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Encounter Groups: Do They Foster Psychology Students’ Psychological Development and Therapeutic Attitudes?

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Abstract

This study investigated, using a controlled experimental design, the impact of an encounter group on psychological development and helping skills among 2nd-year undergraduate psychology students. Students in the training condition participated in three weekly 4-hour sessions of classical Rogerian encounter group while students in the control condition did not receive any intervention. Results showed a significant increase in self-actualization and emotional intelligence in the encounter group from pre- to post-test compared to the control condition. Only encounter group participants had learnt to decrease their use of not-client-centered responses (i.e., advice, judgments, and closed questions) to a simulated client. These promising findings are discussed in relation to more structured teaching methods usually preferred in university settings.

Keywords: training; encounter group; self-development; therapeutic skills; controlled study.

Résumé

L’objectif de cette étude était d’évaluer, avec un protocole expérimental contrôlé, l’incidence des groupes de rencontre sur le développement psychologique et les compétences d’aide des étudiants en psychologie de deuxième baccalauréat. Les étudiants de la condition expérimentale participaient, hebdomadairement, à trois sessions de 4 heures de groupes de rencontre rogériens, tandis que les étudiants de la condition contrôle ne recevaient aucune formation spécifique. Les résultats ont montré une augmentation significative, entre le pré et le post-test, de l’auto-actualisation et de l’intelligence émotionnelle pour les groupes de rencontre comparé à la condition contrôle. Seuls les participants des groupes de rencontre avaient appris à avoir moins recours à des réponses directives (conseils, jugements, questions fermées) face à un patient simulé. Ces résultats prometteurs sont discutés en lien avec les méthodes d’enseignement plus structurées souvent préférées dans le cadre universitaire.
Mots-clés : formation, groupe de rencontre, développement personnel, compétences thérapeutiques, étude contrôlée
Encounter Groups: Do They Foster Psychology Students’ Psychological Development and Therapeutic Attitudes?

Encounter groups were developed by Rogers and his team early after World War II (in 1946 and 1947) at the Counseling Center of the University of Chicago (Rogers, 1970/2006) to train counselors in helping war veterans with their social reintegration (Schmid & O’Hara, 2007, 2013). These encounter groups took the form of intensive experiential groups requiring trainees to meet every day for several hours. The objective was that trainees improved their self-knowledge, become more aware of their attitudes in order to become able to use themselves in their future job of counselor. These encounter groups proved to be a success and their principles were further used in summer workshops organized by the Center (Rogers, 1970). During the 1960s and 1970s, encounter and other types of growth groups were used worldwide and varied in terms of participants (e.g. directors, delinquents, counselors, married couples, families, teachers, nurses), methods (e.g. sensitivity group, task group, Gestalt group), leadership style (e.g. degree of offering structure) and objectives (e.g., increasing work performance, conjugal satisfaction, general well-being).

Person-centered encounter groups have two key elements in common: they are experience-focused and self-directed (participants determine for and by themselves their objectives and their topics of exploration). The role of the leader or facilitator of the group is to facilitate the expression of the group members. Encounter groups are fundamentally non-directive in nature and the focus of attention is essentially on the evolution and the dynamics of the personal interactions that are taking place moment-by-moment between participants. Their main principle is to allow participants to live and experience the three basic attitudes of empathy, unconditional positive regard, and congruence in the group. They are designed to promote self-enhancement and behavior change through a better understanding of human beings within relationships and through receiving feedback about oneself (Schmid & O’Hara,
This person-centered encounter group model has also been used as a psychotherapeutic method for clinical populations (Page, Weiss, & Lietaer, 2002).

With their increasing popularity in the late 1960s and 1970s, encounter and sensitivity groups became the subject of research on their effectiveness and efficacy. Several reviews have concluded to a general positive effect of “group sensitivity training” on self-development and therapeutic change (Bednar & Kaul, 1994; Forsyth, 1991; Hartman, 1979; Lieberman, 1976; Smith, 1975). One meta-analysis by Faith, Wong, and Carpenter (1995) confirmed a moderate effect size on all outcome measures related to self-development and self-actualization in clinical and nonclinical samples (d = .62). In general, effect sizes were found to be larger for behavioral measures than for self-report measures and effects appeared to be moderated by the size of the treatment groups, the number of sessions, and the precision of measurement. However, positive effects were complemented by findings that these groups could potentially lead to psychological decompensation (e.g., Back, 1973; Doxsee & Kivlighan, 1994; Jaffe & Sheri, 1969; Kaplan, 1982; Lietaer & Dierick, 2015; Yalom & Lieberman, 1971). Their utility within clinical populations, although empirically supported, has remained unacknowledged by the psychological community (Page, et al., 2002).

### Training in Universities: Levels of Helping Skills Acquisition

In universities, one of the challenges is to effectively train several hundreds of undergraduate students in psychology with limited teaching resources and to help them develop counseling and helping skills, including therapeutic attitudes (e.g., Brison, Van Broeck, & Zech, 2014). As to therapeutic attitudes, a group-based training, such as an encounter group, may be very suitable. Yet although open-exploratory encounter groups have played a central role in person-centered therapy training (Schmid & O’Hara, 2013), many helping skills training programs that are usually preferred in university settings are more directive in nature than encounter groups (Hill, 2009; Rogers, 1969). Helping skills training
programs such as those developed by Hill (2009) involve different steps and levels of skill acquisition. They usually start with theoretical knowledge that is taught to students through lectures (i.e. knowledge level). Secondly, because students also need to know how to use the knowledge they have accumulated, training programs involve competence learning, usually by means of the presentation and discussion of vignettes, case studies, or video material (i.e. competence level). And, third, when this is considered practically possible, students also need to show how they actually “do it”, and thus need to demonstrate the acquired helping skills (i.e. performance level). In this step, performance is examined in simulated situations (i.e. role-plays). In the assessment of clinical skills, these three levels of clinical or counseling aptitudes have respectively been referred to as knowledge, competence, and performance evaluations (Miller, 1990). Then, a final step involves the contact with real clients, and this is usually performed out of the university setting, in institutions where students have the opportunity to observe and interact with real clients. In sum, many contemporary helping skills training programs in the universities offer methods and tools on different levels of skill acquisition: theoretical knowledge, competence learning, and performance evaluation. In contrast, however, as to therapeutic attitudes and personal development not much is being offered at undergraduate level (Lecomte, Savard, Drouin, & Guillon, 2004).

The Case for Group Encounters as Training Tool in Universities

Although it is now widely acknowledged that the vast majority of the explained variance in psychotherapeutic efficacy is related to variability between psychotherapists, clients, and to relational factors (e.g., Norcross & Lambert, 2011), most of the training programs at the universities rarely involve teaching methods that help students to develop as a person, become more flexible, and improve their interactions with others. Many university professors seem to believe that this is not the role of the university and that students will come to it once “their heads are sufficiently full and well (in)formed”. Only a few studies have been
conducted on the training of young undergraduate students (Hill et al., 2008; Pascual-Leone, Wolfe, & O'Connor, 2012) who are novice to clinical psychology and psychotherapy or counseling skills. All reported studies have involved a mix of several components in the training, thus not allowing a differentiation in the analysis of the explained variance due to specific components of the training (e.g., role-plays vs. readings vs. modeling). Although encounter groups have been widely used in clinical and nonclinical populations, including undergraduates (e.g., Faith, et al., 1995), only a few studies —as far as we know-- have been published on this teaching method and its efficacy on the different levels of helping skills acquisition. The aim of the current study was therefore to examine the effects of a Rogerian encounter group used as training format in the university setting on different outcomes. In line with previous research, we expected an enhancement of the students’ self-development according to Rogers’s conception of the fully functioning person (Rogers, 1962) who tends to have a flexible, constantly evolving self-concept, and to be realistic, open to new experiences, and capable of changing in response to new experiences. In addition, we examined whether students also improved on the three levels of clinical skill acquisition using knowledge, competence, and performance assessments (Miller, 1990). Because university students are rather accustomed to structure and directions provided by teachers, we were not sure that they would appreciate this type of non-directive training; so we also examined students’ self-reported satisfaction and facilitator’s evaluation of the encounter group.

Method

Participants

Participants were recruited among sophomores. At the beginning of an introductory course to Clinical Psychology, the instructors briefly explained the purpose of the study but stressed that participation was voluntary and independent of the course. The instructors informed the potential participants that (a) the study consisted in training, either more
directive or more experiential, preceded and followed by a series of tests and (b) they would be randomly assigned to one of different conditions.

Out of 332 undergraduate students registered in the 2nd bachelor in psychological sciences, more than 100 were interested to participate and showed up at the appointment made for further explanations and scheduling. Of those students who registered to participate, 74 were kept according to the primacy of their registration. These volunteers (63 women; 11 men) were randomly assigned to one of two conditions: either training sessions by means of an encounter group (in fact, the 36 participants of the training condition were randomly attributed to two different consecutive encounter groups which thus each involved 18 participants), or a control condition in which participants did not take part in the training sessions but only completed the pre-post tests (n = 38). For the encounter group, 2 students finally cancelled their participation. The profile of participants matched the profile of 2nd year psychology students in French-speaking European universities: young persons (mean age = 19.99 years old; SD = 1.99; min = 18; max = 29), mainly female (82.4%). Participants received course credits as part of their Methodology course which requires students to take part in different experimental studies.

The data presented here are part of a larger study which also involved a third condition testing a new structured helping skills training program that is presented elsewhere (Jaeken, Van Broeck, Verhofstadt, Maquet, & Zech, 2011; Jaeken, Zech, Van Broeck, Verhofstadt, & Mikolajczak, 2014). The research was approved by the ethical committee of the Research Institute of Psychological Sciences, Université catholique de Louvain.

The encounter group

The encounter group consisted of three weekly organized classical person-centred encounter group sessions which lasted 4 hours each (12 hours of training in total) and followed Brodley and Merry’s (2000) guidelines for student participants in person-centered
peer groups. The two encounter groups were facilitated by a senior psychotherapist (Jean-Marc Priels) and a trained master student in clinical psychology. At the beginning of the first session, the senior facilitator explained the two core principles for the group: keeping the confidentiality of the information provided by others and being free to verbalize and respond to one’s own and others’ emotions during the session. The group was facilitated in a non-directive way. The room in which the training sessions took place was organized so that it was a quiet and comfortable place.

Measures

The participants completed the assessments one week prior to the beginning of the training and three weeks after the training for the encounter group and six weeks after the pre-test for the control group.

Self-development measures.

Self-actualization was measured through the Strathclyde Inventory (SI; Freire, Elliott, & Cooper, 2007), an instrument created to measure the client’s personal development according to Rogers’s conception of the fully functioning person (Rogers, 1962). Such a person has a flexible, constantly evolving self-concept, is realistic, open to new experiences, and capable of changing in response to new experiences. Rather than defending against or distorting their own thoughts or feelings, the fully functioning person experiences congruence: the sense of self is consistent with their emotions and experiences. The SI is a non-pathology-oriented instrument which fits the outcomes of person-centered/humanistic therapies (i.e., Locus of Evaluation, Openness to Experience, Self-Liking, Existential Living, Acceptance of Others, and Psychological Adjustment). The 22 items are rated on a 5-point Likert scale ranging from 0 (Never) to 4 (All or most of the time). The SI has excellent internal (.94) and test-retest (.76) reliabilities. The total score is computed by summing the items. The SI has shown a good convergence with related trait measures such as the NEO-FFI (Costa &
McCrae, 1992) and has not substantially been associated with social desirability. In this study, the internal consistency alpha was .82 before training and .87 after training. 

**Emotional competence** was measured via the Trait Emotional Intelligence Questionnaire-Short Form (TEIQue-SF; Petrides & Furnham, 2006; validated French version: Mikolajczak, Luminet, Leroy, & Roy, 2007). The TEIQue-SF is a 30-item questionnaire rated on a 7-point Likert scale. It is designed to measure global trait emotional intelligence or competence which concerns people’s perceptions of their emotional abilities and was thus considered as an aspect of self-development. The TEIQue-SF provides a highly reliable global trait emotional intelligence score. Trait emotional intelligence has a significant impact on important life outcomes such as physical and mental health, work performance, and social relationships (Mikolajczak et al., 2007).

**Knowledge Measure.**

The *theoretical knowledge of basic helping skills* was measured via the Knowledge Test of the Basic Helping Skills (Test de Connaissances des Compétences d'Aide de Base; TCCA-B, Jaeken, et al., 2014) which evaluates a person’s level of theoretical knowledge on basic helping skills. It is presented under the form of a multiple choice questionnaire with 10 questions and five possible answers for each of them (3 different answers as well as "all of the answers" and "none of the answers"). Similar tests exist in English and have good efficiency, reliability and validity (Hill, 2009; Smit & van der Molen, 1996).

**Competence Measure.**

The *competence in helping skills* was measured by the Interactive Test of the Helping Skills (Test Interactif des Compétences d'Aide, TICA, Jaeken, et al., 2011). The TICA was developed in French based on the Counseling Communication Skills Progress Test (CSPT) (Kuntze, van der Molen, & Born, 2007) with the agreement of the authors. This method is well-validated (Kuntze et al., 2007). The TICA consists in 12 movie clips (approx. twenty seconds)
featuring a client sharing a personal problem of average importance (e.g., a stressed and tired housewife). The respondent must put himself in the shoes of the client’s psychologist and has two minutes to write down an answer that shows his ability to use basic helping skills appropriately. The TICA exists in two versions (client A and B) of equivalent difficulty. At pre-test, a randomly selected half of the participants completed the version A while the other half completed the B version. At post-test, the participants were subjected to the version other than that of the pre-test. The answers for each category were coded by two independent judges. Interrater reliabilities were satisfactory and ranged between .76 and .98 for the specific answer categories (e.g., open question, advice, reflection, clarification). Answers were then summed into two scores according to their client centeredness (Mucchielli, 2009; Porter, 1950). The “not-client-centered TICA” score corresponded to the total number of skills used by the student that were directive and not client-centered (i.e. advice, judgments, closed questions). The “client-centered TICA” score corresponded to the total number of skills used by the student that were nondirective and client-centered (i.e. open questions, reflections, clarifications).

**Performance Measures.**

Every student took part in a pre- and a post-test role play in which the client was played by a trained experimenter. The student was instructed to behave as a psychologist and help the client as much as possible for five minutes. The consultation was filmed (with preliminary consent). Two scenarios of equivalent difficulty were created. At pre-test, a randomly selected half of the participants interacted in role-play A, while the other half interacted in role-play B. At post-test, the students interacted in the other role-play (with another "client"). Two experimenters switched roles at pre- and post-test, so that the “client” was a different person at pre- and post-test.

The **perceived quality of the relationship** between a therapist and a client as indicated by the levels of warmth, genuineness, and empathy was measured via the so-called Empathy...
Scale (ES; Burns, Auerbach, & Salkovskis, 1996). The 10 items (e.g., “My therapist understood what I said in today’s session”) are rated on a 4-point Likert scale ranging from 0 (not at all) to 3 (a lot). A global score is computed by subtracting the sum of the 5 last (negatively formulated) items from the sum of the 5 first (positively formulated) items. Scores can range from -15 (completely inadequate relationship) to +15 (completely adequate relationship) and reflect the client-therapist relationship quality. Two versions exist: one for the therapist and one for the client. In this study, both versions were used after each role play.

The present study used the French version translated by our team (using the back-translation method) which has yielded adequate internal consistency levels ranging between .73 and .79 (Brison, et al., 2014).

Two behavioral measures of the basic helping skills were assessed by the Observation Grid of the Basic Helping Skills (Jaeken et al., 2012). It originates in the Helping Skills System validated in 1978 (Hill, 2009). Two independent trained judges coded the video recordings of the role plays using an observation grid listing seven basic helping skills. Interrater reliabilities were satisfactory and ranged between .52 and .96 for the specific answer categories (e.g., open question, advice, reflection, clarification). The judges counted the number of times each one of these skills was used by the student. The judges were blind to the student’s assigned condition (encounter group vs. control). As for the TICA answers, two scores were computed. A “not-client-centered interventions” score corresponded to the total number of skills used by the student that were directive and not client-centered (i.e., advice, judgments, closed questions). A “client-centered interventions” score corresponded to the total number of skills used by the student that were nondirective and client-centered (i.e., open questions, reflections, clarifications).

Satisfaction Measures.
At the end of the encounter group sessions, participants in the encounter group rated their subjective satisfaction with the training on four items: the extent to which they (1) generally found this training was satisfying (1 = very unsatisfying; 5 = very satisfying); (2) useful (1 = completely useless; 5 = completely useful); (3) would recommend this training to other psychology students (1 = completely disagree; 5 = completely agree); and whether (4) as proposed, this training helped them developing their helping skills (1 = completely disagree; 5 = completely agree).

**Results**

**Self-Development and Helping Skills Outcomes**

**Repeated measure ANOVAs.**

The impact of training was examined using 2 (Condition: encounter vs. control) x 2 (Time: pre- vs. post-test) repeated measure ANOVAs on the standardized mean scores. Condition was treated as a between-subjects factor and Time as a within-subjects factor (repeated measure).

As reported in Table 1, there was an overall **Time effect** for six of the nine variables, only not for the self-development measures and the performance measure of not-client-centered interventions who had a Time by Condition interaction effect (which will be presented in the following paragraph). Examination of the means indicated that, over time, and independent of the condition they were assigned to, participants improved in terms of their helping skills knowledge, in their ability to know how to make client-centered interventions and how to avoid not-client-centered interventions on the competence level. Furthermore, participants also had reached better performance in the role-plays, as evaluated by themselves acting as therapist and by their simulated client on the Empathy scale which measures the quality of the relationship; and by a higher number of client-centered interventions that was produced. These findings suggest that repeated testing - or what
students in both conditions learned in-between the two testing moments - had a positive effect on students’ helping skills and their capacity to build higher quality relationships.

Most importantly, there were significant Time by Condition interactions on both self-development outcomes indicating that participants in the encounter group condition demonstrated an increase in their fully functioning \[t(32) = -3.26, \, p \leq .05, \, \text{Cohen’s } d = .33\] and emotional competence \[t(32) = -3.00, \, p \leq .05, \, \text{Cohen’s } d = .27\], while participants in the control condition remained stable over time [respectively, \(t(33) = 1.06, \, \text{ns}\) and \(t(33) = 1.02, \, \text{ns}\)]. In addition, there was also a significant Condition by Time interaction on the not-client-centered or directive interventions made during the role-play. Post-hoc analyses indicated that, in the encounter group condition, the number of directive interventions decreased between the pre and post-test \[t(31) = 3.23, \, p \leq .05, \, \text{Cohen’s } d = .47\], whereas in the control group, the number of directive interventions increased between the pre and post-test \[t(34) = -3.13, \, p \leq .05, \, \text{Cohen’s } d = .68\].

As to the Condition effect, Table 1 shows that on five out of the seven helping skills measures (see on knowledge, competence, and performance measures), the encounter group condition had significantly different scores (pre and post taken together) than the control condition. It should however be noted that these significant differences were unexpectedly already present at pre-test for four outcomes [the Empathy Scale-Therapist version, \(t(71) = 2.58, \, p \leq .05\); the number of directive interventions at both the video test, \(t(67) = -2.08, \, p \leq .05\) and during the role-play, \(t(70) = -4.92, \, p \leq .05\); and the number of client-centered interventions during the role-play, \(t(70) = -4.92, \, p \leq .05\)]. These pre-test differences cannot completely be explained. The only pre-test methodological difference that we can report relates to the fact that the no training control condition took place during the second semester, while the encounter groups took place during the first semester. With time, it is thus possible
that the motivation to perform the pre-tests decreased among control participants and that it thus lowered their helping skills levels at pre-test.

**ANCOVAs.**

To control for this condition effect at pre-test and thus to remove the effect of differences at baseline, we calculated the corresponding **ANCOVAs, using the pre-test score as a covariate and group as between-subjects factor** (Howell, 2008) for each outcome. As can be seen in Table 1, in confirmation of the Condition by Time significant interactions found on both self-development outcomes, the results of the ANCOVAs remained highly significant for these measures. For the helping skills outcomes, the results confirmed that, at post-test and after controlling for the pre-test measure, significant and near to significant **condition main effects** were found for the following variables (see Table 1, last column): the knowledge level, the number of directive interventions at both the video test, and during role-play, the number of client-centered interventions during the role-play, and the quality of the relationship as evaluated by the therapist. These results and the examination of the means at post-test indicated that, in comparison to a control condition, participants in the encounter group had better knowledge, used less directive interventions both in a video and a role-play situation, tended to report more empathy and to make less client-centered interventions in a 5-minute role-play interaction, at post-test level. This suggests that they may have learned to listen more with the consequence of being less directive as well as producing less client-centered interventions during a short 5-min interaction with a client.

**Facilitator’s and Students’ Subjective Evaluations of the (Training by an) Encounter Group**

The principal facilitator did not make his post-hoc subjective evaluation of the groups using the seven stages of the therapeutic process (Rogers, 1958). This scale would have been appropriate if the group has been therapeutic in nature, but this was a classical encounter.
group taking place in the context of learning. It was thus more adequate to subjectively use
the scale of evolution of the encounter group as a point of reference during the practice of the
encounter group (Rogers, 1970). From this perspective, the two groups evolved differently.
Each of them went through a stage of initial confusion (phase 1) related to the fact that the
setting had been presented as allowing the acquisition of relational skills. Participants were
thus confronted with the fact that the learning structure proposed would rather be a relational
experience that would require elaborating another mode of learning than knowledge
acquisition. Several books and theoretical articles were available in the corner of the room for
each group. However, only the first group explicitly requested theoretical references. In line
with the fourth phase of the scale of evolution of encounter groups, participants in both
groups expressed negative feelings in relation to the learning objectives in the acquisition of
relational skills.

Nevertheless, participants of the encounter groups reported to have experienced a new
and unexpected feeling of being able to freely talk in the university setting, even allowing
questioning the method and being open to critical expression. In both groups, many of the
participants came with the feeling of tiredness in front of their studies’ constraints, the heavy
requested work load, previously experienced failures and fears about future failure. The
facilitator was attentive to fully listening to each of these criticisms, maintaining basic
therapeutic attitudes and inviting everyone to share one’s feelings in a listening climate. In
each of the groups, several participants expressed some disappointment not to have had the
impression to have learnt more listening techniques. However, the acquisition of new skills
related to the fact of having lived and shared a group listening experience was never
questioned. The attendance frequency to the group was constant over time and high, with only
a few withdrawals.
Finally, it should be noted that the second group went farthest and deeper in the expression and the exploration of materials having a personal sense. Two to three students very easily started to share intimate matters (e.g., their sexual orientation, family concerns). It seemed to have led to a virtuous circle of self-disclosures in the group. They talked about emotional relationships, self-acceptance and the (un)received support in close relationships, shared experiences of unhappy love affairs, or irrational fears. This did not happen right away in the first encounter group in which participants were more destabilized by the nondirective nature of “the training that they were supposed to follow”, rather than an experiential learning. Nevertheless, problems related to self-acceptance were an important topic of exploration (stage 8) and this process was facilitated by the received feedback (phase 10) and the respectful listening in both groups.

In line with the senior facilitator’s impressions, participants evaluated the encounter group training as being 'rather satisfying, useful, and advisable' (respectively, $M = 3.26, 3.35,$ and $3.41$; $SD = 1.08, .88,$ and $1.13$) but they were more reserved with respect to their evaluation of whether the training had allowed them to develop helping skills ($M = 2.76; SD = 1.02$).

**Discussion**

**The Encounter Group Fosters Self-Development among Undergraduate Students**

The present study confirms the potential of encounter groups to foster personal development. It is particularly interesting that not only the person-centered evaluation of the fully functioning individual (Freire et al., 2007) was positively and specifically influenced by the encounter group sessions, but that emotional intelligence, which is known to be quite stable, was also positively influenced by the encounter group. This was not the case for the control condition in which these evaluations remained stable between pre- and post-test. Thus, in line with previous research findings (e.g., Faith, et al., 1995), the interpersonal and group
processes at hand in Rogerian encounter groups which involve the core relational conditions of congruence, unconditional positive regard, and empathy contribute to personal growth, flexibility, and congruence and also to higher self-perceived abilities in the emotional domain such as higher adaptability, emotion perception, expression, management, and regulation, or self-efficacy (Petrides & Furnham, 2006). This second result is noteworthy because it means that an encounter group running for three sessions of four hours over a 3-week period (12h in total) yielded a (small) effect on trait emotional intelligence (d = .27) comparable to an intervention specifically created to influence emotional intelligence and involving a comparable amount of 10 hours (four sessions of two and a half hours over a 4-week period) (Cohen’s d = .36, calculated from the results table in Nelis, Quoidbach, Mikolajczak, & Hansenne, 2009, p. 39). Contrary to the non-directive principle of the Rogerian encounter group, Nelis et al.’s (2009) intervention “focused on teaching theoretical knowledge about emotions and on training participants to apply specific emotional skills in their everyday life” (p. 37). In the present study, it is not known whether these positive effects lasted. The investigation of long-term effects should be a subject of further research.

**The Encounter Group Fosters Listening**

With regard to the impact of the encounter group on helping skills, the results were more nuanced due to the unexpected significant group differences found at pre-test. In general, there were mainly main effects of time indicating that whatever the condition, students globally were perceived and evaluated as better at the post-test assessment. This suggests a sensitization or learning effect due to the test-retest evaluations in which students potentially learned by repeatedly doing a test or a role-play or by some informal learning experiences in-between the two testing moments. Role playing is indeed known to be another training method to learn helping skills (Brison, et al., 2014; Hill, 2009). The results however also indicated that, in comparison to the control condition, the encounter groups condition
made less directive or not-client-centered responses such as judgments and advices during the video test and the role play at post-test, which we see as an increase in the listening skills. In the role-play situation, this moderately-sized learning was specific to the encounter group and a reverse small effect occurred in the control group in which participants actually increased these types of behaviors in trying to help the simulated client. In line with Mucchielli (2009), we have considered these more directive responses as being unhelpful or not therapeutic since they do not facilitate the client’s exploration and self-acceptance.

Consistently with this result, we also found - after having controlled for the pre-test condition differences - that the participation in an encounter group led to other differences in all three levels of helping skills that were assessed: knowledge, competence, and performance. In particular, the frequency of client-centered interventions (in the performance measure) tended to be lower in the encounter group condition, which we interpret as a fostering of the listening skills. Indeed, remaining more silent or intervening less provides more time for the client to speak since she is less frequently "interrupted" by the therapist. Active listening that implies sufficient space for the client to talk is certainly needed in a first 5 min. encounter with a client as it was the case in the role play situation that was used for the assessment. Therapists in the role-play also tended to rate themselves as being more empathic in the encounter group than in the control group. This indicates that they actually experienced some improvement in the quality of the relationship they had experienced. These effects did not occur with the video test showing a client expressing themselves, nor on the client’s evaluation of the relationship in the role play. It thus seems that showing and expressing profound and explicit empathy in these short video and role-play contexts was not more present in the encounter group than in the control condition. This was confirmed by the student’s subjective evaluations of the encounter group as a training method: they found it useful and helpful but did not feel they could learn helping techniques. Actually the type of
learning experience in an encounter group is very different from participating in a more structured skills training. The diversity and complexity of lived experiences in an encounter group offer “the possibility to try something new and receive immediate feedback and reflect upon it in real time” (Schmid & O’Hara, 2007, p. 97). As noticed by the subjective evaluations of the facilitator and participants, each encounter group member can be a facilitator for another member, thus increasing the possibilities to receive feedback and learn from each other. Moreover, participants observe these interactions and, by modeling, they can learn to listen respectfully and use less not-client-centered interventions. Thus, learning may be effected by seeing how the group facilitator is responding and experiencing the process that evolves, but it may not be powerful enough to have an immediate impact on the fostering of empathic understanding, at least when it is evaluated in a very short timeframe such as a video test or 5-minute role-play. Finally, we expected that the encounter group would lead to experiential learning rather than cognitive learning. However, a significant difference between conditions at post-test was also found on the knowledge measurement. This suggests that participants in the encounter group also seem to have acquired some insights concerning more theoretical aspects when answering the multiple choice questionnaire.

Limitations and Perspectives

The most important limitation of this study is the length of the training (12 hours). In his meta-analyses, Smith (1975) advised encounter groups to last more than 20 hours. In spite of this limitation, this study shows significant effects of short-term encounter groups for bachelor students in psychology. As suggested by Faith et al. (1995), this positive result might be explained by the size of the encounter group: groups with larger size - as in our study - are associated with better behavioral outcomes. The classical encounter groups consist of 8 to 14 individuals (Smith, 1975). In our study, the average number of participants was 18 which is very large for an encounter group. According to Faith et al., the individuals in larger groups
have a greater chance to receive feedback on their presentational style. Receiving feedback from a greater number of sources might facilitate overt behavior change. Although speculative, this interpretation is consistent with a number of studies that have identified feedback as a crucial ingredient of change in group settings (e.g., Butler & Ese, 1983; Davies & Jacobs, 1985; Haslett & Oglivie, 1988). In the future, it would be interesting to evaluate the maximum number of participants who could be integrated without losing the training efficacy. Finally, we did not examine which ingredients of the encounter groups were actually helpful and can therefore not conclude which processes fostered the positive outcomes. The formal investigation of therapeutic processes occurring during the group sessions would deserve further attention (see e.g. Dierick & Lietaer, 1990 and 2008).

Final conclusion

Novice psychological students can benefit of short-term encounter groups for both their personal growth and the development of their helping skills. Our encounter group participants made positive self-development changes and were in progress on the three levels of helping skills. Students learnt to become more flexible, emotionally competent and to listen more empathically (as rated by themselves), using less directive and nondirective interventions. They also improved their knowledge about helping skills. Only two measures did not show significant improvements in the encounter group. First, an improvement over time in empathy as rated by the simulated client was found but without a difference between the two conditions (encounter group versus control group). Second, encounter group participants did not produce more client-centered responses in the video test. We may conclude that training through participating in an encounter group could be used complementary to current more structured skills training programs in which empathic and other helping skills are first explained before being tested and debriefed as in the use of role-play trainings (e.g., Hill, 2009; Jaeken, et al., 2014). Encounter groups could be more
appropriate for self-development and listening skills while structured training programs would be more effective to learn specific skills such as the use of client-centered responses (e.g. reflections).

References


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### Table 1

*Mean (SD in Parentheses) of the Full Factorial Condition by Time Effects (Repeated measure ANOVA) and the Analysis of Covariance (ANCOVA) on Self-Development, Knowledge, Competence, and Performance Outcomes*

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Condition</th>
<th>Time</th>
<th>Repeated measure ANOVA effects&lt;sup&gt;a&lt;/sup&gt;</th>
<th>ANCOVA</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Pre-test</td>
<td>Post-test</td>
<td>Time</td>
</tr>
<tr>
<td><strong>Self-Development</strong></td>
<td>Fully Functioning Encounter</td>
<td>56.61 (11.39)</td>
<td>60.70 (13.03)</td>
<td>1.80 .25</td>
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<td>Control</td>
<td>58.18 (5.51)</td>
<td>56.65 (10.14)</td>
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<tr>
<td></td>
<td>Emotional Intelligence</td>
<td>Encounter</td>
<td>4.78 (.59)</td>
<td>2.03 .80</td>
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<td>Control</td>
<td>5.01 (.48)</td>
<td>4.95 (.57)</td>
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<tr>
<td><strong>Knowledge (MCQ)</strong></td>
<td>TCCA-B</td>
<td>Encounter</td>
<td>6.48 (1.26)</td>
<td>7.51** 6.92**</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>6.07 (1.29)</td>
<td>6.31 (1.11)</td>
<td></td>
</tr>
<tr>
<td><strong>Competence (video test)</strong></td>
<td>Client-Centered TICA</td>
<td>Encounter</td>
<td>5.92 (3.49)</td>
<td>16.40*** .50</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>5.49 (4.02)</td>
<td>7.43 (4.17)</td>
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<tr>
<td></td>
<td>Not-Client-Centered TICA</td>
<td>Encounter</td>
<td>8.68 (5.60)</td>
<td>17.58*** 9.80**</td>
</tr>
<tr>
<td></td>
<td>Control</td>
<td>11.03 (4.11)</td>
<td>9.17 (4.51)</td>
<td></td>
</tr>
</tbody>
</table>

*Note: SD = Standard Deviation, ANOVA = Analysis of Variance, ANCOVA = Analysis of Covariance, F = F-ratio, η² =Eta squared.*

<sup>a</sup>Significant differences are indicated by **p < .01** and ***p < .001**.
Table 1 continued

<table>
<thead>
<tr>
<th>Outcome Condition</th>
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<th>Repeated measure ANOVA effects</th>
<th>ANCOVA</th>
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<tr>
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<tr>
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<td>5.56</td>
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<td>(5.63)</td>
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<td>.01</td>
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<td>(3.44)</td>
<td>(4.13)</td>
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</tbody>
</table>

*Note.* MCQ = Multiple Choice Questionnaire. TCCA-B = Knowledge Test of the Basic Helping Skills. Client-Centered or Not-Client-Centered TICA = number of directive vs. not directive skills used in answering the videos of the Interactive Test of the Helping Skills. Client-Centered and Not-Client-Centered Interventions = number of directive vs. not directive skills used by the student playing the role of the therapist.

† p < .11. * p < .05. ** p < .01. *** p < .001.

aThe F value was calculated on the basis of df = (1, 63) to (1,68) depending on the outcome.