

Selecting Nonprofessional Counselor Trainees with the Group Assessment of Interpersonal Traits (GAIT)^{1,2}

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The GAIT is a procedure for sampling and measuring communication behavior. Candidates for a counselor-training program (136 Ss; 86% women; average age 44 yr.) took the GAIT in 18 groups and completed written forms for staff screening. Data included pre-GAIT first impression peer ratings and GAIT Empathy, Acceptance, and Openness ratings by peers and by trained audiotape judges. After nine months of training, 26 remaining Ss were judged on a counseling readiness criterion. First impression and peer GAIT ratings were positively intercorrelated, but none predicted counseling readiness. The criterion was correlated with both trained GAIT Empathy (Kendall tau = .40) and staff ratings (.41, both ps < .01). Suggestions were made for using the GAIT as a counselor selection instrument.

The expanding utilization of nonprofessional workers in a great variety of community mental health (CMH) projects has been called a revolution (Cowen, 1973; Sobey, 1970). The systematic research needed to validate and facilitate the CMH nonprofessional movement has been slow in developing (Cowen, 1973; Gruver, 1971). One of the more important underresearched issues in the CMH nonprofessional literature pertains to the screening or selecting of therapeutic talent (Zax & Specter, 1974).

Numerous procedures have been or could be used to screen CMH workers. For example, Zytowski and Betz (1972) cited 18 questionnaires or simulation

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instruments and this figure almost certainly underestimates the current total of such procedures. One difficulty with these selection measures is that they are often used only once, and little continuing effort is made to establish or improve their utility. Another problem is the lack of agreement among alternative procedures which measure the same therapeutic talent construct, e.g., empathy (Kurtz & Grummon, 1972).

The Group Assessment of Interpersonal Traits (GAIT, Goodman, 1972) was chosen for study for several reasons: (1) The GAIT's validity has been demonstrated in both field and laboratory studies; (2) the GAIT technique is based on standard, brief, and realistic samples of quasi-therapeutic communication behavior rather than on self-report scales; (3) the GAIT quickly generates reliable ratings of the sampled behavior which can be applied practically and economically to subsequent selection decisions.

Several studies have provided modest but significant validation for the GAIT as a procedure for assessing interpersonal skills. Both Goodman (1972) and Rappaport, Chinsky, and Cowen (1971) found that clients (disturbed children and adult inpatients, respectively) of undergraduate counselors with higher GAIT ratings were independently judged as more improved. D'Augelli (1973b) found in a group analog study that encounter groups composed of high GAIT-rated Ss were more cohesive and effective than low GAIT-rated groups. Moreover, D'Augelli (1972) found that high GAIT-rated Ss benefited significantly more from pretraining than low GAIT-rated Ss.

The GAIT procedure consists of a series of five-minute discloser-understander dyads followed by evaluations by the participants (peer ratings) or by observers (in person or subsequently from audio or video recordings). Each participant takes each role once. The discloser role entails sharing an authentic present concern about the person's relationships while the understander is asked to show understanding to the discloser. Recent work has shown that a S's verbal behavior on the GAIT can be modified by brief pre-GAIT instructions (Dooley, 1973; Rappaport, Gross, & Lepper, 1973). Despite such situational or brief training influences, other research has shown that a S's GAIT measures are reliable over short periods of time and are related to several enduring personality trait measures (Dooley, 1975; Goodman, 1972). In the GAIT, participants are judged on the Rogerian (1957) constructs of Empathy (accurate understanding), Acceptance (warmth or unconditional positive regard), and Openness (emotional honesty or genuineness).

Although several researchers have found merit in the GAIT as a selector for applicants for CMH roles (Chinsky & Rappaport, 1971; Lindquist & Rappaport, 1973) and for membership in encounter or training groups (D'Augelli, 1973b), a number of issues regarding the GAIT's application remain unsolved. (1) Are peer and observer ratings equally good or should one source of ratings be weighed more heavily? Research to date has consistently found significant positive correlations between peer and observer ratings for each of the GAIT vari-

ables. However, D'Augelli (1973a) found that self-ratings on the GAIT had little or no relationship to other peer and observer ratings. Although Goodman (1972) combined peer and observer ratings, Rappaport et al. (1971) found that observer ratings were better than peer ratings at predicting subsequent therapeutic effectiveness. The author (1975) has argued that peer ratings may measure a general help-oriented activity quality which is a necessary but not sufficient ingredient in therapeutic interaction. Observers, while responding to the same global characteristic, may also be able to assess more subtle interpersonal skills which escape the typical peer rater. This hypothesis would explain both the partial agreement of observer and peer GAIT ratings and the superiority of observer ratings. (2) Which of the GAIT therapeutic talent variables, singly or in combination, should be used to screen mental health worker applicants? Goodman (1972) used the sum of Empathy, Acceptance, and Openness, but Rappaport et al. (1971) found that only Empathy and Acceptance were predictive of counselor effectiveness. (3) Do the extremely brief GAIT behavior samples yield significantly better information than simple first impression ratings? (4) Does the GAIT add appreciably to traditional counselor applicant data such as self-reported education and counseling experience? Although the GAIT procedure is relatively quick and economical, it nevertheless represents an added administrative burden for most CMH program personnel committees.

METHOD

This report is based on a natural study involving a follow-up of counselor trainees who participated in a controlled training experiment reported elsewhere (Dooley, 1973). Candidates for a nine-month training program participated in small group screening sessions which employed the GAIT on a trial basis. As in past screenings for this training program, brief self-report application forms were the principal basis for the selection committee's judgments. The GAIT sessions were run to test the administrative and economic feasibility of gathering behavioral observations on a large number of applicants. After reviewing candidates' application forms, the selection committee had access to participant GAIT ratings but not to trained rater GAIT evaluations. The GAIT data were not essential to the screening process but were retained for comparison with subsequent training performance of the accepted applicants.

Subjects

Unlike previous GAIT studies which used young college undergraduates as Ss (D'Augelli, 1972; Dooley, 1975; Goodman, 1972; Rappaport et al., 1971), the modal S in this study (136 Ss) was more like Rioch's (1967) "mature house-

wife" seeking a post-family-rearing, second career as a paraprofessional counselor. There were few male Ss (19, 14%) and still fewer never-married Ss (7, 5%). The average age for the group was about 44. The great majority of Ss had children; all reported at least some college experience, and the majority described themselves as having "much" or more prior experience as a counselor. In short, this study sampled a very large pool of potential nonprofessional CMH workers.

All Ss were scheduled by phone or mail into one of 18 three-hour group sessions during one week. After all members of each group (5 to 8 Ss per group) arrived, the *E* (author) seated them in a small closed circle with a tape recorder between two of the chairs. The Ss were instructed in using the tape recorder and received packets of materials which included identifying letters. These randomly assigned letters governed the Ss' order of appearance in the GAIT. All subsequent instructions came from the recorder.

First Impression

The Ss were asked to introduce themselves in a few sentences and then to fill in first impression rating forms from their packets. The first impression form asked each *S* to imagine talking privately for an hour about a personal concern with each group member. The Ss were then supposed to indicate their preference for or against talking with every group member. The instructions stated that the first impression information would not be used for selection purposes but only to assess the contribution of subsequent experiences to final group ratings. A *S*'s first impression score consisted of the number of positive nominations less the number of negative nominations divided by the number of raters.

Training Conditions

The first 14 groups (111 Ss) participated in a 45-minute pre-GAIT training experiment following the first impression procedure. The remaining 4 groups, consisting of 25 late applicants to the certificate program, went directly from the first impression procedure into the GAIT. After the first impression exercise, the Ss in the 14 experimental groups indicated their preference for the reflection or paraphrase response on a 10-item forced choice test and then were randomly divided into two subgroups (usually of 4 Ss each). The reflection (R) subgroup Ss were trained to utilize the clarifying reflection (moderate on the depth of interpretation scale) in the understander role in the upcoming GAIT. The control (C) subgroup Ss received a placebo experience for the same length of time — writing responses to critical counseling incidents. Following the differential training experience, the subgroups were recombined for participation in the

GAIT. Complete details on the training procedure and the verbal response analysis system used to assess the training are given elsewhere (Dooley, 1973).

Group Assessment of Interpersonal Traits

The GAIT was directed by audio and written instructions based on Goodman (1972). Each *S* was asked to write two disclosures about current interpersonal concerns. In the discloser role, the *S* was directed to read the more difficult (interpersonally risky) disclosure if possible, but could read the less difficult one if he felt too uncomfortable. Discloser-understander dyads were composed by an assignment schedule and the previously assigned identifying letters such that each *S* performed both roles once but not consecutively. In the experimental group, dyads were composed of one *R* and one *C*. During the GAIT, only the discloser and understander were to speak. The remaining group members were encouraged to make written observations of each other's communication behavior. After the GAIT all *Ss* were given demographic data forms on which they were asked to describe such things as their counseling and educational experience.

GAIT Ratings

Following the GAIT and demographic reporting, all *Ss* rated each other on three four-point scales — Empathy and Acceptance in the understander's role and Openness in the discloser's role. Audio recordings of the GAIT sessions were subsequently rated by three trained raters on the same scales. These trained GAIT raters were upper-level undergraduates who each spent approximately 40 hours in preparation using the author's rating manual (Dooley, 1973) and previously rated audio recordings of pilot GAIT sessions. The reliability of observer GAIT measures has repeatedly been found adequate (D'Augelli, 1972; Goodman, 1972; Rappaport et al., 1971), and this study was no exception (e.g., average Spearman-Brown corrected reliabilities for the three trained raters = .66). Peer and trained GAIT ratings were computed as the percentage of raters giving a *S* a high rating ("3" or "4" on the four-point scales).

Staff Ratings and Selection

Four training staff members independently evaluated the written application of each candidate. These staff ratings were performed without access to the tabulated peer GAIT ratings. The trained GAIT ratings were not performed until after the selection process was completed. Each staff rater was asked to articu-

late and apply his or her own criteria to the applications. While all staff raters made reference to counseling experience and academic promise, each rater emphasized different characteristics such as employment prospects, genuineness, tolerance, and personal stability. The use of these subjective ratings, based on written applications, was similar to the assessment procedure previously employed by the training program. This procedure may be similar to those used by other related nonprofessional training projects. For purposes of this report, these diverse ratings were combined into a single three-point staff rating scale. Staff categories included generally unfavorable (at least three raters favored admission) generally unfavorable (at least three raters rejected admission), and mixed (either generally uncertain ratings or a balanced mixture of favorable and unfavorable ratings).

A committee consisting of the four staff raters made the actual selection of trainees. In addition to each staff member's ratings, the committee had access for the first time to the peer GAIT ratings. Peer GAIT ratings were offered as supplementary experimental data and consisted of each candidate's within-group rank on the sum of Empathy, Acceptance, and Openness. The selection committee debated the merits of each applicant without an overt formula for weighing the various criteria which should be applied or the validity or importance of the various ratings. The informality and subjectivity of this selection committee's judgment process was thought similar to current practice in the field. The final screening decision for each candidate was recorded on a three-point selection scale: admitted, admitted with reservation or on waiting list, and deselected.

Criterion Follow-Up

Of the approximately 40 candidates who were enrolled in the certificate program, only 26 were judged suitable for nine-month evaluation. The criterion trainees had to have complete GAIT records, to have continued through the training program, and to be known and evaluated by at least two of the three instructors who provided the follow-up ratings. Some candidates dropped out of the program for career or personal reasons. Others completed the certificate requirements early due to previously accumulated credits. Some continuing students had incomplete GAIT ratings, either because of recording failure (6 GAIT dyads out of 136 were lost this way) or because they missed the GAIT session and were admitted on written applications alone. The criterion raters were experienced counselor instructors who were asked to apply a four-point measure of present counseling readiness. These criterion variable descriptions ranged from "shouldn't have been admitted; potentially harmful to clients" to "competent and talented." The raters did not have access to either peer or trained GAIT ratings, were instructed not to discuss their ratings with each other or with their trainees, and based their judgments on the perceptions of trainees in different class settings.

RESULTS

Intercorrelation of GAIT Variables

Peer GAIT variables were more highly intercorrelated than trained GAIT variables. The two understander role variables, Empathy and Acceptance, were significantly and positively related for both peer ($r = .75$) and trained GAIT raters ($r = .69$, $N = 130$, $p < .001$). Openness was significantly related to Empathy and Acceptance for peer raters ($r = .30$ for both, $p < .001$) but not for trained raters ($r = .01$ and $.02$, respectively). Trained raters may have discriminated a *S*'s discloser role Openness from the same *S*'s understander role Empathy and Acceptance because of better preparation to rate, because of the opportunity to rate immediately after each dyad rather than at the end of the session, or because of both factors. However, trained GAIT raters did not completely discriminate a *S*'s understander role Empathy and Acceptance from that *S*'s partner's Openness ($r = .31$ and $.26$, respectively, $p < .001$). That is, within a GAIT dyad, the quality of the understander's behavior seemed intertwined with the Openness of the discloser.

Peer and trained GAIT ratings were, as in previous studies, positively correlated (Goodman, 1972; Rappaport et al., 1971). Peer ratings consisting of all but self-ratings were significantly related to trained ratings for each variable ($r = .45$ for Empathy, $.50$ for Openness and for Acceptance). Self-ratings were significantly and positively related to both group peer and trained ratings for all three GAIT variables. Self-ratings of Acceptance had the best agreement with others' ratings ($r = .30$ with group peer and $.41$ with trained GAIT Acceptance, $N = 124$, $p < .001$). Openness self-ratings had the least agreement with others' ratings ($r = .21$ with group peer and $.17$ with trained GAIT Openness, $N = 125$, $p < .05$). An *S*'s dyadic partners in the GAIT exercise may have the most intimate perspective on the *S*'s performance. The GAIT ratings by each *S*'s dyadic partners were positively related to those of both peer group and trained raters. For example, correlations of trained and partners' ratings ranged from $.38$ for Acceptance and Empathy to $.48$ for Openness ($N = 124$, $p < .001$).

Absolute Differences between Peer and Trained GAIT Ratings

In comparing ratings by different sets of raters, it is important to know whether all raters were applying the scales in the same manner. In this study, trained GAIT raters typically gave fewer high scores than peer raters did. For example, the percent of raters awarding high Empathy ratings ("3" or "4" on the four-point scale) was lower for trained (49%) than for peer raters (59%, $t = 3.23$, $N = 130$, $p < .005$). A similar relationship held for the other two variables. This scale difference between peer and trained raters may derive from the preparation of the trained raters or from their rating procedure in which they con-

sidered only audio data and evaluated one dyad at a time. Some support for the first possibility comes from assessing the impact of the brief reflection training procedure on the subsequent rating behavior of the Ss. The reflection Ss (Rs) gave fewer high empathy ratings (49%) than did the control Ss (Cs, 61%, $t = 2.86$, $N = 111$, $p < .005$). However, this apparent training effect on rating behavior did not appear for the other GAIT variables. Moreover, Rs' and Cs' ratings were not differently correlated with trained ratings.

Self- and partners' GAIT ratings were compared with each other and with averaged peer group and trained GAIT ratings. Subjects who rated themselves consistently gave themselves higher ratings than they received from other peer participants or from the trained raters. For example, self-rated Empathy ($\bar{X} = 3.14$) exceeded partner's rating of Empathy ($\bar{X} = 2.91$, $t = 2.43$, $p < .05$), group peer Empathy ($\bar{X} = 2.70$, $t = 6.46$, $p < .001$), and trained Empathy ($\bar{X} = 2.52$, $t = 9.71$, $p < .001$). The same pattern held for Openness and Acceptance. Similarly, a S's Empathy rating by his dyadic partner generally was more generous than the ones given by his full group of peer raters ($t = 3.26$, $p < .001$) or by the trained raters ($t = 5.00$, $p < .001$). In the one exception to this pattern, partner's Openness rating failed to exceed group peer Openness but did exceed trained Openness ($t = 2.47$, $p < .05$). In summary, absolute GAIT ratings generally declined as the point of view of the rater moved from the rated person himself to his dyadic partner, to the other participants, and finally to nonparticipating observers.

First Impression

The first impression variable predicted subsequent peer GAIT ratings of Empathy ($r = .55$) and Acceptance ($r = .43$, $N = 130$, $p < .001$) but not Openness ($r = .13$, $p < .10$). The Openness construct may be a complex variable which is less amenable to prediction from first impression ratings. The Empathy and Acceptance results could be explained as evidence of the peer raters' desire for consistency in early and late ratings. However, this consistency explanation does not account for the finding that first impression scores also correlated with trained GAIT Empathy ($r = .15$, $p < .05$) and Acceptance ($r = .21$, $p < .01$).

Staff Ratings and Selection Decision

Although based on lengthy committee discussion, actual selection was primarily related to the staff ratings ($r = .66$, $N = 130$, $p < .001$) which were presented first in the decision process. Staff ratings were in turn significantly related to the counseling experience of the candidates. A self-report measure of counseling experience was collected along with other demographic data such as

self-reported education following the GAIT. This counseling experience variable was a summary index of the more extensive descriptions of counseling background contained in the written applications. Counseling experience correlated .40 with staff and .28 with selection. Similarly education, the self-reported length of schooling variable, correlated with both staff ($r = .23$) and selection ($r = .25, p < .005$). Peer GAIT ratings were available to the selection committee but probably added little to the deliberations. The sum of peer Empathy, Acceptance, and Openness correlated .27 with staff (made without knowledge of the GAIT results) and .41 with selection, but only .33 with selection when staff was held constant by partial correlation.

Reliability of Counseling Readiness Measure

Two of the three raters evaluated all 26 of the criterion trainees and had significant agreement (Pearson $r = .73$ and Kendall rank order correlation coefficient = .57, both with $p < .001$). The third judge rated only 20 of the 26 trainees; her ratings were essentially uncorrelated with those of the other two judges. The three-judge mean counseling readiness measure had correlations with the various predictor variables which were similar to, but somewhat smaller than, those obtained using the mean of the two agreeing judges. The counseling readiness mean based on the three judges' ratings was considered more conservative and was used as the basis for subsequent calculations.

Relation of Counseling Readiness to Predictor Variables

The counseling readiness criterion was based on an ordinal scale. However, as shown in Table I, nonparametric and parametric correlations involving counseling readiness were generally consistent in direction, magnitude, and level of significance. Of the GAIT variables only trained Empathy predicted the criterion. Neither peer GAIT Acceptance nor Openness individually or in combination with peer Empathy was positively correlated to counseling readiness.

The screening committee's judgement, which was based largely on evaluations of written applications, was fairly accurate as indicated by the staff and selection correlations in Table I. The 26 criterion Ss were divided at the median into 13 high and 13 low counseling readiness Ss. All 13 high Ss came from the highest of the selection categories — admission without reservation. Of the 13 low Ss, 6 came from the most favorable category and 7 came from the less favorable selection category — admission with reservation. When these data were cast into a discriminant analysis framework, the selection variable proved to be the best discriminator of the high and low counseling readiness groups ($F = 19.20, df = 1, 24, p < .001$). Staff ratings also successfully discriminated the two counseling readiness groups ($F = 14.00, df = 1, 24, p < .005$).

Table I. Correlations of Counseling Readiness Criterion with Predictor Variables: Comparison of Kendall Rank Order and Pearson Correlations

Predictor ^a	Kendall	Pearson
Trained GAIT ratings		
Empathy	.40 ^b	.48 ^b
Acceptance	.01	.09
Openness	.13	.07
Peer GAIT Empathy ratings by		
Group	-.15	-.20
Dyadic partner	-.01	.02
Self	.10	.10
First impression	.10	.10
Counseling (self-reported experience)	.37 ^b	.46 ^b
Education (self-reported length)	-.17	-.24
Staff	.41 ^b	.49 ^b
Selection	.49 ^c	.39 ^b

^a $N = 26$, except for Peer GAIT Empathy ratings by self and dyadic partner and education, where $N = 25$.

^b $p < .01$.

^c $p < .001$.

To explore the relative usefulness of several variables in predicting the criterion, a stepwise multiple regression was computed despite the fact that the ordinal criterion scale does not satisfy the parametric assumptions of regression analysis. In lieu of an equivalent nonparametric procedure and in light of the similarity of Kendall and Pearson correlations of Table I, this application was judged suitable as an approximating device. The utility of the multiple regression procedure here is in its analogy to the usual screening situation in which several data sources are combined to provide the most accurate prediction of the criterion. The best combination of trained GAIT Empathy and self-reported experience in counseling had a multiple correlation of .63 with the criterion of counseling readiness. When the more laborious staff ratings were used instead of self-reported counseling experience in combination with trained GAIT Empathy, a multiple correlation of .66 was obtained with the criterion. Subsequent inclusion of additional variables added only marginally to the magnitude of this multiple correlation. Thus, in the right combination with a few other variables, trained GAIT Empathy would have improved the prediction of subsequent counseling readiness in this sample.

DISCUSSION

The results of this study have suggested tentative answers to the four questions raised in the beginning about the use of the GAIT to select CMH workers. Moreover, the results have pointed to some additional issues and recommenda-

tions for consideration by those who would screen and employ significant numbers of such nonprofessional counselors or social change agents.

Raters

First, these data are consistent with previous findings by Rappaport et al. (1971) that nonparticipating raters with some training were superior to participant raters in predicting subsequent criteria. Despite significant positive intercorrelations of ratings by self, dyadic partner, full peer group, and audio-tape raters, only trained GAIT Empathy correlated with the nine-month follow-up ratings of counseling readiness. Moreover, absolute peer ratings were found to be systematically elevated over trained ratings, with self-ratings being the most generous. Thus, if peer ratings are used, comparisons of absolute GAIT ratings should be made cautiously or after transformation into within-group rankings. Self-ratings and ratings by a *S*'s dyadic partners should be omitted from the tabulations.

Variables

Secondly, these findings pointed to the Empathy variable as superior to Acceptance and Openness in predicting the criterion. It is difficult to see why the highly intercorrelated Empathy and Acceptance variables should differ in this regard. Rappaport et al. (1971) found both Empathy and Acceptance to be significantly related to their criterion measure. One explanation is that Acceptance may be manifested in significant part by nonverbal behavior which was unavailable to the trained GAIT raters in this study but was available to the observer raters in previous studies (Goodman, 1972; Rappaport et al., 1971).

The lack of relation of GAIT Openness to the criterion is more understandable. Openness was assessed on the basis of performance in the discloser role — a role more related to being a client than to being a counselor. A high score on Openness would have indicated a high level of self-exposure or personal risk taking. Some recent research suggests that early or very intimate revelations by counselors can fail to enhance or can lower therapeutic performance ratings (Culbert, 1968; Dies, 1973; Weigel, Dinges, Dyer, and Straumfjord, 1972). Laboratory analog studies indicate that people prefer moderate levels of disclosure to extremely intimate or impersonal levels (Cozby, 1972; Tognoli, 1969). Those *S*s who appear neither too open nor too closed in their disclosing behavior, and who might be expected to receive intermediate ratings on GAIT Openness, may be judged as more effective counselors. However, the Openness variable may still be important in interpreting the GAIT. The data showed that within each dyad the understander's performance was correlated with his discloser's willingness to be revealing. Possibly better understanders elicited more self-exploration from their disclosers. Equally plausibly, more open disclosers made their understand-

ers' tasks easier. This finding underlines the importance of standardizing the intimacy level of GAIT disclosure and of training raters to weigh the relative contributions of both participants in a GAIT dyad.

First Impression

Third, the first impression results indicated that GAIT participants made very early evaluations of their fellow participants which in turn were significantly related to their final GAIT ratings. Like the peer GAIT ratings, the first impression ratings failed to predict the criterion measure. One of the functions of rater training may be to weaken the relationship between initial and final judgments.

Contribution of GAIT to Selection

Fourth, at least in this case, the inclusion of GAIT data could have improved the selection decision. However, the actual selection, based on evaluations of written applications, provided reasonably good prediction of success. The use of the best GAIT predictor alone, trained Empathy ratings, would not have been superior. Considering the narrow band of generally good criterion *S*s who had survived the initial screening and nine months' training, it is rather remarkable that either GAIT or staff and selection variables would predict counseling readiness.

The point of these findings is that there are several satisfactory procedures for arriving at valid screening decisions. Without regard to cost, the most accurate selection strategy would probably involve some weighted combination of several predictor variables, such as in a multiple regression formula. However, such "best possible" selection is seldom necessary. A satisfactory selection procedure for most projects should be one that is valid but of moderate cost. The term *cost* is meant broadly to include both the budgetary expenses like personnel, time, equipment, and space and the less tangible costs accrued when selection is perceived as excessively unfair, invalid, or laborious by either the selectees or the program staff.

Much of the value of this study and potential future evaluations of the GAIT or other selection techniques rests on the quality of the criterion variable. It is possible to imagine highly accurate predictors for inappropriate criteria which would staff a project with the "wrong" personnel. Most CMH project leaders would acknowledge the ethical obligation and practical need to screen candidates for counseling positions. However, the definition of project-specific criteria by all the relevant parties is rarely made.

REFERENCES

- Chinsky, J. M., & Rappaport, J. Evaluation of a technique for the behavioral assessment of nonprofessional mental health workers. *Journal of Clinical Psychology*, 1971, 27, 400-402.
- Cowen, E. L. Social and community interventions. *Annual Review of Psychology*, 1973, 24, 423-472.
- Cozby, P. C. Self-disclosure, reciprocity and liking. *Sociometry*, 1972, 35, 151-160.
- Culbert, S. A. Trainer self-disclosure and member growth in two T Groups. *Journal of Applied Behavioral Science*, 1968, 4, 47-73.
- D'Augelli, A. R. *The effects of interpersonal skills and pretraining on group interaction*. Unpublished doctoral dissertation, University of Connecticut, 1972.
- D'Augelli, A. R. The assessment of interpersonal skills: A comparison of observer, peer, and self ratings. *Journal of Community Psychology*, 1973, 1, 177-179. (a)
- D'Augelli, A. R. Group composition using interpersonal skills: An analogue study on the effects of members' interpersonal skills on peer ratings and group cohesiveness. *Journal of Counseling Psychology*, 1973, 20, 531-534. (b)
- Dies, R. R. Group therapist self-disclosure. *Journal of Counseling Psychology*, 1973, 20, 344-348.
- Dooley, D. *Effects of response interaction training on the Group Assessment of Interpersonal Traits*. Doctoral dissertation, University of California, Los Angeles. Ann Arbor, Michigan: University Microfilms, 1973, No. 73-32058.
- Dooley, D. Assessing nonprofessional mental health workers with the GAIT: An evaluation of peer ratings. *American Journal of Community Psychology*, 1975, 3, 99-110.
- Goodman, G. *Companionship therapy: Studies in structured intimacy*. San Francisco: Jossey-Bass, 1972.
- Gruver, G. G. College students as therapeutic agents. *Psychological Bulletin*, 1971, 76, 111-127.
- Kurtz, R. R., & Grummon, D. L. Different approaches to the measurement of therapist empathy and their relationship to therapy outcomes. *Journal of Consulting and Clinical Psychology*, 1972, 39, 106-115.
- Lindquist, C. U., & Rappaport, J. Selection of college student therapeutic agents: Further analysis of the "Group Assessment of Interpersonal Traits" technique. *Journal of Consulting and Clinical Psychology*, 1973, 41, 316.
- Rappaport, J., Chinsky, J. M., & Cowen, E. L. *Innovations in helping chronic patients: College students in a mental institution*. New York: Academic Press, 1971.
- Rappaport, J., Gross, T., & Lepper, C. Modeling, sensitivity training, and instructions: Implications for the training of college student volunteers and for outcome research. *Journal of Consulting and Clinical Psychology*, 1973, 40, 99-107.
- Rioch, M. J. Pilot projects in training mental health counselors. In E. L. Cowen, E. A. Gardner, & M. Zax (Eds.), *Emergent approaches to mental health problems*. New York: Appleton-Century-Crofts, 1967.
- Rogers, C. R. The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 1957, 21, 95-103.
- Sobey, F. *The nonprofessional revolution in mental health*. New York: Columbia University, 1970.
- Tognoli, J. Response matching in interpersonal information exchange. *British Journal of Social and Clinical Psychology*, 1969, 8, 116-123.
- Weigel, R. G., Dinges, N., Dyer, R., & Straumfjord, A. A. Perceived self-disclosure, mental health, and who is liked in group treatment. *Journal of Counseling Psychology*, 1972, 19, 47-52.
- Zax, M., & Specter, G. A. *An introduction to community psychology*. New York: John Wiley & Sons, 1974.
- Zytowski, D. G., & Betz, E. L. Measurement in counseling research: A review. *Counseling Psychologist*, 1972, 3, 72-86.