A brief counseling approach to procrastination: Analysis of a brief counseling model

by

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INTRODUCTION

Commonly, counselors have been taught basic techniques and theories (i.g., behaviorally-oriented models) that assume that an unlimited amount of time is available to work with clients. A majority of intervention strategies are based on models requiring numerous hours of client-counselor contact (Corsini & Wedding, 1989).

The reality is quite different. Limited resources, high workloads, and administrative concerns all impact on the amount of time a college counselor has to spend with a particular student or the student and his/her family. In studies covering a range of treatment modalities, the median number of counseling sessions per client was between five and six (Garfield, 1978). Apparently, many commonly used models for counseling are, in actuality, inappropriate for the setting.

Within the last fifteen years, specific models of brief, time-limited counseling have been introduced

(Koss & Butcher, 1986). The approaches, techniques, and strategies have been influenced by: a) structural family therapy (Minuchin, 1974; Minuchin & Fishman, 1981), b) communicational and strategic models (Palazzoli, Boscolo, Cecchin, & Prata, 1978; Watzlawick, 1978; Watzlawick, Weakland & Fisch, 1974), c) logo therapy (Frankl, 1960), and the seminal work of Milton Erickson and Jay Haley (Haley, 1973, 1976). These models are characterized by four fundamental elements (Rosenthal, 1980): 1) time-limited, 2) focused on specific issues, 3) focused on the present, and 4) family-focused. The client is seen as being basically healthy, but as experiencing some problems (Weinberger, 1971).

This research attempted to look at a specific single-session counseling model and the significance of each of the steps of the model, as well as the significance of the counselor in assisting the client through those steps. Procrastination was chosen as the "problem focus" due to the high percentage of college students reporting difficulties with procrastination. Despite the frequency of the

problem, research on procrastination has been limited. Previous research has looked at the issue of self-reporting procrastination and has confirmed this as a valid method of study for procrastination (Rothblum, Beswick, & Mann, 1984; Rothblum, Solomon, & Murakami, 1986; Solomon & Rothblum, 1984).

REVIEW OF LITERATURE

The Review of Literature addressed the various issues related to a brief counseling model utilized to address students' concerns with procrastination.

Procrastination as an Issue

Procrastinating on academic tasks is a frequent concern among college students. It has been estimated that 95% of college students engage in procrastination (Ellis & Knaus, 1977). In a study done by Rothblum, Solomon, & Murakami (1986), more than 40% of their subjects reported nearly always or always procrastinating on exams to the point of experiencing considerable anxiety. In a study done by Solomon & Rothblum (1984), 65% of students studied indicated a desire to reduce their procrastination when writing term papers, 62.2% wanted to reduce procrastination when studying for exams, and 55.1% wanted to reduce procrastination on weekly readings. These studies and others indicate the importance of addressing the issue of procrastination as an area of concern for college counseling centers.

Procrastination may be simply defined as the act of needlessly delaying tasks to the point of experiencing subjective discomfort (Solomon & Rothblum, 1984). The results of a study done by Solomon & Rothblum (1984) indicated two groups of procrastinators--those students who procrastinate due to fear of failure and those students who procrastinate as a result of aversiveness of the task. Fear of failure appears related to anxiety about meeting others' expectations, perfectionistic tendencies, and the lack of self-confidence. Aversiveness of task appears related to lack of energy and task unpleasantness. Fear of failure is correlated significantly with depression, irrational cognitions, punctuality, and organized study habits (Solomon & Rothblum, 1984). A difference between students who procrastinate because of aversiveness of the task and those who procrastinate because of fear of failure is that the latter also report high anxiety and low self-esteem (Solomon & Rothblum, 1984).

Solomon and Rothblum (1984) stated that procrastination involves a complex interaction of

behavioral, cognitive, and affective components suggesting that improving time management and study skills may not be enough to effectively treat procrastination. It is important to look at those things that an individual student is doing, thinking and feeling.

Rothblum et. al. (1986), in a study done on differences between high and low procrastinators, found that high and low procrastinators differ from each other on behavioral, cognitive, and affective measures. On affective measures, procrastinators reported higher anxiety, sometimes including physical symptoms (Rothblum, Solomon, & Murakami, 1986). On cognitive measures, high procrastinators were more likely to attribute success to external factors or chance, not to their own ability or effort (Rothblum, Solomon, & Murakami, 1986). This suggests the possibility that procrastination can be used to protect an individual from a true test of his/her abilities. Finally, on behavioral measures, Rothblum, Solomon, and Murakami (1986) found that high procrastinators perceived themselves as having less

delay of gratification, lower self-efficacy, and less control over emotional reactions.

Procrastination can provide an "excuse" for students with poor academic performance (Otten, 1982). Some students learn that the system can be manipulated into granting extensions or incompletes. Otten (1982) stated that some students may procrastinate for the sheer thrill of racing to meet a deadline.

Procrastinators are impacted greatly by their self-perceptions, belief systems and sets of expectations (Otten, 1982). Typically, procrastinators view their abilities as inadequate and believe that they are destined to disappoint themselves. These unrealistic expectations may serve to make a task even more difficult. Emotions are used to work against the procrastinator as well (Otten, 1982). Instead of using positive accomplishments to overcome procrastination, students may rely on anger, guilt, or anxiety to motivate themselves to change. These emotions may, in fact, perpetuate the problem.

Perhaps one of the biggest costs of procrastination is that procrastinators rarely enjoy

even their free time (Otten, 1982). With undone tasks hanging over their heads, relaxation is difficult to achieve.

While it is unlikely that large numbers of students affected by procrastination need intensive clinical intervention, it is likely that some of the adverse effects can be effectively addressed in a counseling situation.

Steps of the Brief Counseling Model

Specific steps characterize the brief counseling model presented by Watzlawick, Weakland, and Fisch (1974). These steps consist of the following:

1. Describe the problem in concrete terms. Information collected includes frequency and duration of the problem, situational factors, and the consequences of the problem.
2. Investigate previous client attempts at problem resolution. A thorough investigation of previous attempts at a solution is undertaken.

Emphasis is placed on specificity and thoroughness.

3. Obtain a clear definition of the change to be achieved. Goals are negotiated. These goals need to be "clear, reachable, and meaningful" (Lopez, 1985). Indications of minimal change are identified with emphasis on behavioral, as opposed to affective, statements.

4. Formulate and implement a plan to produce change. Emphasis is placed on what a client needs to do or stop doing in order to achieve the desired change and an action plan is formulated.

Effective Goal Setting

Setting a goal is a crucial part of achieving desired change. It has been stated that goal setting may be the most difficult and crucial step in the problem-solving process (Neil, 1975). Goals give direction to counseling. de Shazer (1985) stated that

"...if you know where you want to go, then getting there is easier."

Goals help to mobilize client resources and to increase client persistence (Childers, 1987). They make it possible to more effectively assess progress and to make any necessary changes.

Criteria for setting effective goals include:

A) Goals should be stated in the positive (Neil, 1975).

B) Goals should be within a client's control (Egan, 1986).

C) Goals should be realistic (de Shazer, 1985; Egan, 1986).

D) Goals should be meaningful (Egan, 1986).

E) Goals should be time-limited (Egan, 1986).

F) Goals should be specific (Childers, 1987; O'Hanlon & Weiner-Davis, 1989).

Intervention Strategies

Therapists at the Brief Family Therapy Center (BFTC) in Milwaukee, Wisconsin, have begun the process (as of 1978) of developing a repertoire of interventions useful in a variety of situations when

working with clients (de Shazer & Molnar, 1984). These interventions revolve around the concept of "change" and the following assumptions about the nature of change in treatment: a) change is not only possible, but it is inevitable; b) only minimal changes are needed to initiate problem resolution and this in turn results in further change; and c) a change in one part of the system will affect all other parts of the system.

de Shazer and Molnar (1984) described four specific interventions, developed in response to the specific problems posed by a particular case. They then employed these interventions in other cases and found a pattern of effectiveness emerging. These interventions included the counselor saying:

1. Between now and the next time we meet we want you to observe, so that you can tell us next time, what happens in your (life, marriage, family, or relationship) that you want to continue to have happen (p. 298).

The premise behind this intervention is to let the

client know that the counselor expects change to occur.

2. Do something different (p. 300).

This intervention is designed to broaden a client's range of possible behaviors and is general enough to allow the client to do it in a way that fits for them. Its intent is to reaffirm for the client the expectation that they can change and solve the problem.

3. Pay attention to what you do when you overcome the temptation or urge to... (perform the symptom or some behavior associated with the complaint) (p. 302).

This intervention is designed to assist the client in paying attention to what they do and to help them to view their problem as within their control.

4. A lot of people in your situation would have...(p. 302).

When clients assume that what they are doing in response to a situation is the only logical thing to do, the counselor can then redefine this "stability"

as change, permitting the counselor to suggest change as a means of promoting desired stability.

Number of Sessions

The number of sessions in the time-limited models vary. A research team at the Mental Research Institute (MRI) in Palo Alto set ten sessions as the maximum number of client sessions (Fisch, Weakland, & Segal, 1982; Watzlawick, Weakland & Fisch, 1974). At the Brief Therapy Center in Milwaukee, Steve de Shazer's (1982, 1985) research team averages only five sessions with clients. Bloom (1981, 1984) and O'Hanlon and Wilk (1987) have proposed counseling sessions based on a single counseling session. Placing a limit on the number of sessions seems to create a positive expectation for change (Weakland et al., 1974) and increases the chances that counseling will be successful (Watzlawick et al, 1974).

Impact of Single-Session Counseling

Historically, counselors have operated under the assumption that "more is better," that problems are deep-seated, and that problems built up over many

years need a long time to be resolved. However, surveys of outpatient counseling indicate that many clients come for only a single-session, with the average number of sessions being only three to six (Talmon, 1990). Most of these clients, when questioned, indicated that they quit after one session because they had been able to successfully accomplish what they wanted to (Talmon, 1990). Bernard Bloom (1981), in a study conducted at the University of Colorado, stated the following:

> Single-session encounters between mental health professionals and their clients are remarkably common. Not only is their frequency underestimated, but more importantly, their therapeutic impact appears to be underestimated as well (p. 180).

Moshe Talmon (1990), in his book Single-Session Therapy outlines some central assumptions necessary for maximizing benefits to clients in a single session. First, it is assumed that clients have the ability to resolve their own problems and the

counselor need only mobilize this ability by empowering the client. Empowering occurs through understanding the client's problems and symptoms and offering encouragement and understanding. Second, clients belong to a social network that contributes to their problems, and thus, can contribute to problem solution. Third, the therapeutic process operates not only during the official treatment session but for as long as the client is thinking about the treatment session (from the moment the client decides to seek help and for an indefinite time after the treatment session). Therefore, intake and follow-up interviews are essential components in single-session counseling (Talmon, 1990).

The focus in single-session counseling is not on any specific therapeutic techniques. A variety of therapeutic techniques may be used as long as they fit for the individual client. What does seem to be important to the session is the counselor's attitudes toward single-session counseling. It is important that the counselor believes that each session, in and of itself, can be positive and productive

Talmon, 1990). This encourages both counselor and client to make use of the present without fearing the future.

It also decreases the chance of creating a dependency. It is useful to do away with the attitude that more is always better (Talmon, 1990). Small changes in how someone thinks, feels, or behaves can cause new reactions in clients and those people who surround them. Clients are usually more willing to make small changes and any kind of movement can serve to give clients a sense of hope (Rosenbaum, Hoyt, & Talmon, 1990).

Not all clients are appropriate for single-session counseling. Client "appropriateness," however, seems to be related more to a client's expectations and readiness to change than to any specific diagnosis. In a study done by Rosenbaum, Hoyt, & Talmon (1990), successful cases included clients with problems of daily cocaine use, depression, obsession, panic attacks, and separation, divorce and violence in families.

Clients probably not appropriate for single

session counseling would include (Talmon, 1990):

1. Clients possibly requiring inpatient care such as clients who are suicidal or psychotic.
2. Clients where organicity is a factor, including genetic, biological, or chemical components.
3. Clients with neurological or brain disorders.
4. Clients who request long-term counseling.

Also included would be clients with diagnoses of anorexia nervosa, bulimia nervosa, attention deficit disorder, agoraphobia, hypochondriasis, and chronic pain disorder.

Clients who may be candidates for single-session counseling include (Talmon, 1990):

1. Clients who come with a specific problem.
2. Clients wanting to check to see if they are "normal."
3. Clients seen with others from their social network who can serve as "cotherapists."

4. Clients who can identify possible solutions, attempted solutions, and exceptions to the problem.
5. Clients who have a "stuck" feeling in relation to the problem and are tired of feeling this way.
6. Clients who come for evaluation and referral to other services.
7. Clients with a truly "unsolvable" problem where the best treatment is acceptance or letting go of futile attempts at a "cure."
8. Clients who would be better off with no treatment.

A client's "readiness" for change can be fostered through helping clients to expect change right from the beginning, to know that change is possible. A counselor then needs to find a "focus" for the session, accomplished through careful listening to the client. A good focus can provide the leverage for a whole chain of changes (Talmon, 1990). It is important that the counselor look for and label the

client's strengths and, utilizing those strengths, practice solutions in the session to the problem. The focus is on the "here and now" (Talmon, 1990). Time needs to be allocated in a single-session counseling situation for clients to address last minute issues. Finally, feedback is provided for the client, culminating in a prescription or task designed to assist the client in achieving their goal.

Follow-up interviews can be important to both counselor and client. They let the client know that their counselor cared enough to call them and it gives them the opportunity to own responsibility for their gains. It provides a learning experience for the counselor by providing essential feedback.

Single-session counseling depends on empowering clients to utilize the natural process of change. Eric Berne (1966) stated:

> A patient has a built-in drive to health, mental as well as physical. His mental development and emotional development have been obstructed, and the therapist has only to remove

> the obstructions for the patient to
> grow naturally in his own direction.
> The therapist does not cure anyone,
> he only treats him to the best of his
> ability, being careful not to injure,
> and waiting for nature to take its
> healing courage (p. 63).

Summary of the Review of Literature Topics

A high percentage of college students self-report difficulties with procrastination. These difficulties with procrastination have an affective, cognitive, and behavioral component and, as such, deserve a treatment approach that reflects these various components. It is unlikely, however, that the overwhelming majority of these students need long-term, intensive psychotherapy to overcome their problems with procrastination.

Areas that many students need to address when confronting the problem of procrastination include a fear of failure, often reflected by low self-esteem and by anxiety over not being able to live up to expectations, and the aversiveness of the task,

reflected in the student's lack of energy or the unpleasantness of the task to be undertaken.

Of note is the relationship between high procrastinators and the perception that their performances are controlled by external factors rather than by their own abilities and self-control. Brief counseling models offer the possibility that small changes in how a person thinks, feels or behaves can provide a client with a sense of hope that change is possible and that it is within their control and capabilities to foster this change. Through the process of effective goal setting, a client is able to mobilize his/her resources and make necessary changes. Specific brief counseling interventions are designed to reaffirm for the client the expectation that they can change and that they can solve the problem.

Placing a limit on the number of sessions a client will be involved with counseling seems to create a positive expectation for change and increases the chances for a successful outcome. When clients can be provided with a sense of hope and positive

expectancy, the process of growth seems to take its own course. Talmon (1990) has found that creating this sense of positive expectation is not only possible in a very short time, it is often possible in a single session. In helping students to overcome their procrastination, it is possible that a single session could effectively assist the student by empowering him/her to resolve his/her own problem.

Problem Statement

The purpose of this study is to investigate the concept of a single-session counseling experience and it effectiveness in assisting students with problems of procrastination. The study takes a two-fold approach: 1) to determine if a single-session counseling model is a viable approach with college students and 2) to determine the effects of a single-session counseling approach on the issue of procrastination among college students. The proposed research draws heavily on the work of the MRI group and Steve de Shazer.

For the purpose of this study, procrastination

will be defined as the intentional and habitual postponement of something that should be done (Sherman, 1981).

Objectives of the Study

A. The research will provide quantitative and qualitative data about the relative contribution of the four steps of a brief counseling model with simple intervention in attainment of counseling goals by college students dealing with procrastination. A brief counseling model will be proposed as an alternative to more traditional treatment models.

B. The research will examine the benefits of utilizing a brief-counseling model among college students who self-report procrastination. The study attempts to determine if counseling can be shortened even more by eliminating the first two steps: (1) problem definition and (2) investigating attempted solutions while keeping the counseling limited to only one session (Littrell, 1988). In one of the treatment conditions in the research, a self-help approach

using steps 3 and 4 will be studied, suggesting the possibility that a counselor need not even be present for the method to assist the students in making changes. The utilization by the counselor of only steps 3-4 with one experimental group is intended to challenge many counselors' basic assumptions that past and present state information is necessary for effective treatment.

Hypotheses

Hypothesis 1: It is hypothesized that there are significant differences among the treatment groups for satisfaction with goal attainment.

Hypothesis 2: It is hypothesized that the severity of the students' procrastination will significantly affect the students' satisfaction with goal attainment.

Assumptions

A. The counselor will utilize the model's techniques in a consistent and uniform manner.
B. Students will respond honestly to the goal attainment assessments and Counselor Rating Form.

C. Both students and counselor will participate in the counseling sessions to the best of their abilities.

Limitations

A. The study is limited to junior college students voluntarily participating in the study.

B. The study is limited to self-report measures to assess goal attainment.

C. The study is limited to the topic of procrastination among college students.

METHOD

Students and Setting

The research for this study was conducted at North Iowa Area Community College (NIACC) in Mason City, Iowa. Eighty students from the psychology classes served as subjects. The students earned extra credit points toward their final psychology grade based on the their degree of participation in the study. The study was reviewed and approved by the Iowa State University Committee on the Use of Human Subjects in Research (see Appendix A) and the committee approved the project. All 80 students completed the project. Three of the students were referred for further counseling due to severity of problems other than procrastination.

The participants consisted of 21 males (26.2%) and 59 females (73.7%). Students ranged in age from 17 to 51 with 60% of them being between 18 and 20. The mean age of students was 21.5 years of age (SD = 6.2). The students' ethnic backgrounds were predominantly White American (92.5%), followed by Black American (5%), Hispanic (1.2%), and Asian

American (1.2%). No other ethnic groups were represented.

Independent Variables

The brief counseling model in this study has four sequential steps: (1) problem definition, (2) attempted solutions, (3) goal setting, and (4) intervention. Students were randomly assigned to one of four brief counseling treatment groups: (A) steps 1 and 4, (B) steps 3 and 4, (C) self-help steps 3 and 4, and (D) delayed treatment. All students, with the exception of group D, were asked to complete a signed informed consent form and an information sheet (see Appendix B & C).

The four steps of the model included:

Step 1: The counselor assists the client in describing the problem. The goal is to help the client be as concrete and specific as possible. Common questions asked by the counselor include:

* How do you DO procrastination?

* How does procrastination create a problem for you?
* How would you sum up in one sentence what you have been telling me?

Step 2: Counselor and client explore previous attempts by the client to solve his/her problem. The counselor looks not only at what has worked in the past, but also on what hasn't worked. Alternative solutions are explored. Common questions utilized by the counselor include:

* What have you tried so far to solve this problem?
* What else have you thought about trying?
* What have others suggested you try?

Step 3: The counselor assists the client in setting a meaningful goal.

The goals needs to be specific, concrete, and one that can be accomplished in two weeks. Common counselor questions include:

* Imagine that we have moved forward in time two weeks and you have successfully resolved your situation. What are you doing/thinking/feeling differently now?
* Based on what we have talked about, what would be a reasonable goal for you?

Step 4: The counselor and client decide on an intervention and the counselor assigns a task. The task to be assigned is as follows: "Between now and the next time we meet, I want you to do something different, no matter how strange or fun or out-of-the-ordinary what you

> do might seem. The only thing
> is that whatever you decide to
> do, you need to do something
> different."

The self-help group was asked to fill out necessary information and was given a self-help packet of information (see Appendix I). Counselor contact was minimal.

Dependent Variables

Follow-up evaluations of the students' success in reaching their goal were conducted at two-week and six-week intervals. An instrument used by de Shazer (1985) and Weakland, Fisch, Watzlawick, and Bodin (1974) was used to determine significant differences among treatment groups based on the student's stated problem of procrastination. The instrument was a simple 7-point scale with possible ratings ranging from (1) much worse to (7) much better (see Appendix D).

In reference to reliability and validity, it has been noted that asking a student directly to assess goals and their success in reaching their goals can

yield accurate, credible observations (Anderson, 1988; Taft, 1988).

At the in-person follow-up interview completed at two weeks, students completed the Counselor Rating Form, a measure of the counselor's expertness, trustworthiness, and interpersonal attractiveness (Atkinson & Wampold, 1982). The students completed these forms anonymously and forms were turned in to the NIACC instructor and not directly to the researcher. The CRF is designed to provide qualitative data concerning the student's perception of the counselor and, ultimately, the counselor/client relationship (see Appendix E). Validation studies conducted in colleges using the CRF yielded high validity scores; reliability tests of expertness, trustworthiness, and interpersonal attractiveness yielded scores of .91, .85, and .91, respectively (Corrigan & Schmidt, 1983).

The Procrastination Inventory (Strong, Wambach, Lopez, & Cooper, 1979) was administered in a pre/post test format. The Procrastination Inventory is a 36-item Controllability scale used to assess how

easily or directly a student feels he/she can control his/her procrastination (see Appendix G). Lopez and Wambach (1985) reported a Cronbach alpha coefficient of .76.

Students took the Procrastination Inventory approximately one month after the spring semester began and again at the end of the semester. All students in Kaye Young's spring semester Psychology classes took the Procrastination Inventory, but only 80 students participated in the procrastination study.

Students also completed the Procrastination Log (Lopez & Wambach, 1985) in the same pre/post test format as the Procrastination Inventory. The Procrastination Log measured subjects' procrastination behavior, using an 11-item self-report format (see Appendix F). Students rated how true each item was for them during the week on a 7-point scale ranging from true to false. The sum of the true-false ratings constituted the Procrastination Behavior (PB) Scale. The Cronbach alpha coefficient for the PB scale has been reported to be .67 (Lopez & Wambach, 1985). The

Procrastination Log was developed to measure subjects' weekly procrastination behavior and their satisfaction with this behavior.

Procedures

Students in the study were randomly assigned to one of four treatment groups. The researcher reviewed the Signed Informed Consent forms with the students and then requested the students to complete the NIACC information form. Those in the self-help group were given a self-help packet of information (see Appendix I) and were advised that the counselor would be contacting them at two-week and six-week intervals. The counselor stated, "I will be interested in hearing about the progress you have made toward your goal." Students in groups 1-4 and 3-4, upon completing all intake forms, met with the counselor for an initial interview. Group 1-4 averaged approximately 50 minutes per session, with group 3-4 averaging between 25-30 minutes. The counselor then arranged an appointment to meet with the student for a two-week follow-up interview. Again, the counselor stated, "I

will be interested to hear about the progress you have made toward your goal."

The two-week follow-up averaged between 10 and 15 minutes in length. The counselor reviewed with the student satisfaction with goal attainment using a standardized set of questions (see Appendix D). Also, students anonymously completed the Counselor Rating Form. These forms were placed in an envelope in the office of the NIACC Psychology instructor. At the end of the two-week follow-up interview, the counselor referred to a six-week follow-up telephone call by stating, "I will call you in four weeks and look forward to hearing about how you are doing."

The follow-up telephone calls averaged approximately 5 minutes with the counselor asking a standardized set of questions (see Appendix D). Students were thanked for their participation in the study.

Dr. John M. Littrell, project director of the Brief Counseling Project, administered the Procrastination Log and Procrastination Inventory pretests. The subsequent interviews and follow-ups

were done by the author, a counselor trained by Dr. Littrell in the use of brief counseling techniques. The Procrastination Log and Procrastination Inventory posttests were administered by Mr. Kaye Young, NIACC instructor.

Research Design and Data Analysis

An experimental design was used for this study. Students were randomly assigned to one of four treatment groups, including a Self-help group and a Delayed-treatment group. Two follow-up interviews were utilized, providing for a repeated measure design.

A one-way analysis of variance was used to assess the following: procrastination scores, both pre and post, on the Procrastination Log and Inventory in regard to groups and severity of problem; satisfaction with goal attainment at two-week and six-week follow-ups in regard to groups and severity of problem, and; percentage of the goal attained at two-week and six-week follow-ups in regard to stages and severity of the problem.

RESULTS

The overall purpose of this study was to determine if a brief counseling model (i.e. a single session) combining the four-step model of the MRI group and a simple intervention of de Shazer was a viable counseling approach with community college students who are concerned about a problem with procrastination.

Hypothesis One

It was hypothesized that there are significant differences among the treatment groups for satisfaction with goal attainment. The major treatment variable was the single-session brief counseling model, specifically, the various steps of the model utilized by the counselor in each of the treatment groups. Means and standard deviations of students' satisfaction with goal attainment at first and second follow-ups are presented in Table 1 for each treatment group.

An analysis of variance for the treatment groups is presented in Table 2. The results of the between-subjects effect were obtained by a mixed

Table 1 Means and standard deviations of students' satisfaction with goal attainment at first and second follow-ups with respect to treatment groups[a]

		Pretest		Posttest	
Treatment Group	n	M	SD	M	SD
Group 1 (Steps 1-4)	20	5.10	.92	5.15	.99
Group 2 (Steps 3-4)	20	5.25	.79	5.40	.94
Group 3 (Self-help)	20	4.75	.85	5.20	1.01

[a]Ratings were on a scale of 1 (much worse) to 7 (much better).

Table 2 Analysis of variance summary table of satisfaction with goal attainments for three treatment groups[a]

Experimental Source	*SS*	*df*	*MS*	*F*	*p*
Between-subjects					
Groups	2.47	2	1.23	.89	.41
Subjects within groups	78.62	57	1.38		
Within-subjects					
Time	1.41	1	1.41	4.66*	.03
Groups by time	.87	2	.43	1.43	.25
Time x subjects within group	17.22	57	.30		

[a]*$p < .05$

between-within MANOVA, $F(2, 56) = .89$, $p = .42$. The treatment groups did not differ significantly with respect to students' satisfaction with goal attainment.

Table 2 illustrates the within-subjects effect obtained by the two-factor MANOVA with repeated measures on one factor, $F(1, 56) = 4.66$, $p = .03$. The repeated measure dealt with goal attainment satisfaction at two-week and six-week follow-ups. Satisfaction with goal attainment was significant across time. Students reported greater satisfaction as time went by, with scores at the second follow-up being higher than scores at the first follow-up.

Table 2 illustrates no significant difference in regard to satisfaction with goal attainment at two-week and six-week follow-ups, $F(2, 57) = 1.43$, $p = .25$.

Means and standard deviations of students' perceptions of their procrastination as self-reported on the Procrastination Log is illustrated in Table 3, for both the pretests and the posttests. Mean scores decreased for all groups from the pretest to the

Table 3 Means and standard deviations of students' perceptions of their procrastination as self-reported on Procrastination Log[a]

		Pretest		Posttest	
Treatment Group	n	M	SD	M	SD
Group 1-4	20	40.80	6.72	37.60	6.91
Group 3-4	20	42.80	7.07	40.85	4.36
Self-help	20	41.30	6.22	40.50	4.97
Delayed treatment group	20	42.25	6.73	39.55	5.17

[a]Ratings were on a scale of 11 (best) to 77 (worst).

Table 4 Analysis of variance of Procrastination Log scores for four treatment groups[a]

Experimental Source	SS	df	MS	F	p
Between-subjects					
Groups	143.82	3	7.94	.88	.46
Subjects within groups	4144.87	76	4.54		
Within-subjects					
Time	187.06	1	187.06	9.46*	.03
Groups by time	32.67	3	10.89	.55	.65
Time x subjects within group	1502.77	76	19.77		

[a] $*p < .05$

posttest (ratings were on a scale from 11 "Best" to 77 "Worst").

Table 4 illustrates the results of the between-subjects effect with regard to the treatment groups, obtained by the two-factor MANOVA with repeated measures of one factor, $F(3, 76) = .88$, $p = .46$. The repeated measure dealt with students' perceptions of their procrastination as self-reported on the Procrastination Log at the pretest and posttest. There were no significant differences with regard to students' perceptions of their procrastination across the 4 groups.

Also illustrated in Table 4 are the within-subjects effects of students' perceptions of their procrastination as self-reported on the Procrastination Log. These were obtained by a two-factor MANOVA with repeated measures on one factor, $F(1, 76) = 9.46$, $p = .03$. The repeated measure was a pretest and a posttest follow-up. Students' perceptions of their procrastination were significant across time. Students, across all groups,

reported perceiving themselves as procrastinating less over time.

There were no significant interventions among treatment groups in regard to students' perceptions of their procrastination as self-reported on the Procrastination Log on the pretest and the posttest where $F(3, 76) = .55$, $p = .649$.

Table 5 presents the means and standard deviations of students' self-reported perceptions regarding their expectations for improving their procrastination. All groups except Group 4 (Delayed Treatment) showed improvement in their expectation that their problem with procrastination would improve.

Table 6 presents the results of the between-subjects effects with regard to the treatment groups. Results were obtained by a two-factor MANOVA with repeated measures on one factor, $F(3, 76) = 2.43$, $p = .07$. The repeated measure dealt with students' expectations for change from the pretest to the posttest. There were no significant differences among the four treatment groups with regard to students' expectations for change.

Table 5 Means and standard deviations of students' perceptions of their procrastination as self-reported on Procrastination Inventory Expectation Measure[a]

		Pretest		Posttest	
Treatment Group	n	M	SD	M	SD
Group 1 (Steps 1-4)	20	81.90	12.59	83.95	11.74
Group 2 (Steps 3-4)	20	79.90	10.55	84.85	16.35
Group 3 (Self-help)	20	79.75	11.63	80.75	13.46
Group 4 (Delayed treatment)	20	77.20	9.65	72.95	11.27

[a]Ratings were on a scale from 16 (worst) to 112 (best).

Table 6 Analysis of variance summary table of Procrastination Inventory Expectation scores for four treatment groups

Experimental Source	SS	df	MS	F	p
Between-subjects					
Groups	1536.67	3	512.22	2.43	.07
Subjects within groups	15987.92	76	210.37		
Within-subjects					
Time	35.16	1	35.16	.38	.54
Groups by time	442.52	3	147.51	1.59	.20
Time x subjects within group	7030.82	76	92.51		

The within-subjects effects in regard to student's expectations for change were obtained through a two-factor MANOVA with repeated measures on one factor, $F(1, 76) = .38$, $p = .54$. The repeated measure was a pretest and a posttest. There was no significant difference in the students' expectations for change across time.

There were no significant differences among treatment groups in regard to students' expectations for change as self-reported on the Procrastination Inventory on the pretest and posttest where $F(3, 76) = 1.59$, $p = .198$.

Means and standard deviations of students' perceptions of their ability to control their procrastination as self-reported on the Procrastination Inventory are reported in Table 7. All groups indicated feeling more control from the pretest to the posttest, with Group 2 indicating the greatest gains.

Table 8 illustrates an analysis of variance for the four treatment groups. The results of the between-subjects effect were obtained by a mixed

Table 7 Means and standard deviations of students' perceptions of their procrastination as self-reported on Procrastination Inventory Controlability Measure[a]

		Pretest		Posttest	
Treatment Group	n	M	SD	M	SD
Group 1 (Steps 1-4)	20	95.75	15.42	97.65	14.24
Group 2 (Steps 3-4)	20	88.90	13.16	97.45	16.68
Group 3 (Self-help)	20	93.80	12.00	97.65	14.76
Group 4 (Delayed treatment)	20	90.95	14.62	92.80	15.36

[a]Ratings were on a scale from 20 (worst) to 140 (best).

Table 8 Analysis of variance summary table of Procrastination Inventory Controlability scores for four treatment groups

Experimental Source	SS	df	MS	F	p
Between-subjects					
Groups	596.72	3	198.91	.61	.61
Subjects within groups	24733.02	76	325.43		
Within-subjects					
Time	652.06	1	652.06	6.49*	.01
Groups by time	297.52	3	99.17	.99	.40
Time x subjects within group	7635.92	76	100.47		

between-within MANOVA, $F(3, 76) = .61$, $p = .61$. The four treatment groups did not differ significantly with respect to students' perceptions of their ability to control procrastination.

Also presented in Table 8 are the within-subjects effect obtained by the two-factor MANOVA with repeated measures on one factor, $F(1, 76) = 6.49$, $p = .01$. The repeated measure dealt with students' perceptions of their ability to control procrastination on the pretest and the posttest. Controllability was significant across time, with students indicating feeling more in control of procrastination at the time of the posttest than at the time of the pretest.

There were no significant differences among treatment groups in regard to students' perceptions of their ability to control procrastination as self-reported on the Procrastination Inventory on the pretest and the posttest, $F(3, 76) = .99$, $p = .40$.

While there were no significant differences among treatment groups with respect to satisfaction with goal attainment, students across all groups reported greater satisfaction with goal attainment over time.

Hypothesis Two

It was hypothesized that the severity of the students' procrastination would significantly affect the students' satisfaction with goal attainment. Students assessed the severity of their problem on a scale ranging from 1 to 7 with "1" indicating that procrastination bothered them very much and "7" indicating that procrastination bothered them very little. Table 9 shows the mean scores and standard deviations for satisfaction ratings in relation to goal attainment for each level of severity at both the first and second follow-ups.

Table 10 illustrates the results of the analysis of variance for seven levels of problem severity. The results of the between-subjects effects were obtained by the MANOVA two-factor mixed design, $F(6, 53) = 1.87$, $p = .10$. There were no significant differences between students' satisfaction with goal attainment with respect to severity of their procrastination problem.

The within-subjects effect obtained by a two-factor mixed design with repeated measures on one

Table 9 Means and standard deviations of students' satisfaction ratings at first and second follow-ups with respect to problem severity[a]

	Follow-up 1			Follow-up 2	
Severity of problem ("How much does this bother you?")	*n*	*M*	*SD*	*M*	*SD*
7	2	5.50	.71	5.50	.71
6	5	5.00	.71	5.00	.00
5	11	5.09	.94	5.73	.47
4	22	4.95	.95	5.27	1.08
3	13	4.85	.69	4.77	.93
2	5	5.80	.84	6.00	1.22
1	2	4.50	.71	4.00	.00

[a]Ratings were on a scale of 1 (very little) to 7 (very much).

Table 10 Analysis of variance summary table of satisfaction with goal attainment with respect to problem severity

Experimental Source	SS	df	MS	F	p
Between-subjects					
Severity of problem	14.15	6	2.36	1.87	.10
Subjects within groups	66.94	53	1.26		
Within-subjects					
Time	.10	1	.10	.35	.56
Severity of problem by time	2.32	6	.39	1.30	.27
Time x subjects within group	15.77	53	.30		

factor indicated that students' satisfaction with goal attainment with respect to severity of problem did not differ significantly over time, $F(1, 53) = .35$, $p = .56$. The repeated measure dealt with severity of problem at two-week and six-week intervals.

Table 10 shows the within-subjects effects dealing with a possible interaction between problem severity and goal satisfaction across time. Among all levels of severity, there were no significant differences with satisfaction with goal attainment reported at two-week and six-week follow-ups.

DISCUSSION

The discussion focuses on the components of a single-session counseling model utilized in this study and the probable factors influencing the outcome. Such factors include: a) the impact of the various steps of the brief-counseling model on problem resolution; and b) the perceived severity of the procrastination, including who truly perceived the procrastination as a problem. In addition, the impact of the counselor's influence with the individual client will be explored.

Severity of Procrastination

When students were asked to rate themselves on a 1 to 7 scale in reference to the severity of their procrastination, there was a great deal of similarity in the numbers reported, 46 out of 60 students had scores of either 3, 4, or 5. That, however, was where the similarities ended. When the counselor explored what those numbers meant to the client during the first interview, a great deal of diversity was noted. A "4" for one student indicated a minimal amount of discomfort with procrastination; yet another student

who marked a "4" indicated a great deal of distress and concern over their procrastination.

Students were asked to identify and assess the intensity of feelings they commonly experienced in regard to their procrastination. This was a difficult task for many. Many students asked for assistance in labeling different possible feelings/emotions. This was particularly true for the male subjects. It appeared to the counselor that males experienced not only more difficulty in attaching feeling labels, but that they were much more uncomfortable in doing so. Students indicated that they hadn't spent much time in thinking about how they felt about procrastination; the focus was more on what they were doing. Feelings commonly identified included anxiety, guilt and stress.

The counselor reflected and validated students' feelings that they noted when procrastinating and suggested the possibility of utilizing these important "clues" in their plan to successfully reduce procrastination.

The counselor found that reframing the

procrastination was the only needed intervention with several students. These students initially indicated perceiving procrastination as a real problem. In exploring the "problem," it became apparent that procrastinating was a functional behavior for them. One student worded it in the following way: "An impending deadline invigorates me. I find I do my best work when I know that my deadline is here." While this approach did create some anxiety for her, the anxiety seemed to positively challenge and motivate her. When these students were questioned as to why they had identified procrastination as a problem, their common response was that they believed they should see it as a problem, that other people and society as a whole looked at procrastination as a problem; thus, the assumption that they should also. Procrastination in these situations was reframed as a useful study tool.

In the present study, differences in severity of procrastination did not significantly affect students' satisfaction with goal attainment; however, despite the severity of the problem, students seemed to

improve over time. Time appears to have a healing element all on its own, irregardless of interventions utilized or the severity of the problem being treated.

The above finding seems to support the possibility that a single-session counseling approach can be utilized despite the perceived severity of a client's problem. Also, because the severity of procrastination appeared to be so subjective in nature, it appears realistic to assume that to the extent that the counselor can assist the client in perceiving their procrastination differently, the student has a better chance for a more positive expectation for change and subsequent goal achievement.

The Counselor's Influence With Individual Clients

In looking at the counselor's influence with the students, both the amount of time the counselor spent with each student and the students' perception of the counselor in reference to her expertness, trustworthiness, and interpersonal attractiveness were reviewed.

The Counselor Rating Form (Corrigan & Schmidt,

1983) was used to assess how the counselor was perceived by the students, and ultimately to provide feedback on the client/counselor relationship (see Appendix E). Scores on each scale could range from 4 to 28. The mean score for expertness was 27 with a standard deviation of 1.57. The mean score for trustworthiness was 27.82, with a standard deviation of .54. The counselor's perceived interpersonal attractiveness had a mean score of 27.92, with a standard deviation of .27. The scores appear to indicate that it is quite possible to form a positive client/counselor relationship in a very short period of time.

Also reviewed was the degree of involvement the counselor had with the various treatment groups, as reflected by the amount of time the counselor spent with each one. Group 1 averaged 65 minutes of counselor time, the greatest degree of involvement; Group 2 average 40 minutes of counselor time; and Group 3 averaged only 15 minutes of counselor time, the smallest degree of involvement. Group 4 did not

meet with the counselor at all during the actual time of the study.

As illustrated by the results for Hypothesis 1, the groups did not vary significantly in satisfaction with goal attainment based on the degree of counselor involvement. It would appear that students were able to make progress even when allowed less counselor time and involvement, an important finding for overworked counseling centers with limited time and funds.

What did seem important, as self-reported by the students at two-week and six-week follow-ups, was the assumption instilled by the counselor that they had the power to effectively impact on their patterns of procrastination. Several students commented that it was valuable to them to know that the counselor would be contacting them for a progress report.

Steps of the Brief Counseling Model

While there were no significant differences among treatment groups for goal attainment satisfaction, all groups significantly improved across time. This seems to support the theory of a natural process of change. Talmon, in his book Single-Session Therapy, 1990,

states that he tries to "emphasize the role of time and movement (process), and the inevitable change that is already well under way when therapists first meet their patients rather than the notion of a steady state or being stuck at the same spot" (p. 73). From the time a client decides to seek help, an expectation for change exists and can be further fostered through the counselor's focus on clients' strengths.

Although no significant differences existed, Group 2 (involving steps 3 and 4 of the brief counseling model) seemed to report the greatest gains in effectively dealing with the procrastination. Group 2 expressed greater gains in their expectation for change, their belief that they could control their procrastination, and their satisfaction with goal attainment. There appeared to be a benefit to beginning the counseling session focusing on a desired goal rather than on the problem of procrastination. When beginning with problem exploration, counselors may fail to explore areas of client strength. There is a danger of focusing more on the past rather than the present or the future and a tendency to focus on

content rather than process. By beginning with step 3, goal setting, the implication is that change is not only possible, but probable.

The counselor found that several of the students in Group 2 were initially quite surprised at how the session began. They later indicated that they expected the counselor to first question them about their procrastination. Approaches utilized by the counselor to begin with step 3 were adapted from work by de Shazer (1985) and Watzlawick et. al. (1974), and included the following:

* How will you know when your problem with procrastination is better?
* If a miracle were to occur tonight while you were sleeping, and tomorrow morning your problem with procrastination was gone, what would you be doing/thinking/ feeling differently? What would those closest to you notice different about you?

* Pretend this is three months into the future and you have successfully conquered your problem with procrastination. What was the first thing you did? The second? The third?

Students indicated that these questions helped them to feel less stuck and more hopeful that they could find a solution. Some students simply indicated that they found this to be a "fun" approach to take with their procrastination. Frequently, the counselor noted more positive affective responses from the students in Group 2 (steps 3-4) as opposed to Group 1 (steps 1-4).

Conclusions and Implications

The results of this study indicate that a single-session counseling model can be effective in helping students with their procrastination. Students in all treatment groups of the single-session model expressed improved satisfaction with their procrastination behavior.

The counselor served the function of helping to create a positive expectation for change. This was

accomplished through the counselor's belief in the client's ability to make changes, joint exploration of possible solutions, exploration of exceptions to the problem, assistance in effective goal setting, and the conveyance of a genuine concern and caring for the client. The counselor was able to form effective therapeutic relationships in a short period of time, as indicated by the resuults on the Counselor's Rating Form, and the relationship between counselor and client was not compromised by the length of time spent together or the steps of the model that were utilized.

The setting of specific, time-limited goals helped to move students in a positive direction. It gave them the means to effectively assess their progress and to make any useful alterations in their plan. Goal setting also provided a sense of accountability, reinforced by the counselor's two-week and six-week follow-ups.

The focus on making small changes and that these changes in turn, can result in much larger changes, allowed the students to experience more immediate success, encouraging their self-confidence and

increasing their sense of hope. With procrastinators frequently attributing success to outside factors, this approach reinforced their own capabilities and power to create positive outcomes.

It was encouraging to note that limiting the counseling session to step 3 and 4 of the model did not impact negatively on the effectiveness of the counseling session, and may have impacted positively on the session. This suggests that time can be utilized more effectively, particularly in those situations where time is a scarce commodity.

The results of this study can be expanded in several different ways. First, the results regarding use of only steps 3 and 4 of the model offer exciting possibilities. Further study needs to be done on the use of these steps on a variety of different problems and on a larger subject pool. Additionally, the role of the individual counselor, including his/her specific techniques and attitudes needs to be explored further. More precise measuring instruments need to be developed, specifically dealing with problem severity. Continued recognition needs to be given to

qualitative data as an important component in any research regarding human behavior and thought.

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APPENDIX A

HUMAN SUBJECTS APPROVAL FORM

INFORMATION ON THE USE OF HUMAN SUBJECTS IN RESEARCH
IOWA STATE UNIVERSITY
(Please follow the accompanying instructions for completing this form.)

1. Title of project (please type): A Brief Counseling Approach to Procrastination: Analysis of a Bfief Cpunseling Model

2. I agree to provide the proper surveillance of this project to insure that the rights and welfare of the human subjects are properly protected. Additions to or changes in procedures affecting the subjects after the project has been approved will be submitted to the committee for review.

Lorrie M. Young | 10/26/89 |
Typed Named of Principal Investigator | Date | Signature of Principal Investigator

Campus Address | Campus Telephone

3. Signatures of others (If any) | Date | Relationship to Principal Investigator
Dr John M ...trell | 11-8-89 | major professor

4. ATTACH an additional page(s) (A) describing your proposed research and (B) the subjects to be used, (C) indicating any risks or discomforts to the subjects, and (D) covering any topics checked below. CHECK all boxes applicable.

- [ ] Medical clearance necessary before subjects can participate
- [ ] Samples (blood, tissue, etc.) from subjects
- [ ] Administration of substances (foods, drugs, etc.) to subjects
- [ ] Physical exercise or conditioning for subjects
- [ ] Deception of subjects
- [ ] Subjects under 14 years of age and(or) [ ] Subjects 14-17 years of age
- [ ] Subjects in institutions
- [ ] Research must be approved by another institution or agency

5. ATTACH an example of the material to be used to obtain informed consent and CHECK which type will be used.

- [X] Signed informed consent will be obtained.
- [ ] Modified informed consent will be obtained.

6. Anticipated date on which subjects will be first contacted: Month 11 Day 1 Year 89

Anticipated date for last contact with subjects: 8 1 90

7. If Applicable: Anticipated date on which audio or visual tapes will be erased and(or) identifiers will be removed from completed survey instruments: 12 31 91 (Month Day Year)

8. ...d or Chairperson | Date 11/7/89 | Department or Administrative Unit: Professional Studies

9. Decision of the University Committee on the Use of Human Subjects in Research:

- [ ] Project Approved
- [ ] Project not approved
- [ ] No action required

George G. Karas
Name of Committee Chairperson

APPENDIX B

SIGNED INFORMED CONSENT FORM

ID Number: __ __ __ __

SIGNED INFORMED CONSENT
BRIEF COUNSELING RESEARCH PROJECT

Counseling, simply stated, is the art and science of helping people. Professional counselors are individuals trained to share knowledge and skills with those who need help. The counselor in this project is skilled in helping individuals make changes in their thoughts, feelings, and/or actions.

If you choose to participate in this Brief Counseling Project, your total time will be no more than 2 hours. Today's meeting will last either 15 minutes or 1 hour, depending on whether you talk with the counselor or your name is placed on a waiting list. The counselor may not be able to meet with each person immediately. The first follow-up meeting will be held approximately 2 weeks from the time of the counseling session. At that time you will talk about 15 minutes with the counselor. For the second follow-up, the counselor will call you to discuss your progress.

During the Brief Counseling session, you will share and explore thoughts, feelings, and actions about your procrastination patterns. The purpose of the experiment is to determine which components of Brief Counseling are most effective in helping people deal with patterns of procrastination. The session and the follow-ups will be audiotaped and listened to by members of the Brief Counseling Team.

A potential benefit that you may reasonably expect from participating in this project is the chance to explore aspects of your concern/problem with procrastination.

Brief Counseling is one form of counseling. As with any type of counseling, some individuals may experience discomfort as they explore a topic with a counselor. If you experience more than slight discomfort, you should cease the study and the researcher will actively seek appropriate outside help for you.

Dr. John Littrell, Project Director, will answer any questions concerning the procedures used in this experiment. You are free to withdraw your consent and to discontinue your participation in this study at any time without penalty. You will be given academic credit for the amount of time you actually participate in this study.

Any interview data you provide will be kept confidential. Edited and completely disguised transcripts of the Brief Counseling sessions may be used in professional research presentations and publications. Any such transcripts will be edited so as to insure your complete anonymity. Audiotapes of all sessions will be erased by January 31, 1991. The members of the research team will be the only people with access to the data. All are bound to follow the Ethical Standards of the American Association for Counseling and Development when conducting research.

Lorrie M. Young, Member
Brief Counseling Research Team
Gerard of Iowa
Mason City, Iowa

Dr. John M. Littrell
Project Director
Professor, Counselor Education
N247D Lagomarcino Hall
Iowa State University
Telephone Number: 294-5746

I have read and understand the above description of the purpose and procedures of the BRIEF COUNSELING PROJECT and I freely agree to participate.

Signature: ______________________________ Date: __________

Printed Name: ______________________________

APPENDIX C

NIACC INFORMATION FORM

ID Number: _ _ _ _

NIACC INFORMATION FORM
BRIEF COUNSELING RESEARCH PROJECT

Name: ______________________________ Present Phone: ______________
Last First MI

Address: ____
Number & Street City

- -

[remove identifying information after data are collected]

ID Number: _ _ _ _

Q-1 Sex (Circle Number)

1 MALE
2 FEMALE

Q-2 Date of Birth: _______ - _______ - _______
month day year

Q-3 What is your academic level? (Circle Number)

1 FRESHMAN
2 SOPHOMORE
3 SPECIAL
4 OTHER

Q-4 Major: ________________________________

Q-5 Race-Ethnic (Circle Number)

1 BLACK AMERICAN
2 WHITE AMERICAN
3 HISPANIC AMERICAN
4 NATIVE AMERICAN INDIAN
5 ASIAN AMERICAN
6 ORIENTAL AMERICAN
7 FOREIGN (INTERNATIONAL)

Q-6 In the space below, please write a sentence or two which describes why your procrastination is a concern/problem for you:

____

____

____

____

Q-7 During this project you will be working on the problem of procrastination. In general, how much does this problem bother you? (Circle Number)

1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____ 7

VERY LITTLE ... VERY MUCH

Q-8 What are some feeling words that describe your feelings/ emotions about your problem at the present time? Rate how intense these feelings are.

Words that describe your feelings/emotions about the problem	How strong are these feelings? VERY WEAK						VERY STRONG
1. ____________________	1	2	3	4	5	6	7
2. ____________________	1	2	3	4	5	6	7
3. ____________________	1	2	3	4	5	6	7

Q-9 If there is anything else you would like to tell us about yourself that is relevant to the problem situation, please do so below:

____

____

____

APPENDIX D

NIACC RESEARCH REPORT FORM

ID Number: _ _ _ _

NIACC RESEARCH REPORT FORM

Analysis of Components of a Brief Counseling Model

Q-10 Counselor: 1 Young

Q-11 Dates:

Counseling Session	__ __ - __ __ - __ __	person
Follow-up #1	__ __ - __ __ - __ __	person
Follow-up #2	__ __ - __ __ - __ __	phone

Q-12 Stages:

1 Step 1 + Step 2 + Step 3 + Step 4
2 Step 3 + Step 4
3 Self-help 3-4 (goal setting & intervention)
4 Delayed Treatment Control

Q-13 Goal To Be Achieved In Two Weeks:

• Stated in positive • Client Control • Behavioral

____

____

____

____

Q-14 Compliments:

1. ____
2. ____
3. ____

Q-15 Intervention: "Between now and when we meet for the follow-up interview in two weeks, I want you to . . .

1 do something different, no matter how surprising or fun or enjoyable or off-the-wall what you do might seem. The only thing is that whatever you decide to do, you need to do something different."
2 If one was not used, What did the counselor decide it would be better to use instead? Be concise.

____

____

Q-16 During the counseling session you talked about a problem in the area of procrastination. Compared to when we first met, is the problem that you talked about:

1	2	3	4	5	6	7
MUCH WORSE THAN BEFORE						**MUCH BETTER THAN BEFORE**

Q-17 During the counseling session you set a goal to ____________________

____.

What percent of the goal have you currently reached?

0 10 20 30 40 50 60 70 80 90 100

Q-18 What specifically are you currently **doing** differently than you did when we first met?

____

____

____

Q-19 How specifically are you currently **thinking** differently than you did when we first met?

____

____

____

Q-20 How specifically are you currently feeling differently than you did when we first met?

____

____

____

Q-21 The first time you filled out these forms, you listed some feeling words that described your feelings/emotions about procrastination. Rate how intense these feelings now are.

Words that describe your feelings/emotions about the problem	How strong are these feelings? VERY WEAK						VERY STRONG
1. ______________________	1	2	3	4	5	6	7
2. ______________________	1	2	3	4	5	6	7
3. ______________________	1	2	3	4	5	6	7

APPENDIX E

COUNSELOR RATING FORM

ID Number: ____

COUNSELOR RATING FORM

Listed below are several scales which contain a descriptive word centered above each scale. Please rate the counselor you have seen in the counseling session and follow-up session on each of the scales.

If you feel that the counselor very closely resembled the word above the scale, place an "X" as follows:

FAIR

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

If you see the counselor as not possessing very much of the trait described by the word above the scale, place an "X" as follows:

FAIR

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

Each scale enables you to rate the counselor on a continuum depending on how much you see the descriptive adjective as resembling your counselor. Your first impression is the best answer. Your counselor will not see your ratings.

PLEASE NOTE: PLACE THE "X" IN THE MIDDLE OF THE SPACES.

FRIENDLY

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

EXPERIENCED

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

HONEST

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

WARM

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

TRUSTWORTHY

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

PREPARED

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

RELIABLE

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

LIKEABLE

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

SKILLFUL

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

SOCIABLE

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

EXPERT

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

SINCERE

not very : _____ : _____ : _____ : _____ : _____ : _____ : _____ : very

APPENDIX F

PROCRASTINATION LOG

PROCRASTINATION LOG

Name: ______________________________ Date: ______________

Consider this last week. For each item below, please circle the number which best describes how true the item has been for you during the past week.

1 = TRUE
2 = MOSTLY TRUE
3 = MORE TRUE THAN FALSE
4 = CANNOT SAY
5 = MORE FALSE THAN TRUE
6 = MOSTLY FALSE
7 = FALSE

1. I reviewed my reading and notes so I wouldn't have to cram for exams later.	1	2	3	4	5	6	7
2. I worked on papers and assignments that are due later in the year.	1	2	3	4	5	6	7
3. I went to classes prepared for the lectures.	1	2	3	4	5	6	7
4. I kept up with the readings required for my courses.	1	2	3	4	5	6	7
5. Any decrease in my procrastination will only be temporary.	1	2	3	4	5	6	7
6. Cramming will become less of a necessity in the future.	1	2	3	4	5	6	7
7. It is unrealistic for me to expect any long-term improvement in my procrastination behavior.	1	2	3	4	5	6	7
8. I can choose not to procrastinate when I want to.	1	2	3	4	5	6	7
9. Procrastination is a compulsion that is very difficult to stop.	1	2	3	4	5	6	7

10. I often put things off without thinking about what I am doing.	1	2	3	4	5	6	7
11. The harder I try to study, the more I seem to procrastinate.	1	2	3	4	5	6	7

Scoring Key

Procrastination Log

(1) Score values directly for items 1, 2, 3, 4, 7, 8, 9, 10.

(2) Invent values for items 5, 6, 11.

(3) Sum (1) and (2) above.

APPENDIX G

PROCRASTINATION INVENTORY

PROCRASTINATION INVENTORY

Name: ______________________________ Date: ______________

The Procrastination Inventory asks you to describe your attitudes and beliefs about procrastination. For each statement below, please circle the number which best indicates how true or false the statement is as a description of you. Please rate each statement to the best of your ability.

1 = TRUE
2 = MOSTLY TRUE
3 = MORE TRUE THAN FALSE
4 = CANNOT SAY
5 = MORE FALSE THAN TRUE
6 = MOSTLY FALSE
7 = FALSE

1. There is nothing complicated about procrastination.	1	2	3	4	5	6	7
2. I procrastinate because it is the easy thing to do.	1	2	3	4	5	6	7
3. I can't resist the impulse to procrastinate.	1	2	3	4	5	6	7
4. I'll never be as conscientious as other people.	1	2	3	4	5	6	7
5. Any decrease in my procrastination will only be temporary.	1	2	3	4	5	6	7
6. Cramming will become less of a necessity in the future.	1	2	3	4	5	6	7
7. It is unrealistic for me to expect any long-term improvement in my procrastination behavior.	1	2	3	4	5	6	7
8. I can choose not to procrastinate when I want to.	1	2	3	4	5	6	7

9.	Procrastination is a compulsion that is very difficult to stop.	1	2	3	4	5	6	7
10.	I often put things off without thinking about what I am doing.	1	2	3	4	5	6	7
11.	The harder I try to study, the more I seem to procrastinate.	1	2	3	4	5	6	7
12.	I expect that my procrastination will be reduced only with great difficulty.	1	2	3	4	5	6	7
13.	I suspect that I will always put off unpleasant tasks until the last possible moment.	1	2	3	4	5	6	7
14.	If I work on it, I can overcome procrastination.	1	2	3	4	5	6	7
15.	My procrastination will be less of a problem in the future.	1	2	3	4	5	6	7
16.	Procrastination is a stable part of my personality.	1	2	3	4	5	6	7
17.	I become anxious when I know I have to study.	1	2	3	4	5	6	7
18.	I can deal directly with my procrastination problem.	1	2	3	4	5	6	7
19.	I feel prepared to make some real changes in my approach to studying.	1	2	3	4	5	6	7
20.	I suppose I will always have to cram in order to get my work done.	1	2	3	4	5	6	7
21.	Nothing I do seems to have any real effect on controlling my procrastination.	1	2	3	4	5	6	7

22. Procrastination can be controlled by increasing self-discipline.	1	2	3	4	5	6	7
23. I am confident that I will be able to start new tasks sooner than I used to.	1	2	3	4	5	6	7
24. Procrastination is something that I will be able to change soon.	1	2	3	4	5	6	7
25. I have a "mental block" about studying.	1	2	3	4	5	6	7
26. Eliminating procrastination is within my control.	1	2	3	4	5	6	7
27. It will become easier for me to get things done on time.	1	2	3	4	5	6	7
28. I don't anticipate that my procrastination will diminish.	1	2	3	4	5	6	7
29. I'm not sure why I procrastinate.	1	2	3	4	5	6	7
30. My procrastination reflects a lack of clear goals.	1	2	3	4	5	6	7
31. There are no simple solutions for controlling procrastination.	1	2	3	4	5	6	7
32. I expect that my procrastination may soon become a thing of the past.	1	2	3	4	5	6	7
33. I am optimistic about overcoming procrastination.	1	2	3	4	5	6	7
34. I expect that I will always have to live with procrastination.	1	2	3	4	5	6	7

35. Procrastination is a simple habit that can be easily broken.	1	2	3	4	5	6	7
36. Getting organized is the solution to procrastination.	1	2	3	4	5	6	7

Scoring Keys

Procrastination Inventory

Expectation Scale (16 items)

(1) Score directly values for items 4, 5, 7, 12, 13, 20, 28, 34.

(2) Invent values for items 6, 15, 19, 23, 24, 27, 32, 33.

(3) Sum (1) and (2) above.

Controlability Scale (20 items)

(1) Score directly values for items 3, 9, 10, 11, 16, 17, 21, 25, 29, 31.

(2) Invert values for items 1, 2, 8, 14, 18, 22, 26, 30, 35, 36.

(3) Sum (1) and (2) above.

APPENDIX H

STUDY RECORD

STUDY RECORD

Name: ______________________________ Date: ____________________

MON.	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:
TUES.	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:
WED.	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:
THURS.	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:
FRI.	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:
SAT.	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:
SUN.	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:	DATE: Time start: end: Time start: end:

APPENDIX I

SELF-HELP PACKET

Achieving your Goal

Setting a goal is a crucial part of achieving a desired change in your life. Your goal is one way of knowing when your problem is solved.

Some guidelines for writing an effective goal include:

A) Goals should be stated in the positive, in terms of "dos" rather than "don'ts."

B) Goals should be within your control rather than someone else's. A good question to ask yourself is, "Who wants this goal, me or someone else?"

C) Goals should be realistic. Goals are realistic if (1) you have the resources needed to reach your goal, (2) external factors will not prevent you from attaining your goal, (3) it is within your capabilities, and (4) the cost of achieving your goal is reasonable.

D) Goals should be meaningful. Achievement of your goal should contribute in a major way to the management of your procrastination.

E) Goals should be time-limited. Time limits must be clearly defined.

F) Goals should be specific, indicating (1) the observable behaviors that will be expected, (2) the place or situation where the behaviors are to take place, (3) the frequency, length, and strength of behaviors, and (4) the level of change desired so you can determine if your goal has been achieved.

My goal is: ____

____

____

____

Often students become "stuck" with undesired behaviors or experiences which they would like to change. One way to become "unstuck" is to write a goal so that you know what you do want. Based on the goal you have developed, read the following list of fifteen methods and examples that students have used to become "unstuck" and reach their goals. Choose one or more of the following methods. Then write a contract with yourself to use one or more of the

methods in the next two weeks to help you reach your stated goals.

Take a journey through time. It is now two weeks from today's date. Assume you have reached a desired outcome such that you are not procrastinating. Write what you are doing differently now that you have reached your goal.

Modifying Undesired Behavior and Experiences To Reach Your Goal

Often students become "stuck" with undersired behaviors or experiences which they would like to change. The important thing in becoming "unstuck" is that you DO SOMETHING DIFFERENT. Based on the goal you have developed, read the following list of fifteen methods and examples that students have used to become "unstuck" aand reach their goals. Choose one or more of the following methods for yourself. Then write a contract to use one or more of the methods in the next two weeks to help you reach your stated goal.

1. Change the frequency/rate of the undesired behavior or experience.

   Example: Jim kept a record of how often he procrastinated. He then chose to procrastinate only 50% of that time for the next week.

2. Change the duration of the undesired behavior or experience.

   Example: Sarah procrastinated four hours each evening before she began to study. Sarah chose to procrastinate two hours before studying.

3. Change the sequence (order) of the behavior.
   Example: John would eat, procrastinate, then study. He then chose to study, procrastinate, and then eat.
4. Change the time (day/week/month/year) of the desired behavior/experience.
   Example: Instead of procrastinating every day, Matt chose to procrastinate only on even-numbered days.
5. Change the location of the undesired behavior/ experience.
   Example: Megan was an expert at procrastinating when she sat at her desk. She chose to procrastinate only in the living room.
6. Change the intensity of the undesired behavior/ experience.
7. Change some other quality or circumstance of the undesired behavior.
8. Create a short-circuit in the sequence (i.e. a jump from the beginning of the sequence to the end).

9. Interrupt or otherwise prevent all or part of the sequence from occurring.
10. Add or subtract (at least) one element to or from the sequence.
11. Break up any previously whole element into smaller elements.
12. Perform a part of the undesired behavior without performing the larger pattern of undesired behavior.
13. Perform the larger pattern of undesired behavior, but omit a part of the undesired behavior.
14. Reverse the pattern.
15. Line the occurrence of the undesired behavior pattern to another pattern -- usually an undesired experience, an avoid activity, or a desirable but difficult-to-attain goal.

The important thing is not what you do, but that you DO SOMETHING DIFFERENT. Use your creativity in a way to do something different in a new and fun way that is meaningful to you.