be helpful to practice in smaller groups or dyads because it was intimidating to practice in larger groups.

Feedback. Although we did not experimentally manipulate or measure feedback, some students spontaneously reported that feedback was a useful component of training. This finding is consistent with Bandura's (1986) assertion that social persuasion is a major source of self-efficacy. Thus, the spontaneous positive feedback students received from lab leaders and peers about their performance appears to have enhanced their self-efficacy for using immediacy.

Predictors of Training Outcome

Students who began with less confidence in their ability to use immediacy changed more in their self-efficacy than did those with higher initial confidence. Perhaps students who were initially confident in their ability to use immediacy had relatively little room to grow. Students' initial confidence levels may also have been inflated, and thus, they had less room to increase as students learned about immediacy. Despite the finding that students with high initial self-efficacy increased less over time, these students nevertheless had higher final self-efficacy for immediacy than those with low initial self-efficacy. This result may reflect Bandura's (1991) position that self-efficacy is reinforced by successful performance, which further builds personal agency. Thus, if students with high initial self-efficacy successfully engaged in immediacy training, it makes sense that they would also finish with higher self-efficacy.

In addition, students who had more helping experience had a greater increase in self-efficacy and had higher final levels of self-efficacy than did those who had less experience. Similarly, Lent, Hill, and Hoffman (2003) and Lent et al. (2006) found that counselor self-efficacy increased more for those with more experience than for those with less experience. Perhaps the experienced students in the current study were more able to take advantage of training because they had more comfort and skill than did more inexperienced trainees. Although no qualitative results directly supported the prior experience findings, people with PHE may have felt less awkward because they were more familiar with the helping setting.

Cultural factors played an integral role in learning to use immediacy; in particular, many trainees stated that admitting how they actually felt in the moment was uncomfortable because it ran counter to social norms. Other students remarked on the importance of their gender and race/ethnicity in learning about immediacy. The findings about gender are consistent with research indicating that men may experience gender role conflict and have negative attitudes related to help seeking and psychotherapy (Pedersen & Vogel, 2007). Women felt that it was culturally appropriate for them to be immediate, supporting research on gender stereotypes (Ben-Zeev, Scharnetzki, Chan, & Dennehy, 2012; Harrison & Shortall, 2011).

Limitations and Implications

A limitation of this study was the use of only self-report measures to assess the impact of training. Although these self-report measures provided an indication that students perceived changes as a result of training, performance-based measures should be included in future studies. Another limitation was the small sample size at the group level, which prevented analysis of group effects. Future studies should include larger samples with more groups.

Many specific recommendations flowed from student comments. They noted that time spent watching videos could be shortened and that each video should be thoroughly discussed before moving on to new examples. Others recommended smaller lab groups to lower anxiety about using immediacy and that greater attention could be given to training undergraduate lab leaders.

A number of students noted that learning immediacy was very different from learning exploration skills. There was a pedagogical shift away from focusing on the client and on the grammatical structure of interventions during the exploration stage to focusing on context, conceptualization, and the helping relationship when learning immediacy. Perhaps making the shift more explicit to students would facilitate their learning. In addition,

immediacy often requires more personal and emotional involvement from students than do other skills. This need for increased personal involvement may have contributed to feelings of awkwardness. Again, discussing the shift in personal involvement in a more explicit way may better prepare students and facilitate their training in immediacy. Finally, greater attention to processing cultural differences within lab groups prior to immediacy training might provide the needed practice of openly discussing difficult topics, which could enhance immediacy training. Other limitations and implications are discussed in the final article (Hill, Spangler, Jackson, & Chui, 2014).

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Clara E. Hill, PhD, is a Professor of Psychology in the Counseling Psychology program at the University of Maryland. She received her doctoral degree in counseling psychology from Southern Illinois University in 1974 and has been at the Department of Psychology at the University of Maryland since then. Her current areas of interest are the identification and training of counseling skills, process and outcome studies of psychotherapy, working with dreams, and qualitative research.

Marianne G. Dunn, PhD, is an Assistant Professor in the Counseling Psychology program at Towson University. She completed her doctoral degree in psychology at

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Ann M. Hummel, PhD, is a Lieutenant in the U.S. Navy and is currently a Staff Psychologist at Fleet Mental Health, Naval Base San Diego. She completed her doctoral degree in psychology at the University of Maryland in 2013. Her research interests are psychotherapy process and outcome, the therapeutic relationship, and counselor training.

Tamara T. Walden, PhD, is a psychological resident at Florida State Hospital in Chattahoochee, FL, with clinical interests in multiculturalism and crisis-intervention. She completed her doctoral degree in psychology at the University of Maryland in 2013. Her research interests are process and outcome investigations of the psychotherapy dyad examining constructs such as the real relationship, immediacy, session quality, and experiencing level.

Jingqing Liu, PhD, is a Senior Staff Therapist at the University of Oregon Counseling and Testing Center. She completed her doctoral degree in psychology at the University of Maryland in 2013. Her research interests include multicultural counseling, supervision, and training, as well as international student issues.

John L. Jackson, PhD, is a Staff Psychologist at Sewanee: The University of the South's Wellness Center. He completed his doctoral degree in psychology at the University of Maryland in 2013. His research interests include counseling and helping skills training, psychotherapy process and outcome, and the application of attachment theory to the development and maintenance of the therapeutic relationship.

Heather V. Ganginis Del Pino, PhD, is an Assistant Professor of Psychology at Montgomery College. She completed her doctoral degree in psychology at the University of Maryland in 2011. Her interests include women's career development and gender issues.

Nazish M. Salahuddin, PhD, is Academic Director of the Graduate Certificate Program in Working with Survivors of Violence, Torture, and Trauma, and Clinial Assistant Professor at the University of Maryland. She completed her doctorate in psychology at the University of Maryland in 2008. Her research, clinical, and teaching interests are largely in the areas of multicultural, gender, and social justice issues.