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CLIENTS AS TEACHERS: THE 7 QUALITIES MOST DESIRED IN A THERAPIST

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Abstract

Little previous research has directly asked clients to identify the qualities they most desire in a therapist. The current study took place over the summer of 2016 utilizing a questionnaire format that asked over 120 individuals receiving out-patient and residential clinical therapeutic services, to identify the top seven qualities they most desired in a therapist. Participants chose from a list of 33 client-generated adjectives derived from an original focus group of partial-hospitalization and intensive outpatient therapy clients. This study's participants had the opportunity to also identify and add qualities that were not listed among the original 33 options provided. The study found that clients most valued qualities that can be developed through Mindfulness practices, shedding light on an under-emphasized, but potentially rich area of development in the conception of graduate psychology training curricula. The research outcomes identified domains that, from a client-centered perspective, enhance clients' engagement in therapy, decrease and repair therapeutic ruptures, and advance the field's understanding of how therapeutic interventions are most effectively delivered.

Keywords

Training, Client-Centered, Mindfulness

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1. Introduction

Therapy has been defined as the ability to create a rapport with a client (Mosey, 1981 as cited in Palmadottir, 2006). The relationship between a client and a therapist is incredibly important in ensuring the success of the therapy (Levitt, Butler & Hill, 2006; Littauer, Sexton & Wynn, 2005). This has been supported by studies that have found that clients are more likely to use a healthcare service if they have positive perceptions of the service and of the service providers (Christopher & Appiah, 2015). The importance of relationships has also been explored in fields less directly related to healthcare, further supporting the idea that creating an effective environment for change and growth is underpinned by establishing solid relationships with good usage of interpersonal skills (Ligadu, 2012). Thus it becomes important to ask clients their opinions about what makes the client-therapist relationship successful. However, few studies have examined the client-therapist relationship from the perspective of the client. Of the research that analyzes this relationship from the client's perspective, even fewer studies have directly asked the client to identify the qualities they most desire in a therapist (Littauer et al., 2005). The aim of the current study is to directly ask clients to identify the qualities they find most desirable in a therapist. By identifying these qualities we hope to help therapists, and therapists in training, to become more knowledgeable about innate qualities they can cultivate in themselves to best serve their clients. In addition, we seek to enhance academic and supervisory perspectives on graduate training.

One study that examined clients' perspectives on what clients found helpful in facilitating the client-therapist relationship (Levitt et al., 2006) asked clients to describe their feelings about their relationship with their therapists. Clients reported that while some valued the approval of their therapists, others described their therapist as being a "paid friend." Clients also identified wanting their therapist to be genuinely caring, while still maintaining a professional relationship. The best relationships were described as involving an aspect of reflexivity, with the therapist not

relying solely on symptom-based therapeutic techniques (Levitt et al., 2006). These findings are important, as they shed light on clients' views. However, while this study identified important guiding principles for the therapeutic process, it did not determine specific desired qualities, discussing instead broad categories of different types of client-identified successful therapeutic relationships.

In a review of therapist characteristics and techniques positively impacting the therapeutic alliance, Ackerman and Hilsenroth (2003) reported that therapists' personal attributes, such as being respectful, warm, interested, and open, enhanced the therapeutic alliance. The findings from the studies reviewed were developed with a variety of instruments and raters. Other investigators (Lawlor et al., 2016; Nienhuis et al., 2016) cited empathy, genuineness, competence, and trustworthiness as contributing to client satisfaction with therapy.

Littauer and colleagues (2005) asked clients directly about the qualities they wanted their therapist to possess. Through an interviewing process, the investigators found that clients wanted their therapist to be warm, responsive, calm and understanding. While these qualities referred more to the demeanor of the therapist, clients also wanted a well-prepared therapist, one who was not only an attentive listener, but also willing to ask the client directive questions. These findings helped provide an important insight into what makes a client-therapist relationship successful.

The current study took place following a 10-year process of obtaining client feedback on the qualities clients most desired in a therapist; responses generated from clients in secured residential facilities, unsecured residential facilities, partial hospitalization programs, and intensive outpatient settings. Though not included in this study, responses were also collected from student therapists on the qualities they most desired in a supervisor. The current study employed a structured approach for clients to identify the qualities they most desired in a therapist, utilizing a list of 33 client-derived adjectives. The goal of the study was to incorporate clients' responses into practicum/internship site training curricula, utilizing the information to develop and support student therapists' cultivation of the desired qualities within themselves.

The study took place in homeless shelter sites operated by *LifeMoves*, Northern California's largest non-profit organization dedicated to breaking the cycle of homelessness. We hypothesize that the qualities clients identified as most desirable in a therapist are innate qualities

within all individuals. The question of whether, and in what ways those qualities are cultivated during the graduate training experience surfaced during the course of this study.

2. Method

2.1 Participants

The participants were clients at *LifeMoves* residential shelter sites. Many clients in this study had a history of having received individual therapy, however, because milieu therapy was provided by student therapists weekly throughout the 46-week training year, all residents had been exposed to student therapists on a weekly basis. Of the 124 participants who agreed to participate in the study, 47 were removed from the data set for analysis due to incorrect completion of the questionnaire. The remaining 77 study subjects included 31 women, age 19-69 years, and 26 men, age 25-66 years, with a mean age of 32.5 years ($SD=22.4$). There were a variety of ethnicities (White=32%, Black=12%, Hispanic=17%, Asian=4%, Mixed Race=9%). Twenty participants (26%) did not provide age, gender and ethnicity information but were included in the data analysis. Clients excluded from analysis because of incorrect questionnaire data entry had similar demographic characteristics. All participants were currently homeless, thus qualifying them to receive services and supports, including individual and group therapy, while residing in *LifeMoves* residential shelters. All participants were volunteers, and participation was optional. Signed consent forms were obtained at the beginning of the study. This study received ethical approval by *LifeMoves* human resources department.

2.2 Materials and Procedure

Participants were presented with a questionnaire containing a list of 33 therapist qualities, with the option to write in an additional quality not listed in the questionnaire. The listed qualities were derived from an original focus group of outpatient therapeutic clients who were asked to define the qualities that they desired in a therapist. Synonyms were removed, resulting in the 33 qualities in the final questionnaire (see Appendix A for qualities and questionnaire used).

Participants were instructed to choose seven of the 33 qualities and to rank them from 1 to 7 in order of importance, with 1 being the most important. If a participant chose to rank a quality that was not mentioned, the client was asked to write in the name of that quality. Clients were allowed to include more than one unlisted quality. Participants were given as much time as

they needed to complete the questionnaire and were encouraged to ask the researcher facilitating the process to answer questions and provide any needed assistance.

2.3 Design and Statistical Analysis

The qualities clients most desired in a therapist were analyzed by identifying the seven qualities chosen by each participant. Subsequently, the frequency, median, mode, and ordered mode for each of these qualities for the entire group were calculated in order to develop a ranking of most desired therapist qualities. The ordered mode was developed by ordering modes by quality preference from 1 (most preferred) to 7 (least preferred), and this ordered mode was summed with frequency, median, and mode values to develop the most representative ranking of client preference, the ordered mode rank. The lowest sum values for the ordered mode rank represented the most desired therapist qualities.

3. Results

The most frequently recorded desired quality was ‘respectful’ listed by 38 of 77 (49%) respondents. The least frequently recorded quality among the 33 qualities was ‘practical’ with 3 entries. There were 5 write-in qualities, each with a single entry.

We devoted further analysis to the 11 qualities that were cited by 20 or more respondents. ‘Accessible’ had the most desired median score, 2.4, with 1 being most desired. ‘Encouraging’ had the least desired median score, 5.4. ‘Compassionate’ and ‘competent’ mode scores of 10 represented the highest mode values. Importantly, the 10 mode scores for ‘compassionate’ and ‘competent’ were for the quality ranking of 1, indicating the highest client preference for these qualities as well. On the other hand, ‘respectful’ had a mode of 9, but for preference a ranking of 7, the lowest client preference for this quality.

We focused on this highest-ranking group to develop the ordered mode and ordered mode rank to determine the 7 most desired therapist qualities. Frequency, Median, Mode, and Ordered Mode values were ranked from most desired (1) to least desired (11), and values for each quality were summed to create an Ordered Mode Total. The Ordered Mode Total scores were then ranked 1 through 7 to yield the 7 qualities most desired in a therapist.

Table 1: Ranking of Variables for 11 Most Desired Qualities in a Therapist

	Frequency	Median	Mode	Ordered Mode	Ordered Mode Total
Respectful	1	9	3	11	24
Listens	2	8	5	8	23
Helpful	3	7	6	4	20
Compassionate	4	2	1	1	8
Competent	5	6	2	2	15
Open-minded	6	3	9	5	23
Encouraging	7	11	11	10	39
Dependable	8	5	10	6	29
Considerate	9	10	8	7	34
Empathetic	10	4	7	9	30
Accessible	11	1	4	3	19

The 7 top-ranked qualities desired in a therapist ranged from the most desired ‘compassionate’ and ‘competent’ to seventh choice, ‘respectful.’

Table 2: The 7 Most Desired Qualities in a Therapist

1	Compassionate
2	Competent
3	Accessible
4	Helpful
5	Listens
6	Open-minded
7	Respectful

4. Discussion

This study sought *LifeMoves* clients’ responses to determine the qualities they most desired in a therapist. The question subsequently raised a second question: when in a student’s schooling would she or he receive training on how to cultivate these qualities?

The most valued qualities were ‘compassionate,’ ‘competent,’ ‘accessible,’ ‘helpful,’ ‘listens,’ open-minded,’ and ‘respectful,’ in that order. These qualities represented the top seven qualities for student therapists to possess when working with clients residing in *LifeMoves*

transitional housing shelters. These findings add to previous research indicating that clients want therapists who are understanding as well as professional (Levitt et al., 2006; Littauer et al., 2005), and respectful, open, and competent (Ackerman and Hilsenroth, 2003; Lawlor, et al. 2016, and Owen et al., 2016).

In using a questionnaire instead of interviewing participants individually, we were able to collect data from a larger sample than previous studies, where sample sizes remained below 40 participants (Levitt et al., 2006; Littauer et al., 2005). The larger number of respondents is likely to be more representative of a population of potential clients, as evidenced by the broad mix of ages and ethnicities, as well as the near equal sampling of males and females.

Although subjects represented several ethnicities, the study size was too small to delineate possible differences in preferences among ethnic groups. It has been suggested previously that Hispanic (Ishikawa, Cardemil, & Falmagne, 2010) and African-American individuals (Thompson, Akbar, & Bazile, 2002) may focus less upon a therapist's professionalism than do other populations. Therefore, a therapist's level of understanding and respect for a person's culture may significantly influence a client's perception of the tone of the therapeutic relationship, and, in turn, inform client preferences for therapist qualities in these populations.

The results of this study can apply to both experienced and novice therapists to help them develop those qualities that clients most desire. By directly asking a client about the qualities they desire, the therapist can more precisely focus an approach to meet the individual client's needs. Moreover, therapists should remain aware that cultural differences may affect a client's preferences, and be prepared to adopt a culturally-sensitive approach to each client. Understanding, and adapting, to client preferences represents an important move toward strengthening individual client-therapist relationships.

A limitation of this study was that a number of questionnaires were incompletely or incorrectly filled out. Respondents were randomly selected among shelter residents without ascertaining cognitive capacity or language proficiency, and reduced literacy or limited English proficiency may have affected questionnaire completion. An approach to improving accurate questionnaire completion would be to offer instructions and questionnaires in different languages, and to change the questionnaire design if it were determined that the current design was confusing to participants. No evaluation for the presence of a learning disability was

performed for potential study participants. Working with individuals with learning disabilities poses a more uncertain situation and might require data collection methods other than by questionnaire.

It also may have been useful to employ a more individualist approach to collecting data, as done in previous studies (Levitt et al., 2006; Littauer et al., 2005). If our researchers had reviewed the questionnaire with each participant individually, that assistance may have helped more participants correctly complete the questionnaire. Having more than one researcher present for data collection could also help ensure that all client questions about the questionnaire were answered.

We were unable to infer whether data from the excluded clients would have affected the study outcome. In this study we did not track clients' perceptions of desirable therapist qualities over the course of the therapy experience, so that it is not known whether expressed preferences would remain constant throughout treatment.

5. Conclusion

This study demonstrated that clients in *LifeMoves* residential shelters preferred therapists who possessed desired qualities, most prominently, therapists who were compassionate, competent, and accessible. The qualities of being helpful, capable of listening, open-minded, and respectful were also highly valued. Inquiries into clients' preferences at the outset of therapy embodies a client-centered approach, one that provides student therapists with the opportunity to cultivate desired qualities within themselves, thereby enhancing their clinical acumen and the quality of their therapeutic relationships with clients. Since qualities inclusive of those identified by clients are commonly developed through Mindfulness practices, the question of how and when such practices can be utilized in graduate training curricula merits further exploration.

Since prior research suggests that different ethnic groups may approach therapy with different communication expectations, the value of this type of study would be enhanced by selecting a either more homogenous group to study, or by surveying a sufficient number of respondents to permit more accurate definition of client preferences among different ethnic groups. For further research, we recommend exploring the range of similarities that exist among clients in different clinical settings, as well as among different ethnicities, ages, genders, and

specific therapeutic modalities. In addition, research exploring the qualities that supervisees' most desire in their supervisor is an area we consider worthy of investigation.

Appendix A

7 Qualities Most Desired in a Therapist

AGE: _____ GENDER: _____ ETHNICITY: _____

Below is a list of qualities that can be found in a therapist. Choose **ONLY** seven out of the qualities listed below and rank them in order of importance. The quality that you believe to be most important in a therapist should be ranked using the number **1**, the next most important quality should be ranked using the number **2**, and so on. Place the rank of the quality in the blank space to the right of it.

Accessible		Impartial	
Accountable		Kind	
Authoritative		Listens	
Balanced		Mature	
Calm		Open-minded	
Compassionate		Positive	
Competent		Practical	
Considerate		Reasonable	
Creative		Receptive	
Dependable		Relaxed	
Direct		Respectful	
Empathetic		Responsive	
Encouraging		Sincere	
Ethical		Strong	
Grounded		Thorough	
Helpful		Versatile	
Hopeful		Not mentioned	

If you chose to rank “not mentioned” at one of the top seven important qualities for a therapist to have, please name what that quality is below.

Not mentioned: _____

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