COUNSELING OUTCOMES AND PERCEIVED COUNSELOR

SOCIAL INFLUENCE: VALIDITY OF THE

COUNSELOR RATING FORM EXTENDED

DISSERTATION

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references, 71 titles.

This study investigated predictor variables of the
Counselor Rating Form dimensions of expertness, attractive-
ness, and trustworthiness using the predicted variable of
therapy outcome, measured by Goal Attainment Scaling and
postcounseling scores on the Counselor Rating Form. One
hundred-fifteen mental health center outpatients agreed to
participate. Forty subjects (25 females and 15 males) met
all criteria and were labeled "completors." An additional
30 subjects, labeled "dropouts," enrolled but did not meet
criteria. These subjects' data were considered in a
separate analysis for prediction of treatment continuation.
All subjects rated their own need for therapy before their
initial interview. After the initial and final interviews,
both the subject and the counselor completed the Counselor
Rating Form, rating their perceptions of the counselor's
behavior during that session. The Goal Attainment Scaling
was used to generate both pre- and postcounseling outcome
scores on each subject's individual, personalized goals.
Results provide partial support for the first hypothesis
(the greater the counselor's perceived resources to aid the

client, the higher the therapy outcome scores). The most important counselor resource is the client's perception of the trustworthiness of the counselor. The two remaining hypotheses are not supported: (1) it appears that client need for therapy as measured by the Need Rating Scale is not correlated with initially perceived counselor resources; and (2) while the client's perceptions of counselor resources do change from pre- to postcounseling, the direction of the change is not related to nor dependent on, the direction of therapy outcome. The best predictor of outcome scores on the Counselor Rating Form is the precounseling Counselor Rating Form total scores and those account for only 25.5% of the variance. It is clear that the prediction of successful therapy outcome is not efficiently done using these instruments; i.e., 75% of the variance of outcome prediction is not accounted for using both the Counselor Rating Form and the Goal Attainment Scaling. A significant but unpredicted finding is the difference in the variance between the "completor" and "dropout" groups on precounseling variables.

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The probability of a successful therapetuic outcome seems to be critically dependent on the client's perception of various counselor attributes. It has been hypothesized repeatedly by many researchers, theorists, and therapists that it is more likely that a client will experience a successful outcome from therapy if the client feels a strong need for counseling and if the client perceives the therapist is able to meet his or her needs (Barak & LaCrosse, 1975; LaCrosse, 1976, 1977, 1980; LaCrosse & Barak, 1976; Raven, 1965; Strong, 1968; Strong & Matross, 1973). This idea has been developed and elaborated in terms of the counselor's social power, or influence ability--that is, when a counselor is perceived by a client as expert, attractive, and trustworthy, he (the counselor) is in a better position to influence the client to change his or her attitudes and/or behaviors (McGuire, 1969; Simons, Berkowitz & Moyer, 1970; Strong, 1968; Strong & Matross, 1973; Tedeschi & Lindskold, 1976).

If counseling is, indeed, ultimately concerned with behavior change (Krumboltz & Thoresen, 1969; Osipow & Walsh, 1970), then it behooves counselors to come to understand how

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it is that their clients perceive them and (if possible) how it is that those perceptions give counselors the power to influence change. A convenient tool for studying clients' perceptions of their counselors was developed by Barak and LaCrosse (1975) entitled Counselor Rating Form (CRF). These authors found the Counselor Rating Form to reliably measure the perceived counselor dimensions of expertness, attractiveness, and trustworthiness (LaCrosse & Barak, 1976). Additionally, they found that the Counselor Rating Form dimensions were able to differentiate both between and within counselor performances.

After having reviewed the literature on counseling as a social influence process, Corrigan, Dell, Lewis, and Schmidt (1980) stated:

> Even though counselors generally have been found to
> be influential under these circumstances (i.e., using
> predominantly single contact analogue methods)
> generalization must be restricted to discussion of
> the initial phase of counseling. . . . Although
> counselors have been effective in changing attitudes,
> behavior change has been more difficult to demonstrate.
> Behaviors requiring minimal subject commitment have
> been influenced by counselors (Heppner & Dixon, 1978),
> but behaviors requiring greater commitment have not
> been as susceptible to counselor influence. Thus,

counselors appear to influence clients, though this
conclusion must be limited to initial counseling
contacts in which change does not require substantial
behavioral commitments by clients. These limitations
in generalizability appear to arise from the limited
scope of situations in which counselor influence has
been studied. Furthermore, studies in which substan-
tial behavior change was not accomplished were limited
to single contacts between counselors and subjects.
If it were reasonable to expect major change from
subjects after a single interview, one would also
expect that psychological counseling would be
routinely practiced in an equally brief manner. Given
the limited observation of counselor influences noted
earlier, investigation of advanced stages of relation-
ship development is necessary. How does the quality
of counselor influence change over the course of
counseling? What events precipitate such changes?
How do situations and/or client variables affect the
development and extent of counselor influence?
(pp. 431-432)

When counseling and its research is viewed as a social
influence process, i.e., as "an interpersonal influence
process," the field of applied social psychology is broached.

Beginning with Lewin (1948), social psychology has been applied to psychotherapy and has been experimented with as well. Subsequent to Lewin's applications and experimentations in the field, several of his students contributed theories applicable to psychotherapy, including those now as well known as Festinger's (1957) cognitive dissonance theory, Cartwright's (1965) social power theory, and Kelley's (1967) causal attribution theory. Frank supported the idea that psychotherapy could be conceptualized as a social persuasion and influence process (1961).

Goldstein's (1962) studies were published concerning the influence of client expectancies on therapy. At this same time, the earliest analogue studies, incorporating concepts of cognitive dissonance and persuasion, had been completed by Bergin (1962) using therapy-like situations. In 1966, Goldstein discussed extrapolating concepts and findings from social psychology for research in psychotherapy. Goldstein, Heller, and Sechrest (1966) published a book which gave a thorough review of Goldstein's thoughts on research extrapolations. The idea of extrapolation seemed to be more readily accepted by peers because there had been concurrent research suggesting the feasibility and usefulness of extrapolating from animal and human learning laboratory research to behavior therapy (Ayllon & Azrin, 1965;

King, Armitage, & Tilton, 1960; Lindsley, 1956). Other important studies which demonstrated the usefulness of borrowing concepts from experimental research settings were those on verbal conditioning which showed that behavior could be purposively controlled in an inverview-like situation (Kanfer, 1958; Krasner, 1958; Strong, 1964; Verplanck, 1962).

Strong (1968) reasserted the interpersonal influence-process of therapy. He stated that opinion-change research seemed relevant to counseling since both fields focused on communication and behavior change. When Strong viewed opinion-change in counseling (from Festinger's 1957 cognitive dissonance framework) as one means of reducing or eliminating dissonance, he suggested that opinion-change was controlled by (a) communication discrepancy, (b) client perception of communicator expertness, (c) communicator trustworthiness, (d) perception of communicator attractive-ness, and (e) degree of client involvement. Additionally, Strong agreed that cognitive dissonance theory applied to opinion-change research in that an individual will experience dissonance when he knows another person--a communicator-- holds an opinion contrary to his own (Festinger, 1957). Five means of reducing this dissonance were outlined: (1) the person could change his opinion to match that of the communicator (counselor); (2) he could discredit the

communicator so the importance or the "cognitive weight" of the message was reduced; (3) the subject (client) could devaluate the importance of the issue; (4) he could try to change the opinion of the communicator so that it matched his own; and/or (5) he could search for others whose opinions were the same as his own. Strong stated that the choice of means used to reduce a person's (client's) dissonance depended on the circumstances of the influence attempt--that is, if the communicator/counselor could not be devaluated, if counterpersuasion could not be successfully exerted, and if the social support of others could not be found, the client's cognitive change was a direct function of the cognitive change advocated by the counselor. Nonetheless, cognitive change seems unlikely to occur when alternative means of dissonance reducation are available. Festinger's theory (cited in Strong, 1968) stated that "an individual's cognitions are interrelated so that a change of one cognition necessitates changes of other cognitions. The resulting psychological effort increases resistance to changing any singular cognitive element." Therefore, a counselor increases the likelihood of a client's changing his cognitive constructs in the suggested direction only if other means of dissonance reduction are controlled. Strong, like Goldstein (1966) and others, extrapolated from the social psychology research and hypothesized that the

extent to which counselors are <u>perceived</u> as expert, attractive, and trustworthy would reduce the likelihood of their being discredited, thereby controlling one undesirable avenue of dissonance reduction. Additionally, by increasing a client's involvement in the counseling process, the probability of the client's seeking to discredit the counselor would also be reduced. Thus, from these ideas came Strong's two-stage model of counseling. During the first stage, a counselor would enhance his client's perceptions of his exertness, attractiveness, and trustworthiness, as well as increase the client's involvement in therapy. In the second stage, the counselor would use his influence to precipitate attitude and/or behavior changes in the client.

Strong and Matross (1973) discussed the process in counseling and psychotherapy by which client change is presumed to occur. The authors conceptualized counseling as a series of influence strategies designed to enhance counselor social power, to reduce client opposition to change, and to minimize client resistance to influence. When these conditions exist, a desired therapy outcome can be achieved.

It has been stated that the counselor's power to induce a client to change was partially a function of his relationship with the client. The power was extracted from the dependency that the client perceived he had on the counselor.

Strong and Matross (1973) noted that the "dependence and power reside in the client's perceptions of his needs and the counselor's resources, not in 'actual' needs and resources as defined by an independent observer. Thus, clients can overestimate as well as underestimate their need-resource correspondence with counselors. Both types of distortion of dependence and power affect the process and outcome of counseling" (p.27). These authors also discussed five power bases thought to be most used in counseling and therapy: expert, referent, legitimate, informational, and ecological. These power bases were most closely related conceptually to the work of Raven (1965) which seemed to follow from the earlier work of French and Raven (1959). The first three of the bases were said to be the main sources of counselor power and it can be seen that they corresponded roughly to the earlier noted communicator characteristics of Strong (1968).

Recent reviews of social psychological research have shown that perceived expertness, attractiveness, and trustworthiness of a counselor resource were important determinants of that counselor's ability to effect social influence (McGuire, 1969; Simons, Berkowitz, & Moyer, 1970; Tedeschi & Lindskold, 1976). Additionally, it appeared that subjects as well as clients have structured their perceptions about counselors according to these three dimensions. Clients and subjects have also been able to

differentiate counselor observed performance both between and within counselor performances on each dimension (Barak & Dell, 1977; Barak & LaCrosse, 1975; LaCrosse, 1977, 1980; LaCrosse & Barak, 1976).

If counseling is ultimately concerned with behavior change (Krumboltz & Thoresen, 1969; Osipow & Walsh, 1970), then it does seem essential that counselors study how their clients perceive them. LaCrosse (1976) believed that counselors should know how their clients gain those impressions about them that are responsible for mediating the impact of counselor-initiated suggestions. He stated that "it seems plausible to suppose that the more information the counselor acquires from the client about his own influence potential, the greater the probability will be that he will be able, with his client's initiative, to help the client modify his behavior in desired directions. It seems likely that many early therapy failures and premature terminations could be avoided if the counselor was more aware of his client's experience (perceptions) of him" (p. 11).

Perceived Expertness

Hovland, Janis, and Kelley (1953), defined expertness as "the extent to which a communicator is perceived to be a source of valid assertions." Expertness has been defined as the perception of special knowledge, skills, and

technique possessed by the expert in the eyes of the client (Schmidt & Strong, 1970; Strong & Schmidt, 1970a). Corrigan, Dell, Lewis, and Schmidt (1980) stated that many recent research studies on perceived counselor expertness have concentrated on (1) evidential cues to expertness such as training, counselor attire, counseling setting, and counselor sex and race; (2) reputational cues, such as the counselor's attributed status and experience; and (3) the counselor's behavior during interviews.

Of the several studies which have measured the effects of perceived expertness, counselors generally influenced their subjects no matter what had been their attributed status or experience, i.e., perceived expertness was manipulated, (though not necessarily effectively) through the use of introductions. For example, Greenberg (1969) found that all counselors were effective in influencing subjects' opinions regardless of introduction. In this study, an experienced versus inexperienced introduction only affected counselor's influence significantly when in interaction with a warm versus cold introduction. Sprafkin's (1970) results supported these findings. In his study, counselors introduced as college juniors instigated as much opinion change as those introduced as Ph.D.'s with national recognition. However, conflicting data were gathered by Binderman, Fretz, Scott, and Abrams (1972). Counselors were introduced as

either having a Ph.D. or as being a practicum student; their task in the interview was to give subjects test interpretations in which the amount and direction of discrepancy from the subject's self-estimates on the traits were manipulated. Even though the amount of discrepancy between test results and self-report accounted for the major changes in subject's pretest/posttest ratings, the Ph.D. counselor did elicit more change than the practicum student when the discrepancy was greatest. Additionally, under the positive feedback condition, main effects were present for counselor status as well as for discrepancy of information.

Strong and Schmidt (1970a) also used expert versus inexpert roles for counselors to investigate the effect of expert behavior on influence. All counselors precipitated change even though expert behavior produced a greater attitude change when combined with an expert introduction. In Heppner and Dixon's (1978) study of interviewer behavior, objective evidence of training, and introductions were manipulated to evaluate the effects of both subject need and counselor expertness on subject's attitude and behavior change. As in previously cited studies, all counselors produced some attitude change. Again, the interviewers who were experts were more influential than those in the inexpert role. There were no visible effects for subject's need.

Perceived Attractiveness

Strong (1968), Schmidt and Strong (1971), and LaCrosse
(1975) defined attractiveness as (a) the counselor's
perceived similarity to the client by the client, (b)
client's perception of the counselor's positive feelings for
him, (c) client's desire to gain the counselor's approval,
and (d) client's desire to be more similar to the counselor.
As with the review of expertness, Corrigan et al. (1980)
stated that many of the research studies on attractivenss,
as perceived by clients, have investigated (1) evidential
cues such as physical attractiveness, environmental setting,
manner of dress, sex and race; (2) reputational cues such
as direct structuring and trait structuring; and (3) behav-
ioral cues such as self-disclosure and nonverbal behavior.
In addition to these named aspects of attractiveness studied,
the effect or influence of attractiveness on clients is of
great interest. In studies done by Patton (1969) and
Schmidt and Strong (1971), a counselor's ability to influence
a client in the advocated direction from both an attractive
and unattractive condition was noted. Additionally, Sell
(1974) found that while counselor roles of attractive and
unattractive were perceived as he had predicted, influence
on clients in the desired direction was accomplished from
either condition. It was believed that the influence
observed to occur was not the result of the manipulation of
the attractiveness variable.

Hoffman and Spence (1977) obtained data which conflicted with previous studies, i.e., they found that counselors who received less favorable ratings on the Barrett-Lennard Relationship Inventory (Barrett-Lennard, 1962) had the greatest influence on client's behavior postinterview. Additional literature reviews have shown that the influence exerted may have been related to variables other than to attractiveness, per se. For example, in Hoffman-Graff's (1977) study, it was learned that counselors' disclosures of similar, as opposed to dissimilar, past experiences were responsible for differential ratings on the Barrett-Lennard Relationship Inventory as well as for client behavior change. A specific measure of counselor attractiveness in both studies failed to distinguish clients who modified their behavior from those who did not.

The consensus of researchers on self-disclosure and perceived attractiveness have implied that the number of the disclosures the counselor made and his perceived attraction by the client were related curvilinearly, with moderate levels of disclosure being optimal (Davis & Sloan, 1974). Additionally, it seemed that the greater the perceived similarity conveyed through the content of the disclosures, the greater the attractiveness of the counselor and, therefore, the greater his ability to influence the client in an advocated direction of change (Daher & Banikiotes, 1976;

Derlega, Harris & Chaikin, 1973; Hoffman-Graff, 1977; McCarthy & Betz, 1978).

Several investigators have researched the effects of expertness and attractiveness in combination. Strong and Dixon (1971) questioned whether the perceived expertness of the counselor masked the effects of perceived attractiveness. Their initial results indicated that attractiveness or unattractiveness did not affect influence. However, in a second study, while counselors introduced as expert showed no difference in influence whether their roles were of the attractive or unattractive condition, counselors introduced as inexpert did exert differing influence when they portrayed the different roles. Even though these results did suggest support for the idea that the effects of expertness masked those of attractiveness, the authors may have been somewhat surprised to find that the influence of the unattractive/ expert counselor had deteriorated at the 1-week follow-up.

Dell (1973) completed a study which questioned whether the interaction of expertness and attractiveness was not more complex than a simple masking effect. The study's design was to cross expert and attractive counselor power bases with expert-based and attractive-based attempts to influence clients. Even though the results were not statistically significant, they did indicate that similarity between power base and influence attempt may have created

more opinion change than dissimilarity. Again, counselors with both expert and attractive power bases showed no differences in their ability to influence subjects. Merluzzi, Merluzzi, and Kaul (1977) investigated counselor influence on both attitude and behavior change using race (black and whites) and expert and attractive power bases developed in interviews with clients. The authors found that black/expert and white/attractive counselors were the most effective in changing both attitude and behavior in an all-white client population.

Perceived Trustworthiness

Hovland et al. (1953) defined perceived trustworthiness as "the degree of confidence in the communicator's interest to communicate assertions he considers most valid," while Strong (1968) stated that it was based on the counselor's "(a) reputation for honesty, (b) social role, such as physician, (c) sincerity and openness, and (d) lack of motivation for personal gain." There is a paucity of research on this construct and very little is known about it.

Even though Strong and Schmidt (1970b) manipulated perceived trustworthiness with introductions and behavior, clients attributed trustworthiness to the counselors in both conditions. Kaul and Schmidt (1971) were successful in eliciting differential ratings of counselors and thereby isolating certain cues used by subjects to assess a

counselor's trustworthiness. The data indicated that clients may have paid more attention to the counselor's manner than to the content of his speech. This study was replicated and extended by Roll, Schmidt, and Kaul (1972) who reported there was a cross-cultural consensus between black and white subjects regarding what constitutes trust-worthiness cues. Even though Johnson and Noonan (1972) did not use counselors and clients, their results are of interest. They found, in a laboratory experiment, that a person's ratings of their trust for another person in a brief discussion and negotiation were higher when the other person accepted their self-disclosures and was self-disclosing in return. Trust ratings were lower when the other person rejected the subject's self-disclosures or was not disclosing in return.

While these studies reviewed trustworthiness from the social psychology research, other theoretical perspectives imply that this dimension is an important prerequisite to the therapeutic relationship (Rogers, 1957; Rogers & Truax, 1967; Truax & Carkhuff, 1967). Carkhuff and Berenson (1977) stated that "the question of trust comes up over and over again. . ." and they urged counselors not to treat this issue lightly.

Perceived Expertness, Attractiveness, and Trustworthiness

LaCrosse (1977) did not study directly the influence

on clients when counselors were rated highly on expertness, attractiveness, and trustworthiness, but he did note that clients had important, positive things to say about their counselors. The study was primarily designed to replicate the Barak and LaCrosse (1977) research, therefore, the major hypotheses were that (a) clients would rate counselors significantly higher than counselors would rate themselves on each of the Counselor Rating Form (Barak & LaCrosse, 1975) and Barrett-Lennard Relationship Inventory dimensions, i.e., not only on expertness, and (b) observers would rate counselors higher on each dimension than counselors would rate themselves. It is important to be aware that this was the first field study using the Counselor Rating Form. Each of the 40 clients was seen individually (25 females, 15 males, mean age 30.6, age range 16-50, and diagnosed as neurotic). The data supported the hypothesis that clients would rate counselors higher than counselors would rate themselves, but did not support the hypothesis that observers would rate counselors higher than counselors would rate themselves. It was LaCrosse's contention that these data supported the practical utility of the Counselor Rating Form and the generality of the constructs that it measured with the more clinical kinds of populations that were used in this study.

The development and use of the Counselor Rating Form has provided a convenient tool for studying client perceptions

of their counselors, incorporating a collection of 36

7-point bipolar scales of 12 items each for the measurement

of expertness, attractiveness, and trustworthiness.

Adjectives descriptive of each dimension were included on

the Counselor Rating Form based on agreement by four judges

who had previous experience with application of and/or

involvement with these constructs. The factor analysis of

the subjects' ratings of experienced counselors indicated

relatively distinct factor loadings for each of these three

dimensions. LaCrosse and Barak (1976) found that the

perceived counselor dimensions of expertness, attractiveness,

and trustworthiness were reliable as measured by the

Counselor Rating Form and were moderately intercorrelated

and were able to differentiate both between and within

counselor performances.

Methodology Concerns

A most pertinent and natural question in the area of

methodology would be generalizability. Most of the studies

reviewed have been of an analogue type, either audiovisual

analogue or quasi-counseling analogue. The audiovisual

type used subjects who may not have been similar to clients,

in certain important aspects, to observe and react to

simulations of counseling. The quasi-counseling type used

subjects who interacted with an interviewer/counselor on a

topic of some presumed importance to themselves but without

actually being defined, by themselves or by others, as clients. Additionally, the quasi-counseling type analogue usually consisted of only a single contact between the counselor and the subject.

LaCrosse (1980) designed a study to provide a test of the relationship between client perceptions, i.e., their first impression of the counselor at the initial interview, and counseling outcomes for those clients using an objective measure of outcome known as Goal Attainment Scaling (Kiresuk & Sherman, 1968). Additionally, he used the Counselor Rating Form as the source of rated client perceptions of the counselors to obtain a test of this instrument's predictive validity. The hypotheses tested in the study were as follows.

(1) Greater perceived counselor resources (social
influence as measured by the CRF) will be signif-
icantly related to better counseling outcomes
(higher GAS outcome scores). The CRF may then
be a useful predictor of outcome.

(2) Client first perceptions will be durable with
no significant change from pre- to postcounseling.

(3) Final client perceptions will vary positively
with postcounseling outcomes (p.321).

Four full-time counselors whose education ranged from B.A. to Ph.D. saw 36 different clients for individual counseling for drug-abuse related problems. The number of

sessions ranged from 4 to 31, with a mean of 11. The
counselors described their theoretical orientation as
eclectic, although the majority tended toward cognitive-
behavioral and rational-emotive approaches in both treatment
methods and goals. Correlational analyses, including
stepwise multiple regressions, were the method of choice
for the data handling. Secondary analyses used the ANOVA
to examine mean differences in client ratings on the
Counselor Rating Form based on client status on Goal
Attainment Scaling scores from pre- to postcounseling.

The major hypothesis, i.e., that a positive relation-
ship would occur between client's initial perceptions and
their counseling outcomes, was supported ($p \leq .001$).
However, the second hypothesis (client first perceptions
will be durable without significant change from pre- to
postcounseling) was not supported. In fact, clients
significantly increased their ratings of counselors on
perceived expertness, attractiveness, and trustworthiness
from pre- to postcounseling. Precounseling total Counselor
Rating Form scores correlated moderately high with post-
counseling outcome (Goal Attainment Scaling) scores
($r = .53$, $p \leq .001$). Expertness ratings were the most
highly correlated with outcome ($r = .56$, $p \leq .001$), and then
the attractiveness ratings ($r = .45$, $p \leq .01$), followed
lastly by trustworthiness ($r = .37$, $p \leq .01$). The third

hypothesis (final client perceptions will vary positively with postcounseling outcomes) was supported. This same correlational pattern occurred for the final Counselor Rating Form ratings but these correlations were larger.

Step-wise multiple regression was used to determine the relative contribution of each of the Counselor Rating Form dimensions for predicting counseling outcomes. All three of these dimensions accounted for a total of 35.2% of the outcome variance. The initial expertness ratings alone were responsible for 31.1% of the total variance with attractiveness responsible for 2.8% and trustworthiness for 1.3%. The precounseling Counselor Rating Form scores were combined to form the following regression equation: Goal Attainment Scaling Outcome = .86 Expertness + .56 Attractiveness - .31 Trustworthiness - 22.39.

In the four separate ANOVAs, the clients who had relatively higher precounseling Goal Attainment Scaling scores (above the medium) gave higher Counseling Rating Form scores to counselors when counseling ended ($p \leq .05$). Additionally, clients who had postcounseling Goal Attainment Scaling scores above the median rated their counselors significantly higher across Counselor Rating Form dimensions ($p \leq .05$) at the conclusion of counseling. The author thus noted that clients who achieved higher outcome scores gave the highest mean ratings to their counselors.

In this study there were three cases in which the Goal Attainment Scaling scores showed no meaningful gain (less than on Standard Deviation) from pre- to postcounseling-- that is, in one case deterioration was clear but in the other two cases, the scores were unchanged. Of the three cases in which no significant increase in Goal Attainment Scaling scores occurred, two decreased the total ratings of their counselor and the other one did not change the counselor's scoring. The single client whose Goal Attainment Scaling scores showed deterioration, decreased ratings on the Counselor Rating Form of the counselor an average of 16 points per scale. Of the two clients whose Goal Attainment Scaling scores remained unchanged, one increased his Counselor Rating Form ratings and the other decreased the ratings. From the 30 remaining clients who showed signif- icant gains on Goal Attainment Scaling scores, there were 24 who increased their total Counselor Rating Form scores an average of 18.8 points (slightly less than one Standard Deviation) and six who decreased their total Counselor Rating Form scores an average of 12 points. LaCrosse suggested:

A consistency model would predict that clients who gained more would be more likely to attribute higher levels of expertness, attractiveness, and trustworthiness to their counselors. Hence, they

would be inclined to rate the counselors higher on the CRF, with the inference that these counselors possessed even greater therapeutic power by the end of counseling. If this model fit 80% of those who gained, it is difficult to account for those clients who gained but decreased their ratings little from precounseling to postcounseling. It is possible that these clients initially attributed unrealistically high levels of expertness, attractiveness, and trustworthiness to the counselors, and their counseling experiences moderated their higher initial perceptions. (p.325)

It is possible that this kind of decrease in Counselor Rating Form scores of Counselors could be avoided by the introduction of a baseline for judgment (Barak & Dell, 1977), thus bringing client-reported perceptions more in line with actual levels of counselor experience, and, therefore, encouraging clients to formulate a positive, but more realistic expectation of their counselor (Barak & Litver, 1980).

In a recent article on the stability of behavior, Epstein (1980) offered a critical argument favoring the behavioral stability hypothesis and the importance of replication in psychological research. Reportedly, his concern has been shared by others. For example, Greenwald (1976)

believed that there was a "crisis in personality and social psychology, associated with the difficulty often experienced by researchers in attempting to replicate work."

Epstein (1980) stated that although the prediction of specific behavioral acts in single situations was often unattainable, the prediction of behavior averaged over a sample of situations and/or occasions was often attainable. His suggested solution to the crisis of irreproduceable results was "aggregation." It was his contention that there were four major types of aggregation and these served two major purposes. The four types of aggregation were as follows.

(1) aggregation of data over subjects

(2) over stimuli or stimulus situations

(3) over time, including over trials and over sessions

(4) over modes of measurement

The two purposes Epstein suggested were that it will (a) reduce the error of measurement, and (b) broaden the base of generalization of data. According to Epstein (1980), if a study included aggregation over subjects, it would cancel the observation error associated with the uniqueness of individuals. He believed that by sampling large numbers of subjects, the stability and generality of the results would be increased relevant to the population from which the sample was taken. In addition to sampling larger numbers of cases, a study which aggregated data from

all participants over time, especially, over sessions
would also increase the stability and relevance to the
population of its results. He noted that aggregating over
occasions was a powerful technique for increasing temporal
reliability, or replicability. He also noted that there
were several kinds of situations for which replicable
results could be expected without aggregation. One of those
situations was a single (self) rating which followed
multiple or extended observations. He stated:

> When individuals rate themselves on personality
> inventories, and when observers rate subjects
> whom they have observed for some time, although
> the ratings consist of single responses, they
> represent an intuitive averaging of many obser-
> vations. As a result, such ratings have the
> potential for producing highly replicable and
> valid results. (p. 802)

Aptitude by Treatment Interactions

Cronbach (1975) believed it was time for the manipu-
lating and the correlating schools of research to crossbreed,
to bring forth a science of Aptitude X Treatment Interactions
(ATIs). In his formula, it was important to know that
aptitude has been defined as "any characteristic of the
person that affects his response to the treatment." He
emphasized that hypothesis testing had become of primary

importance while observation had been neglected and/or actively discouraged by some psychologists. He encouraged researchers to increase their use of estimates of variance components and raw-score regression coefficients, believing that appropriate confidence limits would serve to curb rash conclusions. Cronbach concluded that correlational research has been distinguished from manipulative research in that it accepted the natural range of variables, instead of shaping conditions to represent a hypothesis. By sampling from a population of persons, or from a domain of situations in the Brunswikian sense, one puts himself in a somewhat better position to generalize. An observer collecting data in one particular situation would be in a position to appraise a practice or proposition in that setting, observing effects in context. In trying to describe and account for what happened, he would give attention to whatever variables were controlled, but he would give equally careful attention to uncontrolled conditions, to personal characteristics, and to events that occurred during treatment and measurement.

The present study investigated predictor variables of the Counselor Rating Form dimensions of expertness, attractiveness, and trustworthiness using the predicted variable of therapy outcome, measured by the Goal Attainment Scaling (Kiresuk & Sherman, 1968) and the postcounseling scores on the Counselor Rating Form. It was hypothesized that

(a) the greater the client's perceived need for therapy and the greater the counselor's perceived resources to aid the client, the higher the therapy outcome scores; (b) there would be a significant positive correlation between client perceived need for therapy and initially perceived counselor resources; and (c) the client's first perceptions of counselor resources would change from pre- to postcounseling --the direction of change covarying with the direction of therapy outcome scores.

Method

Subjects and Counselors

A total of 115 mental health center outpatients agreed to participate. There were 40 subjects (25 female and 15 male, age range 18-54 with a mean age of 29.6 years) who met the criteria of minimum 5 counseling sessions and completion of all the required pre- to postcounseling paperwork by the subjects and their counselors. These subjects were labeled "completors." The average number of sessions the "completor" subjects attended was 8.6, with a range from 5 to 28. The formal education of the "completor" was from the completion of the 8th grade through completion of a B.A. degree; the majority of the subjects had graduated from high school and/or obtained a GED diploma. An additional 30 volunteers were enrolled and preliminary subject/counselor paperwork completed but who did not meet the

attendance requirement and were considered "dropouts" in a separate analysis for prediction of successful treatment continuation. Those not included in any data analysis were 17 individuals enrolled with completed paperwork but who did not meet the attendance minimum, nor did their counselors complete their required preliminary paperwork. Another 22 enrolled but did not complete paperwork nor attendance requirements. Additionally, 6 subjects had been enrolled, completed their initial paperwork, met the attendance requirement minimum but dropped out of therapy without giving notice to their counselor. These subjects refused (overtly and/or covertly) to return to the office to complete the final paperwork. The subjects were, generally, representative of the population who seek services at a mental health center. Evenso, no "emergency," no chronically psychotic, and no hospital-release aftercare patients were included in the study.

There were 11 counselors who participated, including 6 doctoral-level licensed psychologists, 4 associate psychologists who were completing and/or had completed their clinical internship, and 1 doctoral-level associate psychologist with specialized training in behavioral medicine. Each counselor had at least 1 year of professional experience other than his internship year and several had more than 5 years professional experience.

There were 5 female and 6 male counselors, age range 27-51, and mean age of 37.5 years.

Instruments and Materials

An explanatory letter (see Appendix A), outlining what was being asked and why, was prepared for the initial contact with the subject.

The Need Rating Scale (see Appendix B), a 1-item question form, was designed to give a scaled estimate of the client's perception of his need for counseling services.

A second explanatory letter (see Appendix C), outlining the second set of procedures, was prepared for the subject upon his or her completion of the initial interview.

The Counselor Rating Form (see Appendix D), developed by Barak and LaCrosse (1975), was used to measure the subject's perceived counselor behavior. The range of scores possible for each of the social influence dimensions (expertness, attractiveness, and trustworthiness) was from 12 to 84. The reliability coefficients (Spearman-Brown method) were reported (LaCrosse & Barak, 1976): .87 for expertness, .85 for attractiveness, and .91 for trustworth-iness. The Counselor Rating Form dimensions have been found to differentiate reliably both between and within counselor performances (Barak & Dell, 1977; Barak & LaCrosse, 1975; Kahnweiler, 1979; LaCrosse & Barak, 1976). The Counselor Form of the Counseling Rating Form

(see Appendix E), was used by each of the counselors to record his or her own perceptions of their counseling behavior at the end of the first and final sessions.

The Subject Form I (see Appendix F) and Counselor Form I (see Appendix G) assessed (in the manner of LaCrosse, 1976) the "typicalness" of the behaviors of each of the participants in the first session. The subject and the counselor were asked to rate their interview behavior on two scales from 1 to 5 on the degree of similarity and/or dissimilarity that the rated session had with their normal behavior and/or previous session behavior.

The Goal Attainment Scaling (see Appendix H), developed by Kiresuk and Sherman (1968), was used to gather subject therapy outcome data. The method was developed to obtain specific, observable, and quantifiable goals for clients or subjects that resulted in comparable numbers while allowing each client or subject to have his own individualized counseling plan. Initial raw scores were generated by totaling the numbers assigned to the discussed outcome levels which represented the client's beginning status within identified problem areas. Standard scores, based on a mean of 50 and a standard deviation of 10, were taken from tables prepared for use with the Goal Attainment Scaling (Garwick & Brintnall, 1973). Goal outcomes could range as low as -2 (much worse than expected) to as high as +2

(much better than expected) with each outcome level defined, as agreed upon, by specific observable behaviors. When the agreed-on follow-up date had been reached, raw and standard postcounseling scores were generated (Dowd & Kelly, 1975). It was at this point that the case was terminated, or if the client/subject and/or counselor agreed it should continue, a new treatment plan was negotiated.

The Subject Form II (see Appendix I) and Counselor Form II (see Appendix J) were used to assess the "typicalness" of the behaviors of each of the participants in the final session. The subject and the counselor were asked to rate their interview behavior on two scales from 1 to 5 on the degree of similarity and/or dissimilarity that the final session had with their normal behavior and/or their behavior in previous sessions.

The Therapist Rating Form (see Appendix K), developed by Paul (1966), was used to yield descriptive information about the preferred orientation of each counselor and the degree to which each used various counseling strategies, techniques, etc., as well as each counselor's description of important process and outcome variables in counseling.

Procedure

When each prospective subject came to the mental health center for the initial interview, the receptionist requested the person's cooperation and encouraged him or her to

to participate in the study. The receptionist gave him or her the first explanatory letter and waited for a decision regarding participation. Those who agree to participate completed the Need Rating Scale prior to the initial interview. Additionally, the subject was reassured that his or her counselor would not have access to the postinterview counselor ratings throughout the entire time that the counseling sessions continued. The subject was given the choice to allow or not allow the counselor to have access to the data after counseling was completed.

When the initial interview was completed, the subject was given the second explanatory letter. Then the counselor and the subject immediately and independently completed their respective forms of the Counselor Rating Form or the Subject/Counselor Form I. Neither the subject nor the counselor discussed the session prior to completing these forms. The subject's materials were coded, dated, and given to the experimenter. The exception to this was those subjects who were engaged in therapy with the experimenter. Those subjects' forms were processed as usual, but retained by the clinic receptionists, in locked files, until each case was terminated. At that time, those materials were processed with the remainder.

Within the first several therapy sessions, the counselor introduced the Goal Attainment Scaling and began

to use this as a treatment plan to eventually create pre- and postcounseling outcome scores. The subject took home a programmed Goal Attainment Scaling booklet to specify goals and/or the form was completed with the counselor during the next one or two sessions. Whether the Goal Attainment Scaling was completed in the office with the counselor or between sessions only by the client, seemed to have no impact on the client's therapy outcome in this study. When, how, and whether to negotiate the goals of therapy was decided by each individual counselor as a part of his or her clinical judgment and style. At this point, a precounseling Goal Attainment Scaling score was generated. At the end of the final sessions, a postcounseling score was obtained and from these two scores, the client's progress was evaluated.

Immediately after the final therapy session, the subject and the counselor again completed their respective forms of the Counselor Rating Form. These forms were scored, dated, and coded so that each subject's material was identifiable for pre- and postcounseling purposes.

Next, both the subject and the counselor were asked to complete the Subject/Counselor Form II which graded the "typicalness" of the behavior of each of the participants in the final interview. This was the last item of participation for the subjects, and those completing all the forms and attending a minimum of 5 sessions were considered

completors in the data analyses. Those not completing were termed dropouts.

Finally, each counselor was asked to complete the Therapist Rating Form. The counselors did not group themselves into any one theoretical orientation, but instead considered themselves as eclectic. The eclecticism was both theoretical and practical - evenso, there was a trend toward cognitive-behavioral, behavioral, and rational-emotive (with a limited use of psychodynamic-psychoanalytic-Jungian) approaches in both treatment methods and goals.

Results

The data analyses of primary importance were correlational, especially, the step-wise multiple regressions. One regression was computed using the total (expertness, attractiveness, and trustworthiness) final scores on the Counselor Rating Form as the dependent variable. The independent variables were the total precounseling scores on that same instrument, scores on the Need Rating Scale, client's age, and the difference between the pre- and postcounseling Goal Attainment Scaling scores. An R of .50 was obtained, (F (1,38) = 12.98, $p \leq$ .001. The precounseling Counselor Rating Form total scores (expertness, attractiveness, and trustworthiness) accounted for 25.5% of the variance on the criterion variables. When the relationships of need, client's age, and pre- to postcounseling Goal

Attainment Scaling score differences were removed,
these variables altogether accounted for only 2.0% of the
variance.

Table 1 presents the $\underline{R}$, the percent of variance
accounted for by particular precounseling score variables,
the $\underline{F}$ ratio, and the significance of the $\underline{F}$ ratio in three
nonmultivariate regressions. When the relationships of
need, client's age, and pre- to postcounseling Goal
Attainment Scaling score differences were removed, these
variables accounted for only 1.9% (in the postcounseling
expertness regression) and 1.6% (in the postcounseling
trustworthiness regression) of the variance. In the regres-
sion on postcounseling Goal Attainment Scaling scores, the
relationships of need, client's age, precounseling
expertness scores, precounseling trustworthiness scores,
and precounseling attractiveness scores accounted for only
2.2% of the variance.

Data presented in Table 2 represent reliability
analyses for both subjects and counselors for both pre- and
postcounseling scores on the Counselor Rating Form dimensions
of expertness, attractiveness, and trustworthiness as well
as total instrument scores. These analyses were conducted
on all completor subjects and on the precounseling scores
on the dropout subjects.

Table 1

Analyses of Variance and Percentage of Variance Accounted for
by Precounseling Variables in Three Regressions

Dependent Variable	Independent Variable	R	Percentage of Variance		
Postcounseling Trustworthiness	Precounseling Trustworthiness	.64	41.0	27.01***	1,38
Postcounseling Expertness	Precounseling Expertness	.53	28.0	15.16***	1,38
Post Goal Attainment Scaling	PreGoal Attainment Scaling	.40	16.0	7.22**	1,38

** $\underline{p} \leq .01$

*** $\underline{p} \leq .001$

Table 2

Subject/Counselor Reliability on the Counselor
Rating Form Reporting Cronbach's Alpha

Group	Precounseling				Postcounseling			
	Expertness	Attractiveness	Trustworthiness	Total	Expertness	Attractiveness	Trustworthiness	Total
Completor Subjects	0.92	0.88	0.93	0.96	0.85	0.84	0.91	0.94
Counselors	0.85	0.88	0.92	0.95	0.90	0.90	0.95	0.95
Dropout Subjects	0.89	0.89	0.91	0.96	---	---	---	---

Correlations were computed for the precounseling Counselor Rating Form scores between the counselors' perceptions and the subjects' perceptions of the initial interview. Only 8 of those correlations of the 40 subjects and their counselors were greater than 0.40. Correlations were computed for the postcounseling scores on the Counselor Rating Form, again comparing counselors' perceptions to subjects' perceptions of the final interview. Additionally, counselor and subject perceptions of the initial interview for the dropout subjects were compared. These correlational data are presented in Table 3.

Comparisons were made (t tests) between the completor subjects and dropout subjects on all dimensions (expertness, attractiveness, and trustworthiness), the total scores on the precounseling Counselor Rating Form and on the Need Rating Scale as well. The means, standard deviations, F (variance) values, and t values are presented in Table 4. The F (variance) values are a reflection of the homogeneity of variance of the measure of standard deviation, in this instance. When the F value is statistically significant, the interpretation is that significant heterogeneity is present. Using total pre- to postcounseling Counselor Rating Form scores, 11 completor subjects (27.5%) decreased their counselor ratings a total of 126 points. Twenty-eight completor subjects (70%) increased their counselor's

Table 3

Correlations of Subject and Counselor Precounseling and
Postcounseling Counselor Rating Form Scores (Total)

Group	Precounseling		Postcounseling	
	Subject Number	r	Subject Number	r
Completor Subjects and Counselors	113	0.45	36	0.63
	7	0.64	147	0.47
	70	0.45	150	0.65
	119	0.48	155	0.63
	97	0.56	144	0.49
	133	0.81	18	0.72
	134	0.51	134	0.63
	135	0.51	135	0.58
Dropout Subjects and Counselors	95	0.48	---	---
	121	0.57	---	---

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Table 4

Precounseling Variable Differences Between
Completor and Dropout Subjects

Dimension	Group	$\underline{N}$	$\overline{X}$	$\underline{SD}$	$\underline{F}$ (variance of $\underline{SD}$)	$\underline{t}$ (Means)	$\underline{df}$
Expertness	Dropout	30	5.89	0.958			
	Completor	40	6.31	0.585	2.68**	-2.08*	44.86
Attractiveness	Dropout	30	5.65	0.999			
	Completor	40	6.10	0.650	2.36*	-2.13*	46.85
Trustworthiness	Dropout	30	6.05	0.930			
	Completor	40	6.39	0.626	2.21*	-1.74	47.95
Total	Dropout	30	5.86	0.939			
	Completor	40	6.27	0.560	2.81*	-2.09*	44.20
Need	Dropout	30	3.67	0.922			
	Completor	40	3.80	0.833	1.09	-0.61	61.10

* $\underline{p} \leq .05$

** $\underline{p} \leq .01$

ratings a total of 475 points. One subject (2.5%) rated
his counselor the same on both the precounseling and post-
counseling measure. All subjects but one made at least
some positive progress in therapy. The subject who showed
no therapy progress rated his counselor identically from
pre- to postcounseling.

Results provide partial support for the first hypothesis
(the greater the counselor's perceived resources to aid the
client, the higher the therapy outcome scores). The most
important counselor resource, and in this instance the most
important factor effecting successful counseling treatment
outcome, seems to be the client's perception of the
counselor's trustworthiness. The two remaining hypotheses
are not supported. It appears that client need for therapy
as measured by the Need Rating Scale, is not correlated with
initially perceived counselor resources. Additionally,
while client's perceptions of counselor resources do change
from pre- to postcounseling, the direction of the change
is not related to, nor dependent on, the direction of
therapy outcome.

The regression computed using the Counselor Rating Form
total scores is interpreted to mean that there is no common
variance between need, client age, pre- to postcounseling
Goal Attainment Scaling differences, and the postcounseling
Counselor Rating Form scores. The best predictor of outcome

scores on the Counselor Rating Form is the precounseling
Counselor Rating Form total scores and those account for
only 25.5% of the variance. It is clear that the prediction
of successful outcome in therapy is not efficiently done
using these instruments. This finding, i.e., that 75% of
the variance of outcome prediction is not accounted for
using both the Counselor Rating Form and the Goal Attainment
Scaling, is a very important one. It clarifies that, while
initial client perceptions of the therapist and client's
"starting place" with regard to positive therapy outcome
are important, other undelineated variables are much more
influential in effecting client progress.

When the dimensions (expertness, attractiveness, and
trustworthiness) of the Counselor Rating Form are evaluated
individually for use in predicting outcome, trustworthiness
is found to account for the most variance, especially when
predicting an increase on that same dimension. The dimen-
sion of expertness is the second best predictor of therapy
outcome, especially if predicting an increase in the expert
dimension. To predict increased therapy outcome scores on
the Goal Attainment Scaling most accurately, the precounseling
Goal Attainmgnet Scaling score is used.

These data appear quite different from those of
LaCrosse (1980). It is likely that many of these differences
are related to the differences in the subject populations

included in the studies. For example, the subjects in the present study average 10 years older than those in his study. The ratio of men to women is reversed; he included 28 men and 8 women, while the present research included 25 women and 15 men. Another very important difference is subjects' referral source. LaCrosse's (1980) study was predominantly (80%) comprised of clients who were in some way required to be in therapy, i.e., probationers, parolees, work-release prisoners and/or diversion program participants. Self-referred subjects are the major proportion (85%) of this research population, with only 15% of the participants in a therapy program due to legal requirements. From the standpoint of these client characteristics, the present study results seem more generalizeable.

When relating the dimension of client age to the counselor resource of trustworthiness, that factor appears to be a more improtant characteristic in a therapeutic relationship involving an older, and perhaps, more mature person. A person older than 19-20 years is likely to be less influenced by an "expert" and more influenced by someone he believes he can trust. Additionally, it is possible that LaCrosse's younger "captive" population, with their probable adverse experiences with authority figures, initially responded unfavorably in therapy because of the subject's image of "the expert" as "the authority."

It may be only later in therapy that the client reacted
positively to his counselor and, therefore, the Counselor
Rating Form scores increased, especially on the expert
dimension since the clients were young and positively impres-
sionable regarding the counselors' social role.

The reliability coefficients calculated from the data
are comparable to those obtained by others (Barak & Dell,
1977; Barak & LaCrosse, 1975; Kahnweiler, 1979; LaCrosse
& Barak, 1976).

The correlations between subjects and counselors on
pre- to postcounseling Counselor Rating Form total scores
reflect a trend similar to those correlations between
clients, counselors, and observers reported by LaCrosse
(1977). That is, from 21 cases in his study only four
produced r's $\geq$ .40 and those correlatons were between
client and observer. There were no significant correlations
between client and counselor in LaCrosse's (1977) study.
While the completor subjects produced more in terms of
numbers, there were similar correlations between counselor
and dropout subjects. It seems unnecessary that counselors
and clients agree on the dimensions probed by the Counselor
Rating Form for positive progress in therapy to be made.

A significant but unpredicted finding of this study is
that while there are no significant differences in the mean
scores between the completor and dropout subjects, the

difference in the variance of the standard deviations between these groups is very significant, both statistically and clinically. It is clear that when a client completes the Counselor Rating Form at the end of the initial interview, he is revealing important information. If there is wide variance in his rating pattern, he is quite unlikely to continue in therapy beyond his fourth appointment if indeed, he even enters into a therapeutic relationship with the intake counselor. Mental health facilities of many types may be able to use this information in at least one of two ways: (1) a decision to postpone and/or minimize time-consuming and costly paperwork can be made until this client displays continuing motivation for therapy, and/or (2) the staff can agree that because of the rating pattern, this client might be more likely to continue in therapy if he were informed prior to his next scheduled appointment that he would be working with a different counselor from the intake counselor; another counselor who is more closely matched to his needs, problems and style.

One explanation regarding why it is that the attractiveness dimension seems insignificant in this research, is because of the word choices, i.e., the values placed on the described behaviors named by the words, and the culture of the population included in the study. For example, the word attractive seems to be viewed as whether the counselor

is actually, physically, considered "goodlooking" by the client. Even though a counselor might be considered attractive, it appears to conflict with the social role status image to openly rate him or her in this way. In other words, in this dimension it is difficult for the counselor to manage if he or she wants to appear both professional and concerned about the client in the first session, e.g., casual, cheerful, enthusiastic, and sociable. In fact, depending on the client and his or her problems discussed in therapy, there are people and clinical situations that a counselor should be wary of choosing to display casualness, closeness, sociability, and warmth. Logically, this scale is more likely to assume importance when investigating a college population and/or a more sophisticated, urban population than was included in this study.

Based on the present findings, a counselor may want to behave, with mature clients, in a manner that conveys trustworthiness, in lieu of focusing predominantly on appearing the expert. While expertness is important, the more experienced client appears to be influenced by the counselor's expertness only if and/or after he feels he can trust the counselor. In fact, it appears that if a client's first impressions of his counselor is not consistent and well-modulated across the Counselor Rating Form dimensions, he or she is not likely to stay in a therapeutic relationship

long enough to determine whether a counselor may or may not
be trustworthy.

Because this research is comprised of a more usual/
typical population than other studies in the recent litera-
ture, the findings are likely to be more generally useful.
That is, the age of the typical mental health center client,
the motivation of the client, and the range of problems
which preciptiated their request for services at a mental
health center are more clearly represented by the population
in this study than by any specialized group (college
students, substance abuse clients, state hospital inpatients).
Because the subjects included in this study are repesentative
of the population studied, a major improvement in the design
would have been to assess the reading level of each of the
participants, thus confirming understanding of the words,
if not concepts, used on the Counselor Rating Form.

The significance of the finding of using the variance
in rating patterns on the Counselor Rating Form to
accurately predict the client's return to therapy is immed-
iately clear. If one knows ahead of time that a client is
unlikely to return to therapy and/or is unlikely to remain
in therapy beyond the fourth appointment, a shortened form
of the necessary client-associated paperwork can be
instigated. For example, in treatment planning, exceedingly
short-term goals should be utilized. The time spent planning

and working on a potential dropout case could be kept to a minimum until the client is more firmly committed to therapy.

Additionally, the knowledge of a client's probable nonreturn to therapy may be used to decide whether to change therapists in an attempt to more closely meet the needs of this client. To attempt this matching procedure, one need only use the information given on the client's Counselor Rating Form regarding his opinion of the intake counselor, checking and comparing those ratings to what is known about the style and approaches of other staff counselors. It would seem wise to call and/or ask the receptionist to call the client to inform him of this change. It is possible that even if he had planned to drop out of counseling, if he is informed that he has a different counselor, he may be at least curious enough to return for another appointment. Obviously, if the change is a "good" one, the client is more likely to become involved in the therapeutic process.

When considering that those subjects who stayed in therapy, numerically exhibited positive progress but lowered their ratings of their counselors posttherapy, it is tempting to attribute these changes to some "unmet personality need" resultant of specific character traits, combinations of those traits and interactions with the counselor. It is more perspicacious to ascribe these changes to mundane cause. For example, a client may

(because of many reasons) assign his counselor exceptionally high ratings at the inception of therapy. As therapy progresses, the person is likely to gain a more realistic perception of the counselor and of the counselor's role in the therapeutic process, i.e., there is no magic. It may be that the client's more realistic view precipitates the lower ratings, and/or the client's disappointment in the counselor's inability to "do the work of change" for him may be the precipitant.

The present study has met the criteria set out by Epstein (1980) for producing highly replicable and valid results. A most exciting thought is that both of these aspects will be true--this work is replicable and will be replicated in another field setting, and the results are valid and can be (and will be) used in a clinical setting to improve client services.

Appendix A

Explanatory Letter

In an attempt to improve services here at the Mental Health Center, we are asking you to participate in a survey of counselors and their clients. Your contribution will not only be appreciated, it will add to the pool of scientific knowledge that is continually being gathered so that progress may be furthered in mental health care. Whether you participate or not will in no way change the quality of the counseling you receive from our facility.

If you agree to participate, you may be certain that all questionnaires you complete are confidential. Additionally, during your counseling your counselor will not see the forms you have completed. However, after you have ended your counseling, your counselor may see your completed questionnaires but only with your permission.

After your initial interview is completed, you will be asked to fill out several questionnaires regarding today's interview.

Thank you for your help and your cooperation.

Iris E. Rucker
Associate Psychologist

Appendix B

Need Rating Scale

Listed below is a series of words describing levels of need for counseling services.

Based on the way <u>you</u> feel and think, at this moment, about <u>your</u> need for counseling services, please rate yourself on the scale below. Place an X in the box that most closely describes your need.

Very Strong Need	Strong Need	Some Need	Little Need	No Need
☐	☐	☐	☐	☐

Appendix C

Second Explanatory Letter

Now that your initial interview is completed, please
fill out the first of the attached forms, based on your
impression of your counselor's behavior during today's
session. It is most important that you be as honest and
straightforward as you can in completing these questionnaires.
Consider, and answer, the questions from your point of view
based on the interview you have just finished. It is
important that you keep in your mind how your counselor
seemed today--not how you think he or she "should have been."

The second set of forms should be answered based on
your own behavior, i.e., your answers should tell, as
honestly as you can, how typical of you your behavior was
today.

When you have completed these forms, please return them
to the clinic's receptionist.

At the end of your counseling, you will be asked to
complete these forms once again.

Again, thank you for your help and cooperation with our
research efforts to improve our counseling services.

Iris E. Rucker

Associate Psychologist

Appendix D

Counselor Rating Form

Listed below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Please rate the counselor you just saw on each of the scales.

If you feel that the counselor <u>very closely</u> resembles the word at one end of the scale, place a check mark as follows:

fair___:___:___:___:___:___:_X_unfair

Or

fair_X_:___:___:___:___:___:___unfair

If you think that one end of the scale <u>quite closely</u> describes the counselor then make your check mark as follows:

rough___:_X_:___:___:___:___:___smooth

Or

rough___:___:___:___:___:_X_:___smooth

If you feel that one end of the scale <u>only slightly</u> describes the counselor, then check the scale as follows:

active___:___:_X_:___:___:___:___passive

Or

active___:___:___:___:_X_:___:___passive

If both sides of the scale seem equally associated with your impression of the counselor or if the statement is

irrelevant, then place a check mark in the middle space:

hard___:___:___: X :___:___:___soft

Your first impression is the best answer.

Please note: Place check marks in the middle of the spaces.

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agreeable___:___:___:___:___:___:___ disagreeable

unalert___:___:___:___:___:___:___ alert

analytic___:___:___:___:___:___:___diffuse

unappreciative___:___:___:___:___:___:___appreciative

attractive___:___:___:___:___:___:___unattractive

casual___:___:___:___:___:___:___formal

cheerful___:___:___:___:___:___:___depressed

vague___:___:___:___:___:___:___clear

distant___:___:___:___:___:___:___close

compatible___:___:___:___:___:___:___incompatible

unsure___:___:___:___:___:___:___confident

suspicious___:___:___:___:___:___:___believable

undependable___:___:___:___:___:___:___dependable

indifferent___:___:___:___:___:___:___enthusiastic

inexperienced___:___:___:___:___:___:___experienced

inexpert___:___:___:___:___:___:___expert

unfriendly___:___:___:___:___:___:___friendly

honest ___:___:___:___:___:___:___dishonest

informed___:___:___:___:___:___:___ignorant

insightful___:___:___:___:___:___:___insightless

stupid___:___:___:___:___:___:___intelligent

unlikeable___:___:___:___:___:___:___likeable

logical___:___:___:___:___:___:___illogical

open___:___:___:___:___:___:___closed

prepared___:___:___:___:___:___:___unprepared

unreliable___:___:___:___:___:___:___reliable

disrespectful___:___:___:___:___:___:___respectful

irresponsible___:___:___:___:___:___:___responsible

selfless___:___:___:___:___:___:___selfish

sincere___:___:___:___:___:___:___insincere

skillful___:___:___:___:___:___:___unskillful

sociable___:___:___:___:___:___:___unsociable

deceitful___:___:___:___:___:___:___straightforward

trustworthy___:___:___:___:___:___:___untrustworthy

genuine___:___:___:___:___:___:___phony

warm___:___:___:___:___:___:___cold

Appendix E

Counselor Form   Revised Form

Counselor Rating Form

Listed below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Based on your behavior in the interview you just completed, please rate yourself on these scales.

If you feel that your interview behavior very closely resembles the word at one end of the scale, place a check mark as follows:

fair___:___:___:___:___:___:_X_unfair

Or

fair_X_:___:___:___:___:___:___unfair

If you think that your interview behavior quite closely resembles the word at one end of the scale, place a check mark as follows:

rough___:_X_:___:___:___:___:___smooth

Or

rough___:___:___:___:___:_X_:___smooth

If you think that one end of the scale only slightly describes your interview behavior, then check the scale as follows:

active___:___:_X_:___:___:___:___passive

Or

active___:___:___:___:_X_:___:___passive

If both sides of the scale seem equally associated with your impression of your interview behavior or if the scale is irrelevant, then place a check mark in the middle of the space:

hard___:___:___:_X_:___:___:___soft

Your first impression is the best answer.

Please note: Place check marks in the middle of the spaces.

agreeable___:___:___:___:___:___:___disagreeable

unalert___:___:___:___:___:___:___alert

analytic___:___:___:___:___:___:___diffuse

unappreciative___:___:___:___:___:___:___appreciative

attractive___:___:___:___:___:___:___unattractive

casual___:___:___:___:___:___:___formal

cheerful___:___:___:___:___:___:___depressed

vague___:___:___:___:___:___:___clear

distant___:___:___:___:___:___:___close

compatible___:___:___:___:___:___:___incompatible

unsure___:___:___:___:___:___:___confident

suspicious___:___:___:___:___:___:___believable

undependable___:___:___:___:___:___:___dependable

indifferent___:___:___:___:___:___:___enthusiastic

inexperienced___:___:___:___:___:___:___experienced

inexpert___:___:___:___:___:___:___expert

unfriendly___:___:___:___:___:___:___friendly

honest___:___:___:___:___:___:___dishonest

informed___:___:___:___:___:___:___ignorant

insightful___:___:___:___:___:___:___insightless

stupid___:___:___:___:___:___:___intelligent

unlikeable___:___:___:___:___:___:___likeable

logical___:___:___:___:___:___:___illogical

open___:___:___:___:___:___:___closed

prepared___:___:___:___:___:___:___unprepared

unreliable___:___:___:___:___:___:___reliable

disrespectful___:___:___:___:___:___:___respectful

irresponsible___:___:___:___:___:___:___responsible

selfless___:___:___:___:___:___:___selfish

sincere___:___:___:___:___:___:___insincere

skillful___:___:___:___:___:___:___unskillful

sociable___:___:___:___:___:___:___unsociable

deceitful___:___:___:___:___:___:___straightforward

trustworthy___:___:___:___:___:___:___untrustworthy

genuine___:___:___:___:___:___:___phony

warm___:___:___:___:___:___:___cold

Appendix F

Subject Form I

Please answer the following questions. Circle the number corresponding to your answers.

(1) How typical was your behavior in this first interview compared to other situations in which you would discuss your personal thoughts and feelings, e.g., to your mate, best friend, etc.?

1	2	3	4	5
very		somewhat		very
untypical	untypical	typical	typical	typical

(a) If you circled number 1 or number 2 above, please describe briefly how your behavior was different.

(2) How typical was your counselor's behavior in this interview compared to other talks you have had with people when discussing personal feelings and thoughts, including any other counseling experiences?

1	2	3	4	5
very		somewhat		very
untypical	untypical	typical	typical	typical

(a) If you circled number 1 or number 2 above, please describe briefly how your counselor's behavior was different.

(3) In general, what made this interview similar to or different from other interview/talk situations?

Appendix G

Counselor Form I

Please answer the following questions. Circle the number corresponding to your answers.

(1) How typical was your behavior in this first interview compared to other interviews you have had with other clients?

1	2	3	4	5
very		somewhat		very
untypical	untypical	typical	typical	typical

(a) If you circled number 1 or number 2 above, please describe briefly how your behavior was different.

(2) How typical was your client's behavior in this interview compared to other interviews you have had with other clients?

1	2	3	4	5
very		somewhat		very
untypical	untypical	typical	typical	typical

(a) If you circled number 1 or number 2 above, please describe briefly how your client's behavior was different.

(3) In general, what made this interview similar to or different from others you have had?

Appendix H

Goal Attainment Scaling

Name _____   Date of Negotiation_____

Client # _____   Follow-up Date_____

Initial Status Record

Scale #	General Title of Major Problem Area or Goal and Specific Behavior Variable	Weight	Initial or Current Status	Plan or Method Used	Follow-up Source for Check on Outcome Levels

Goal Attainment Follow-up Guide

Scale Attainment Levels	Scale 1 N NN W =		Scale 2 N NN W =		Scale 3 N NN W =		Scale 4 N NN W =	
Most Unfavorable Outcome (-2)								
Less than Expected Level of Outcome (-1)								
Expected Level of Outcome (0)								
More than Expected Level of Outcome (+1)								
Most Favorable Outcome (+2)								
	Date	Level	Date	Level	Date	Level	Date	Level
Weekly Attainment Levels								

Appendix I

Subject Form II

Please answer the following questions. Circle the number corresponding to your answers.

(1) How typical was your behavior in this last interview compared to other interviews you have had with this counselor?

1	2	3	4	5
very		somewhat		very
untypical	untypical	typical	typical	typical

(a) If you circled number 1 or number 2 above, please describe briefly how your behavior was different.

(2) How typical was your counselor's behavior in this final interview compared to other interviews you have had with this counselor?

1	2	3	4	5
very		somewhat		very
untypical	untypical	typical	typical	typical

(a) If you circled number 1 or number 2 above, please describe briefly how your counselor's behavior was different.

(3) In general, what made this interview similar to or different from others you have had?

Appendix J

Counselor Form II

Please answer the following questions. Circle the number corresponding to your answers.

(1) How typical was your behavior in this last interview compared to other interviews you have had with this client?

1	2	3	4	5
very		somewhat		very
untypical	untypical	typical	typical	typical

(a) If you circled number 1 or number 2 above, please describe briefly how your behavior was different.

(2) How typical was your client's behavior in this final interview compared to other interviews you have had with this client?

1	2	3	4	5
very		somewhat		very
untypical	untypical	typical	typical	typical

(a) If you circled number 1 or number 2 above, please describe briefly how your client's behavior was different.

(3) In general, what made this interview similar to or different from others you have had?

Appendix K

Therapist Rating Form

Therapist Personal Data

A. Indicate in order, the three authors who have been most
    influential in shaping your present approach to
    psychotherapy.

    1. _____

    2. _____

    3. _____

B. Indicate the "school" or "schools" of psychotherapy to
    which you feel most related.

    1. _____

    2. _____

C. Indicate the number of years of therapy experience you
    have gained to this time. _____

D. Have you obtained personal analysis and/or psychotherapy?
    _____ (If yes):

    1. Number of sessions? _____

    2. Type (i.e., individual-group, analysis-client
        centered, etc.) _____

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