

ABSTRACT

Title of thesis: INVESTIGATING THERAPIST PREFERENCES FOR
CLIENT CHARACTERISTICS USING A PAIRED
COMPARISON METHODOLOGY

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Very few studies have been conducted on therapist preferences for client characteristics. The purpose of the current study was to address this omission in the literature, specifically by examining the preferences of therapists-in-training for client characteristics. One hundred thirty-two graduate students in counseling psychology served as participants in a web-based study, completing demographics information as well as a 120 item forced-choice measure. The BTL model, a powerful statistical procedure for analyzing paired comparison data was utilized. Psychologically minded was found to be the most preferred client characteristic among a possible 16 characteristics. No results were found for differences in preferences based on gender, race, clinical experience, socioeconomic status (SES), sexual orientation, or theoretical orientation. Limitations of this study as well as implications for practice, theory, training, and research are discussed.

INVESTIGATING THERAPIST PREFERENCES FOR CLIENT CHARACTERISTICS
USING A PAIRED COMPARISON METHODOLOGY

by

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Chapter 1

Introduction

Why study therapist preferences for client characteristics? First, preferences might be easier to study than concepts like "hotbuttons" or emotional reactions, which are very difficult to study. Indeed, the difficulties inherent in studying therapist emotional reactions have been addressed in the literature. "Can therapists report their emotions?" (Even if motivated to be honest, some emotions are unconscious), "Will therapists report their emotions?" (Therapists might fear repercussions for responses), "What are emotions?" (It is difficult to separate emotions from thoughts, behaviors, or attitudes), and "How should therapist emotions be studied?" (Many methods have been tried for studying emotions but there is currently no agreement or evidence of which are more valid) (Najavits, in press).

Second, there is a possibility that therapist preferences have an impact on the therapeutic outcome just as client preferences have been thought to. For instance, Spengler et al. (1990) found that when counseling psychologists preferred to work with clients who had personal concerns over clients with vocational concerns, they were less likely to diagnose a vocational problem or provide vocational related assistance (e.g. interest inventories). The extensive body of literature that exists on client preferences for therapist characteristics (Abreu, 2000; Atkinson et al., 1986; Atkinson et al., 1998; Donnan & Mitchell, 1979; Miville et al., 1999; Strohmer & Leierer, 1996; Terrell & Terrell, 1984; Thompson et al., 1994) is an undeniable indication that the counseling profession considers this line of research to be of great importance. Contrast this focus on client preferences with the relatively scant literature on therapist preferences for client

characteristics. At first glance it might seem that the absence of empirical investigation into therapist preferences is an indication that the counseling profession does not deem this line of research to be as valuable as studying client preferences. Yet, few would probably disagree with this researcher's assertion that therapists have a profound impact on the course and outcome of psychotherapy. Therapists, particularly beginning therapists, have needs, emotions, blind spots, and agendas that they bring to the therapeutic encounter that can drastically influence their ability to work with clients. Many of these therapists may react differently to clients with whom they prefer to work than they would with clients with whom they do not prefer to work. In this case, preferences may be a good indicator of therapist attitudes, which may operate subtly, or in some cases not so subtly, in influencing how therapists treat clients. Consider, for example, a young female therapist who is afraid of working with older men because of unresolved issues around her authoritarian grandfather. This young female therapist might have a hard time being very empathic with an older male client. In fact, we could expect that if possible she would avoid, or prefer not to work with older male clients. Hence, it is important to investigate therapist preferences for client characteristics so that we can develop training strategies to help with particularly vulnerable areas.

Third, awareness of preferences could potentially be a form of countertransference management. Think back to the example of the young female therapist who is afraid of working with older male clients. Unresolved issues around her authoritarian grandfather might manifest themselves in the therapist getting angry at her older male client when he acts the slightest bit directive with her. Also, the young therapist might become very passive in sessions because she is accustomed to the older man taking charge or because

her input is not generally valued by older men. Preferring to not work with older male clients could then be seen as a sort of preemptive strike against putting herself into the situation of having to go through these countertransference experiences.

Fourth, therapist preferences may influence cognitive processes. Spengler and Strohmer (1994) found that counselor cognitive complexity level does seem to moderate a clinical bias known as diagnostic overshadowing. However, participants' preferences were sharply skewed toward low preference for one of the groups (in this case low preference for working with mentally retarded clients as opposed to non-mentally retarded clients). A previous study's more balanced sample, with almost equal numbers of counseling psychologists expressing a preference for working with vocational problems and counseling psychologists expressing a preference for working with personal problems (Spengler et al., 1990), led Spengler and Strohmer (1994) to still believe that counselor preferences could be a relevant moderator of overshadowing biases if a sufficient range of preferences exist. Indeed, that previous study (Spengler and Strohmer, 1990) found that for counseling psychologists who preferred working with clients who had personal concerns over working with clients who had vocational concerns, an overshadowing bias occurred, meaning these counseling psychologists were less likely to diagnose a vocational problem, to provide career counseling, job search skills, or occupational information, and were less likely to use interest inventories when the client's personal problem was of equal or double the severity of the vocational problem. Hence, the importance ascribed to certain aspects of client problems over others is influenced by a therapist's cognitive processes (whether they overshadow or not), which are influenced by the therapist's preferences.

In the scant literature on therapist preferences there is evidence that counselors prefer to see YAVIS (Young, Attractive, Verbal, Intelligent, Successful) clients (Tryon, 1986). In the abuse literature, Carone and LaFleur (2000) found that sexually-abused sex offenders were more desirable as prospective clients than nonabused sex offenders, and counselors who had been sexually abused desired to see sex offenders with physical abuse in their history rather than sex offenders with sexual abuse histories. Other studies have found that counselors have a preference for working with clients who exhibit personal/social concerns as opposed to clients who have vocational concerns (Spengler et al., 1990; Spengler & Strohmer, 1994).

The clear and consistent findings in the client preference literature suggest several characteristics that can be examined in any study of therapist preferences for client characteristics. First, race/ethnicity is most likely an important variable (Abreu, 2000; Atkinson et al., 1986; Atkinson et al., 1998; Miville et al., 1999; Terrell & Terrell, 1984; Thompson et al., 1994). Much of the client preference literature focused on racial minorities' preference for seeing a similar race therapist. One idea behind this concept was the history of race relations in the United States and how this may have predisposed Black clients to be distrustful of White counselors (Atkinson et al., 1986). Indeed, studies have shown that Black clients report lower levels of rapport with White counselors than with Black counselors, and report greater counseling satisfaction with Black counselors than with racial dissimilar counselors (Thompson et al., 1994). These findings may not translate to therapist preferences perfectly, but they do raise the issue of race relations and interactions in the United States. Gender (Abreu, 2000; Atkinson et al., 1998; Terrell & Terrell, 1984), disability status (Strohmer & Leierer, 1996), age

(Atkinson et al., 1986; Atkinson et al., 1998; Donnan & Mitchell, 1979), and socioeconomic status (Atkinson et al., 1986; Strohmer & Leierer, 1996) are also likely important in examining therapist preferences judging by the findings regarding these areas and their influence in psychotherapy (more on this in the review of the literature). Additionally, religion/spirituality has been included as a characteristic in much of the client preference literature (Atkinson et al., 1986; Atkinson et al., 1998).

Looking at the client preference literature for ideas about what characteristics could be important to investigate in a study of therapist preferences is a good place to start, but by no means does this method provide a completely comprehensive set of potential characteristics. A particularly glaring omission in both the client preference literature and therapist preference literature is the issue of sexual orientation. Previous studies have shown that therapists experience marked uneasiness working with gay and lesbian clients (Garfinkle & Morin, 1978; Garnets, Hancock, Cochran, Goodchilds, & Peplau, 1991). A great deal of research has also found that gender is consistently linked to differences in attitudes towards homosexuals, namely that women tend to be less negative in their attitudes towards GLB persons than men (Whitley, 1988). But these studies generally failed to distinguish between gay men and lesbians. When studies did distinguish between men and women, they found that people tend to hold more negative attitudes towards homosexuals of their own gender (Gelso et al., 1995; Whitley, 1988).

Another area absent from the client and therapist preference literature that could be important in understanding therapist preferences involves working with substance abusers. Previous studies have indicated therapist responses of boredom, cynicism, indifference, blaming, power struggles, withdrawal, burnout, and intense and unstable

feelings about the patient as reasons for treatment failure with substance abusers (Najavits et al., 1995). Given these known negative reactions of therapists to substance abusers, as well as the moral issues surrounding substance abuse, it is conceivable that some therapists might prefer not to work with this population.

Once again, the purpose of the current study was to examine the preferences of novice therapists for client characteristics. Studying the preferences of novice therapists is of particular interest in this study because it seems that there is the most room to help novice therapists become aware of, deal with, or change their attitudes. An awareness of novice therapists' preferences could help training programs better address the areas of great concern that their students have, and begin a dialogue among novice therapists as to what their individual preferences are and why they have these preferences. As previously mentioned, some empirical work has already been done in the area of therapist preferences (Carone & LaFleur, 2000; Spengler et al., 1990; Spengler & Strohmer, 1994; Tryon, 1986), but there is still room for gaining more knowledge into therapist preferences. The current study was not so much concerned with building directly on the findings of previous therapist preference studies as it was with establishing a new methodology toward exploring this issue. Namely, this involved utilizing a methodology from the client preference literature that had not been used to examine therapist preferences. Hopefully, the current study will be a useful beginning to increased exploration into the issue of therapist preferences, and obtaining more explicit information about the role therapist preferences play in the counseling situation will come as a result of this increased exploration.

Chapter 2

Review of the Literature

In this chapter, I first provide a theoretical basis for why therapist preferences should influence psychotherapy. In order to do this I will review social psychology literature dealing with the effects of similarity or dissimilarity on social interactions between people. The concept of similarity (or dissimilarity) has been central in previous literature measuring preferences, so this is a crucial starting point to any discussion of examining therapist preferences. Second, I will review research about the effects of various therapist variables on the outcome of psychotherapy. This literature is important to highlight given that the current study seeks to investigate therapist preferences under the theoretical notion that therapist preferences are an important variable that impacts the practice of psychotherapy. Therefore, it is important to understand previous research that has examined the impact therapist variables have on the course and outcome of psychotherapy. Third, I will review literature on client preferences for characteristics in therapists. This body of literature is important to examine in order to understand the methodology behind the current study. Also, the paucity of the therapist preference literature makes the client preference literature a necessary tool for beginning to understand how therapist preferences could be examined, as well as, illustrating which preferences (or characteristics) are potentially important to look at. Fourth, I will review existing research on therapist preferences. Lastly, I will discuss the issue of countertransference (CT) management, and how CT management relates to therapist preferences.

Theory

The main idea behind studying therapist preferences for working with clients who have certain characteristics versus working with clients who have other characteristics is that this preference could impact the course and outcome of psychotherapy. There isn't an overwhelming amount of direct empirical evidence to support this idea. Spengler and Strohmer (1990) found that when counseling psychologists preferred to work with clients who had personal concerns over clients with vocational concerns, they were less likely to diagnose a vocational problem or provide vocational related assistance (e.g. interest inventories, occupational information, etc.). This is about the only study that provides evidence of the impact therapist preferences can have on the course of psychotherapy. However, there is considerable evidence that other therapist variables (age, race, gender, personality, attitudes and values, etc.) do have an impact on the course and outcome of psychotherapy (Atkinson & Schein, 1986; Beck, 1988; Beutler et al., 1994; Jones et al., 1997).

Logically, it is conceivable that a therapist who prefers to work with a certain type of client, will be less enthusiastic about working with another type of client, and in many cases may not even be totally competent to work with the less preferred client. Therefore, it is possible that this therapist's preferences will impact the therapy in some way. A close parallel to this idea exists in the adolescent sex offender literature. Here it was thought that counselors' judgments (i.e., sexual abuse as a crime not a therapy issue, etc.) about working with adolescent sex offenders would affect their ability to develop therapeutic relationships with these clients (Carone & LaFleur, 2000). Indeed, reports of therapist desire to work with a client affects the therapist's prognosis of client treatment

and the length of treatment the therapist estimates the client will need (Carone & LaFleur, 2000).

A central element to preferences in the current study is the issue of similarity or dissimilarity. Namely, will therapists prefer to work with clients who have similar (or dissimilar) characteristics to them (the therapists)? The similarity theory behind the preceding question has been an important element throughout the history of examining preferences in relation to psychotherapy. Investigation into client preferences for working with a racially similar counselor was, for all intents and purposes, the starting point for the rest of the client preference literature. Once again, the rationale behind much of the racial preference research was the idea that therapeutic outcomes could be influenced by racial similarity or dissimilarity among the counselor and client. Given the history of the United States, in terms of black-white relations, it was foreseeable that black clients might be predisposed to distrust white counselors (Atkinson et al., 1986). The likelihood of garnering good therapy outcomes from a distrustful therapeutic relationship is remote at best, hence the focus on client preferences (specifically black client preferences). If black clients were judged to prefer black therapists over white therapists, even when including other types of preference variables for member group similarity, a potential ramification of that finding would have been to try and place black clients with black therapists whenever possible in order to better ensure a positive therapy outcome. As it turns out, the paired comparison methodology used by Atkinson et al. (1986) and others (Atkinson et al., 1989; Atkinson et al., 1998; Bennett & Big Foot-Sipes, 1991; Ponterotto et al., 1988) found that similar race/ethnicity was not the most preferred characteristic in a potential therapist when considered against other

characteristics (similar attitudes and values, etc.). Of course, this result is tempered by empirical evidence suggesting low levels of trust and rapport in some dissimilar race therapeutic pairings and reports of greater counseling satisfaction when counselors are racial similar (Atkinson et al., 1986;Thompson et al., 1994), which keeps alive the debate over the need for racially similar therapy pairings.

Similarity Hypothesis

Postulating that African-American clients might prefer a racially similar therapist over a racially dissimilar therapist makes sense in light of the enormous amount of evidence in the social psychology literature indicating that people gravitate towards others who are similar to themselves (Atkinson et al., 1998; Simons et al., 1970). Therefore, a client who expresses a desire for a racially/ethnically similar therapist is playing out the tendency seen in social situations of interacting with others based on perceived similarity (Atkinson et al., 1998). Furthermore, based on a review of the literature in social psychology, some scholars have theorized that communicator credibility, attractiveness, and influence are all functions of similarity between the source and receiver of communication (i.e., therapist and client) (Atkinson et al., 1986; Simons et al., 1970). In other words, a client who sees a therapist of similar race is more likely to perceive that person as credible and attractive (someone to be listened to, emulated, etc.). Thus, the client would be more influenced by the therapist in this situation, whereas a therapist of dissimilar racial/ethnic background would not be afforded these same conditions.

One of the main articles postulating communicator credibility, attractiveness, and influence as functions of similarity between the source and receiver of communication

was written by Simons et al. (1970). Simons et al. (1970) was especially concerned with theorizing about the elements involved in persuasion and attitude change. These researchers conducted an extensive review of the literature, presenting findings from studies linking source-receiver similarity (attitudinal and membership, relevant and irrelevant), bases for credibility (respect, attraction, trust), and attitude change.

Similarity and Attraction

First, in terms of literature dealing with source-receiver similarity, Simons et al. (1970) reported numerous studies that consistently found that attraction of a subject to a stimulus person increases as the proportion of reported attitudinal similarities between the subject and stimulus person increases. More specifically, there is also consistent evidence of a relationship between attitudinal similarity and social attraction measures like, sociometric friendship choice, social distance, and ratings of like-dislike. Notably, membership group similarity appears to be a less significant factor in attraction than attitudinal similarity. Simons et al. (1970) found three studies that investigated the relationship between exclusively membership group similarities and attraction. One study found that participants preferred same gender and similar socioeconomic status persons to be their friends. Another study found no significant differences in attraction towards high SES versus low SES people among low socioeconomic status participants, however, high socioeconomic status participants exhibited significantly lower attraction toward persons of low socioeconomic status. A third study found that similarity of social class was a more important determinant of social distance than was ethnic group similarity, among a sample of lower and middle class African-Americans and whites. In all three of these studies, similarity of belief was a consistently more frequent reason for

attraction to some stimulus person, than either dissimilarity of belief or similarity of racial group membership (Simon et al., 1970). This is consistent with the somewhat controversial (probably to this day) “race-belief” theory stating that rejection of a person of another race, nationality, or religion is primarily due to the perception that the person differs in important beliefs and values, not an ethnic or racial factor. However, the empirical validity of the “race-belief” hypothesis is limited by important differences in research operations (such as one study approximating a real life hiring situation while another showed participants photographs to elicit responses) among studies looking at the impact of racial similarity (or dissimilarity) and/or belief similarity (or dissimilarity) on attraction (Simons et al., 1970). Therefore, a number of researchers proposed that comparisons between race and belief should be limited to studies involving fairly equivalent operations (Simons et al., 1970).

Similarity and Source Credibility

In contrast to the abundant literature linking similarity to attraction, Simon et al. (1970) found relatively little empirical evidence linking similarity to other aspects of a source person’s image that these reviewers grouped under source credibility (trust, honesty, intelligence, etc.). Some of the research that was done examined the relationship between member group similarity and factors of respect and trust. One study found that both French and English Canadians judged the readers of a passage in English as more intelligent and dependable than the same readers reciting the passage in French. In another study, Jewish and Gentile participants heard the same passage read with or without a Jewish accent. Ratings depended on the accuracy of group identification, with Gentiles whose group identification was correct tending to give higher ratings to their

own group, while Jewish participants whose group identification was correct showed a more balanced profile, with few significant differences for ingroup versus outgroup ratings (Simons et al., 1970).

The Ideal Communicator

Overall, Simons et al. (1970) found that contrary to formulations at the time, irrelevant similarities have little effect on attitudes and certain dissimilarities (especially membership group dissimilarities) foster attitude change because they lead to positive perceptions like, competence, fairness, prestige, etc. Attitude similarity was clearly related, in a linear fashion, to attraction, but attraction may not contribute to attitude change. Given what they found in their review, these researchers proposed a theory that the ideal communicator may embody a combination of similarities and dissimilarities which create an image of “super-representativeness.” Or as the reviewers themselves stated, “A theory emphasizing the perceived instrumental value of similarities and dissimilarities was offered as a substitute for more mechanistic formulations” (Simons et al., 1970).

Similarity and Psychotherapy Outcome

Clearly, similarity and dissimilarity, and their positive or negative consequences, are not quite the simple concepts they are often seen as. Yet, there is still good evidence to support the notion that similarity or dissimilarity between two (or more) people on any number of factors will have an effect on the interaction (or initiation of interaction) of those two (or more) people. If social psychology theorists are correct, then racial similarity or dissimilarity between the therapist and the client would have an impact on the outcome of therapy. Several studies have found that clients who do not have

characteristics that are similar to their counselors are more likely to terminate than similar client-therapist pairs (Terrell & Terrell, 1984). More specifically, studies have found that in dissimilar racial pairings (white therapist-black client) there is lower counseling satisfaction, lower levels of rapport; and that cultural mistrust (expectations based on history of oppression, etc.) can lead to premature termination or negative outlook towards counseling (Thompson, Worthington, & Atkinson, 1994; Terrell & Terrell, 1984).

Effects of Therapist Variables on Psychotherapy Outcome

Qualities or variables that therapists bring to the psychotherapy process have frequently been the subject of empirical investigation, particularly in relation to predicting the outcome of psychotherapy (Beutler et al., 1994). Judging from the amount of attention in the literature (Atkinson & Schein, 1986; Beck, 1988; Beutler et al., 1994; Jones et al., 1997; Spengler and Strohmer, 1990), therapist qualities and their impact on therapeutic outcome is clearly considered to be an important area for study.

First, examining age as a therapist variable, it is noteworthy to mention a review by Atkinson and Schein (1986). These researchers found no studies reporting a positive relationship between degree of age similarity for therapist and client, and outcome of psychotherapy. However, there are a number of studies that were not included in that review that suggest that there is a modest relationship between age similarity and outcome (Beutler et al., 1994). For example, Dembo et al. (1983) found that clients aged 18 to 30 whose therapists' ages were within the same range experienced less social isolation and distress after termination of therapy than did clients whose therapists were 10 or more years older or younger than they were. Contrast that finding with another study by Beck (1988) that found the worst therapy outcomes occurred for therapists who

were more than 10 years younger than their clients, as opposed to therapists whose age was either similar or older than that of their clients.

Race of the therapist is also a demographic variable that has received attention. Much of the research in this area has dealt with the role of race and ethnicity on therapist attractiveness to the client or on clinical judgement. That being said, however, ethnic similarity between client and therapist (much as gender or age) has also been thought to play a role in therapeutic outcome (Beutler et al., 1994). Yet, evidence for this postulate has been mixed. Four overlapping reviews (Atkinson, 1983, 1985; Atkinson & Schein, 1986; Sexton & Whiston, 1991) found that the effect of therapist – client ethnic similarity on outcome of psychotherapy is equivocal. A large retrospective study by Jones (1982), with equal numbers of whites and African-Americans among its sample of 164 clients, and 136 ethnically diverse therapists (though less evenly distributed than the clients) concluded that psychotherapy outcome was not significantly affected by therapist ethnicity or client-therapist ethnic similarity. Yet another study by Beck (1988) investigated white, African-American, and Latino client-therapist pairings using 1,500 clients and 244 predoctoral therapists. Among Latinos, ethnically similar pairings were associated with greater client satisfaction rates than ethnically dissimilar pairings; among African-Americans, however, ethnic similarity of pairings was not related to satisfaction ratings. These results should be taken with a note of caution though, given that there were relatively few African-American therapists in the sample. Despite equivocal evidence, it is still very likely that therapist-client similarity in ethnicity is an important factor in therapy outcome. There is still consistent evidence of higher drop out rates when there is a dissimilar client-therapist ethnicity pairing. This evidence is compelling despite

the fact that interpretation of data on client-therapist ethnic similarity is complicated by the reality that ethnic minorities traditionally do not seek out mental health services, and those who do have similar views to the majority culture (Beutler et al., 1994).

Gender is the therapist demographic variable that has received the most attention in relation to therapeutic outcome. Most reviews of research in this area have failed to support the notion that male therapists inhibit the progress of female clients (Beutler et al., 1994). In contrast to those findings, Jones et al. (1987) compared posttreatment outcome and satisfaction levels of 60 women who were assigned to one of 11 male or 14 female therapists. This experiment consisted of the use of a manualized brief therapy, equally trained and experienced therapists, monitoring of therapist procedures, equivalent distribution of client severity, random assignment of clients, and carefully selected outcome measures. These design features reduced the probability of confounding effects, lending a good deal of credibility to the study's findings that greater symptom improvement occurred among clients whose therapist was female, though the lack of a male client sample prevented determination of whether this result reflected a general superiority of female therapists. Other studies (Orlinsky & Howard, 1980; Jones & Zoppel, 1982) have found similar results to Jones et al. (1987), but numerous studies have also failed to find differences in outcome when analyzing both client and therapist gender. These include a naturalistic comparison of 63 psychiatric outpatients (Hill et al., 1985), two studies of changes in self esteem in short term therapy (Berry & Sipps, 1991; Wiggins & Giles, 1984), and a post hoc comparison of archival data (Sexton & Whitson, 1991). This further illustrates the equivocal nature of therapist gender and impact on outcome of psychotherapy.

Investigation of demographic variables is not the sum total of research into therapist variables and impact on outcome of therapy. Personality and coping patterns, dominance and dogmatism, therapist locus of control, emotional well being, values and attitudes, and socioeconomic status are among the therapist variables that have received empirical attention at one time or another (Beutler et al., 1994). Given the extensive body of knowledge, it is clear that the idea of therapist variables impacting the outcome of therapy is widely accepted and investigated. That being said, one therapist variable that could relate to therapeutic outcome, yet has received scant attention, is that of therapist preferences.

Client Preferences for Therapist Characteristics

The present study is concerned with examining therapist preferences for client characteristics. However, because of the sparse literature on therapist preferences, and the fact that much of the present study's methodology is borrowed from the client preference literature, it is important to consider the client preference literature as a starting point that informs investigation into therapist preferences.

Race/Ethnicity

Racial/ethnic similarity between therapist and client was perhaps the most central aspect of the client preference literature [Note: race and ethnicity have generally been used interchangeably in the preference literature]. Investigation of racial/ethnic similarity in the client preference literature is also crucial to highlight because this line of research has frequently utilized a paired comparison method that will be utilized in the current study. Indeed, race/ethnicity has been studied quite frequently in the client preference literature (Abreu, 2000; Atkinson et al., 1986; Atkinson et al., 1998, Terrell & Terrell,

1984, Thompson et al., 1994). African-American participants' preferences for a racially similar counselor have been found in elementary school children and their parents, high school seniors, college students, Veterans Administration outpatients, and Manpower Development Program trainees (Atkinson et al., 1986).

Thinking back to the social psychology literature, one postulate for the similar race preference comes from researchers theorizing that communicator credibility, attractiveness, and influence are functions of similarity between the communicator and receiver (Atkinson et al., 1986). Therefore, African-American participants would prefer a counselor of the same race because of their perception that such a counselor would be more credible, attractive, and able to influence them than a racially dissimilar counselor.

However, though the early findings on preference for a racially similar counselor may have been theoretically valid, a continual criticism of this line of research was its failure to take into account other potentially important preference areas (Atkinson et al., 1998). Atkinson et al. (1986) addressed this problem by using a paired comparison methodology that forced participants to choose among 16 characteristics (similar/older age, similar/dissimilar race, more/similar education, similar/dissimilar values, similar/dissimilar personality, same/opposite gender, similar/dissimilar socioeconomic status, similar/dissimilar religion) for what they preferred in a counselor. An example of an item on this forced choice measure would be, "If you were going to see a counselor to discuss a personal problem, would you prefer to see a counselor who is (a) dissimilar to you in religion or (b) similar to you in ethnicity?" These researchers also wrote a computer program to randomly determine the order presentation and left-right orientation on the page in order to control for order effects.

The Atkinson et al. (1986) study consisted of one hundred twenty-eight participants (42 black men, 86 black women) obtained from a predominantly black community college in southern California. The participants ranged in age from 17 to 52, with a mean age of 24.4 years. Only 13.4% indicated their personal income was over \$10,000 a year, and only 34.7% indicated their parents income was over \$20,000 a year. Fewer than half (43.8%) had experience receiving counseling for a personal problem, though 66.4% had seen a counselor at some point for an academic or vocational problem. Participants were also asked their age, gender, ethnicity, occupation, annual income, parents' annual income, if they had ever seen a counselor for academic, vocational, or personal counseling, and to indicate their commitment to Anglo-American and African-American cultures (strong for both, strong Anglo-American and weak African-American, weak Anglo-American and strong African-American, or weak for both). This last item was devised as a way to measure within group differences related to racial and cultural identity.

A total of 300 questionnaires were distributed by department heads at a community college. One hundred seventy-six questionnaires were returned, of which, 48 were excluded from the analysis because one or more of the 120 paired comparisons were not completed (n=39) or the respondent was not African-American (n=9). The number of participants who had a strong commitment to African-American culture and a weak commitment to Anglo-American culture or a strong commitment to Anglo-American culture and a weak commitment to African-American culture were too small for any meaningful analysis of these levels of cultural commitment. Therefore, the cultural commitment data was collapsed, yielding two categories: strong commitment to African-

American culture (n=83, 64.8%) and weak commitment to African-American culture (n=45, 35.2%).

Overall, the Atkinson et al. (1986) study garnered preferences that fell roughly into three categories, those characteristics selected over other options more than 55%, those selected 45-55%, and those selected less than 45% of the time. Similar ethnicity was fifth among preferred characteristics (54.8%), after more educated (73.9%), similar attitudes and values (64.5%), older in age (62.9%), and similar personality (61%). Although preference for an ethnically dissimilar counselor was rarely indicated (38%), participants did not express an absolute preference for an ethnically similar counselor when other variables were considered. When paired head to head an ethnically similar counselor was preferred 69.5% of the time over an ethnically dissimilar counselor though. This last finding would seem to support previous research that showed an ethnically similar counselor to be preferred over an ethnically dissimilar counselor, but at the same time illustrates that having an ethnically similar counselor is not necessarily the most important characteristic that clients want in their therapist. As for the cultural commitment component of this study, a chi square analysis indicated that the proportion of respondents reporting a strong commitment to African-American culture versus a weak commitment to African-American culture were not significantly different when it came to preference for an ethnically similar counselor over an ethnically dissimilar counselor. Whereas it was conceivable that black participants with a strong commitment to African-American culture might have had a significantly stronger preference for an ethnically similar counselor than participants with weak commitment to African-American culture, this study did not find evidence of that fact, suggesting that within

group differences in cultural commitment do not account for the overall findings of the study.

Ponterotto et al. (1988) replicated and extended the Atkinson et al. (1986) study using 101 (53 male, 48 female) African-American participants from a predominantly White institution in the Midwest. This sample setting was markedly different from the urban, predominantly Black institution sampled by Atkinson et al. (1986) because Ponterotto et al. (1988) wanted to test the generalizability of the Atkinson et al. (1986) results. The survey questionnaire consisted of a demographic section that also included the cultural commitment question (strong or weak commitment to African-American culture; strong or weak commitment to Anglo American culture) used in Atkinson et al. (1986). The second part of the survey utilized the RIAS scale to measure Cross' four stage theory (pre-encounter, encounter, immersion-emersion, internalization) of Negro-to-Black Conversion Experience (Ponterotto et al., 1988). Basically, this four stage theory states that African-Americans evolve from a self view where Blackness is degraded to a self view where African-Americans are firmly secure in their Blackness. Part 3 of the survey was an exact replica of the paired comparison questionnaire used in Atkinson et al. (1986).

Results of the study indicated a rank order of preference for similar attitudes and values (75.9%), similar ethnicity (70.6 %), more educated (69.1%), similar personality (65.4%), and older (63.9%). These were the top five characteristics in the Atkinson et al. (1986) study, though there are differences in the rankings among the five. Namely, ethnicity was ranked second instead of fifth, more educated ranked third instead of first, older ranked fifth instead of third. Still, Ponterotto et al. (1988) obtained a Spearman

rank order correlation of .91 when comparing the two studies, indicating a high degree of correlation between the rankings. The researchers posited that the difference between the two studies on the main variable(s) of interest, similar/dissimilar ethnicity, may simply have been a function of geography. Namely, the Atkinson et al. (1986) participants had more exposure to Black peers and faculty being at a predominantly Black school than did the Ponterotto et al. (1988) participants being at a predominantly White school. Therefore, participants in the Atkinson et al. (1986) study may not have seen similar ethnicity as a very salient variable. As for the measures of within group differences used in this study, relatively little was found. The cultural commitment data was collapsed into participants indicating a strong commitment to African-American culture or a weak commitment to African-American culture exactly as was done in Atkinson et al. (1986). No significant difference was found between the two groups in terms of rankings. Because of disparities in size of the group frequencies for the RAIS only participants falling in the encounter stage and internalization stage were compared. No significant difference was found between the rankings of the two groups.

Atkinson et al. (1989) continued use of the paired comparison method for examining client preferences for counselor characteristics. The survey questionnaire consisted of a demographics section and the paired comparison measure. Atkinson et al. (1989) only used 14 counselor characteristics though, deciding to omit similarity/dissimilarity on religion since that was the least preferred characteristic in the Atkinson et al. (1986) study. Three hundred thirty-nine students (118 Asian-American, 64 Mexican-American, 157 Caucasian-American) from two large universities on the West Coast participated.

Based on a Spearman rank order correlation of .99, these researchers concluded that there was a high degree of similarity between the rankings from the two universities. Asian-Americans ranked more education first, similar attitudes second, older third, similar personality fourth, and similar ethnicity seventh. Mexican-Americans had the same order of rankings for the top four characteristics as Asian-Americans, but Mexican-Americans ranked similar ethnicity sixth. Caucasians ranked similar attitudes first, more education second, similar personality third, older fourth, and similar ethnicity seventh. Overall, the rank order correlations between the three groups showed no significant difference (Asian versus Mexican = .97, Mexican versus Caucasian = .98, Asian versus Caucasian = .97).

Bennett and BigFoot-Sipes (1991) also investigated client preferences for an ethnically similar counselor, this time using Native Americans as participants (Note: these researchers used the term American Indian. I have substituted the term Native American for American Indian). These researchers used a modified version of the paired comparison method from the Atkinson et al. (1986) study. The questionnaire asked participants to choose between 12 characteristics (same age/older, same gender/different gender, same education/more education, similar attitude and values/different attitudes and values, similar personality/different personality, similar ethnicity/dissimilar ethnicity) instead of the 16 characteristics used by Atkinson et al. (1986). Seventy-three Native American (27 male, 46 female) and 81 Caucasian (32 male, 49 female) college students in Oklahoma participated in the study. In addition to the paired comparison measure, Native American participants completed a cultural identification item that asked them to choose the descriptor that best fit for them. The descriptors were (1) strong involvement

with both White and Native American culture, (2) strong involvement with Native American culture and weak involvement with White culture, (3) strong involvement with White culture and weak involvement with Native American culture, and (4) weak involvement with both White and Native American culture. Caucasian participants completed a racial consciousness item meant to parallel the cultural involvement question given to Native American participants. Caucasian participants identified themselves as having (1) high level of acceptance of both White and other cultural values, (2) high level of acceptance of White values and low acceptance of other cultural values, (3) high acceptance of other cultural values and low acceptance of White cultural values, and (4) low level of acceptance of both White and other cultural values. Bennett and BigFoot-Sipes (1991) also differentiated between preference for a counselor based on whether the problem was personal or academic. Therefore, participants would respond to the question of would you prefer to see a counselor who is (1) older than you or (2) similar in ethnicity for a personal problem, and also provide a preference rating for the same pair if the problem was academic.

Similar to Atkinson et al. (1986), Bennett and BigFoot-Sipes (1991) found that analysis of four levels of cultural involvement and racial consciousness proved meaningless. Therefore, they collapsed the data to form two levels for each group. For Native Americans, strong or weak involvement with Native American culture, and for Caucasians, high acceptance of White cultural values or low acceptance of White cultural values. Native American participants' most preferred characteristic was similar attitude and values, with more education second, similar personality third, and similar ethnicity fourth. Caucasian participants' ranked similar attitudes first also, similar personality

second, more education third, and similar ethnicity sixth. Differentiating between problem types, Caucasian participants ranked more education first, older second, and similar attitudes and values third for an academic problem, but for a personal problem ranked similar attitudes and values first, similar personality second, and same gender third. Native American rankings were similar to Caucasian rankings except that similar ethnicity ranked in among the top four preferred characteristics for a counselor regardless of problem type. Similar ethnicity was an especially important characteristic for Native American participants with a strong sense of involvement with Native American culture.

Some limitations of the Bennett and BigFoot-Sipes (1991) study are inherent to most survey research, namely participants giving socially acceptable responses, self selection bias, differing interpretations of survey items, and limited regional sampling. The one item nature of the cultural involvement and racial consciousness measures may have limited the study's ability to capture four distinct groups among those variables. Lastly, the researchers urged caution in interpreting results of similar rankings of characteristics. "Because ranks may mask larger differences in choices, it is important to consider them in conjunction with selection percentages, which give a more accurate picture of the differences" (Bennett & BigFoot-Sipes, p. 445, 1991).

Atkinson et al. (1998) repeated the paired comparison methodology to look at Asian American preferences for counselor characteristics. The unique component of this study involved the use of the Bradley-Terry-Luce (BTL) model of analyzing paired comparison data to determine the relationships between Asian American preferences for counselor characteristics and type of problem (personal or vocational), participant acculturation, and participant gender. Atkinson et al. (1998) questioned the statistical analysis

conducted by Bennett & BigFoot-Sipes (1991) due to violation of the assumptions of independent observations. Hence Atkinson et al. (1998) looked to the BTL model as a better statistical method. The BTL model places the characteristics on an underlying continuum from least preferred to most preferred. Thus, the BTL model illuminates the relative preferences, instead of merely rank ordering them. In other words, the BTL model allows for calculation of the relative distance between preferences such that statements could be made about the relationship between characteristics if a researcher so chooses (ex. Preference #1 is 3 times more likely than preference #2). The BTL model also allows researchers to check on the consistency of participants' responses. A test of the regression model used in the BTL method indicates how well the scaling of counselor characteristics along the preference continuum represents the participants responses. Therefore, a statistically significant regression model indicates consistency in participants' preferences (Atkinson et al., 1998).

Atkinson et al. (1998) obtained a sample of 193 Asian-Americans (98 male, 92 female) from a public university on the West Coast of the United States. In addition to the paired comparison measure, participants completed a demographics questionnaire and the Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA). Atkinson et al. (1998) found that an older counselor was the second most preferred characteristic for a career problem but only the sixth most preferred when it came to a personal problem. The results of this study also reaffirmed the consistent empirical finding of ethnic minorities' greater preference for a counselor with similar attitudes and values to their own when compared to their preference for an ethnically similar counselor. This pattern was found for both types of problems in this study. Also, as the researchers predicted, participants

who scored low on acculturation expressed a stronger preference for a counselor who was ethnically similar for both personal and vocational problems than did participants who scored higher on acculturation. Overall, Atkinson et al. (1998) found that for a personal problem similar attitudes/values were most preferred, followed by similar personality, similar gender, similar age, similar ethnicity, and older age. For a career problem, similar attitudes/values was most preferred, followed by older age, similar personality, similar socioeconomic status, similar ethnicity, and similar gender.

Age

Counselor age was another of the earliest characteristics to have been recognized as a preference area for study. Donnan and Mitchell (1979) conducted a study using 52 males and 69 females, age 65 and older, recruited from among several senior citizen organizations. These participants watched eight 5-min videotaped interviews of elderly clients interacting with four younger and four older counselors. The counselors were four male and four female volunteer graduate students, with four counselors falling within the 20-25 age range (younger) and the other four counselors falling within the 45-55 age range (older). Two modes of interviewing were used. The first mode was more of a facilitative form of counseling, drawing content from a precounseling form that asked the client to indicate areas of concern that they would like to discuss. The second mode was more strictly an information gathering, very structured form of counseling, in which a checklist interview format using was utilized. Counselors were also only assigned to elderly clients of the same gender to control for the influence of the opposite gender variable on preferences. After viewing the videotapes, participants were shown photographs of the counselors and asked to rank them from first choice to fourth choice.

Then, participants were asked to look at their first choice again and rate that counselor based on a list of 20 descriptions. Three adjectives shown to be related to age (experienced, wise, mature) in previous research and three adjectives shown to be related to facilitative communication (to understand, to care, warm) in previous research were included in this list, along with 14 filler adjectives (ex. easy-going).

A significant difference in client preference for counselor was found for female participants. These elderly female participants ranked the older female counselors above the young female counselors. Within age groups (older counselors or younger counselors) the facilitative counselors were rated slightly better than the structured interview counselors. The older facilitative counselor was favored over the young counselors regardless of whether these counselors were in the facilitative or structured condition. No significant preference difference was found between the young facilitative counselor and the older structured interview counselor. Among male participants, a significant difference in ranks of the four counselors was found. Ranks for the young facilitative counselor accounted for a significant amount of the variance over all other counselors. There were no significant differences in the ranks of the other three male counselors. Also, the two older counselors were not ranked significantly higher than the young structured interview counselor. Facilitation appeared as the more powerful variable, relative to age, in determining male participants' counselor preference. The researchers accounted for this finding by pointing out that young facilitative counselors were perceived by participants as being more facilitative than the older facilitative counselors.

Overall, the study found that facilitation was an influential factor in determining participants' preference for counselors, regardless of counselor age. Combining all counselor groups, the facilitative counselors were most preferred over the older counselors. The four facilitative counselors received 71 most preferred ranks, while the four older counselors received 69 most preferred ranks. Comparing young facilitative counselors with older structured counselors, the young facilitative counselors received 36 most preferred ranks, and the older structured counselors received 34 most preferred ranks. Therefore, facilitation is seen by these researchers as being just as important a variable in affecting the counselor preference of elderly participants as age related characteristics.

The age related characteristics referred to in this study were counselor characteristics such as "experienced," "wise," and "mature." These characteristics were perceived to a much higher degree in relation to the older counselors (77%) versus the young counselors (49%), though there is the exception with respect to the young male facilitative counselor. Donnan and Mitchell (1979) acknowledged that the diversity expressed in preferences indicates that this concept cannot be understood based on age factors alone, yet a limitation of the study was that its analogue nature did not control for other potentially influential factors. This is a significant limitation to take notice of because the lack of comparison to other potential preferred characteristics has been a criticism of much of the client preference literature, particularly early studies like Donnan and Mitchell (1979). Another limitation of this study was that there was only one therapist per condition (8 conditions, 8 therapists). The reason given by the researchers for the young facilitative counselor being more preferred than the older

facilitative counselor among male participants was that the young facilitative counselor was perceived as more facilitative. This finding might have been quite different if there was more than one older facilitative counselor. The counselor who was in the condition may not have been as naturally inclined to being facilitative as the young counselor was. Having more than one therapist in each condition could have helped to account for this potential confound. The sample used in that study is also a limitation. Using a sample only composed of senior citizens age 65 or higher raises serious questions about the salience of age as a preference in participants who could be classified as middle aged (40-50) or younger. Also, this study was conducted in 1979, so many of the elderly participants could reasonably be said to have grown up and lived in more traditional times. Therefore, findings like the low preference for young female counselors among elderly female participants or across gender, lack of ascribing positive traits of wisdom, etc. to young counselors could be due to the fact that the elderly participants are a product of more traditional and conservative times. So, it is questionable whether a sample of elderly people living today would yield similar results, much less a sample of younger aged participants.

Gender

Another preference area that has received a good deal of attention is gender. According to Abreu (2000), one study found that older clients expressed greater preference for male counselors than younger clients did. Several studies have reported a stronger preference for female counselors over male counselors when clients have a personal problem versus a vocational problem (Abreu, 2000).

Atkinson et al. (1998) found that Asian-American females preferred a counselor of the same gender for both personal and vocational concerns, but males preferred a male counselor only for vocational concerns, and a female counselor for personal concerns.

Disability Status

Race/ethnicity, age, and gender are the preference areas that have been studied most, but these are by no means the only preference areas of importance to have been explored. With regards to preferences in the area of disability status, Strohmer and Leierer (1996) reviewed nine studies that examined preferences for counselors with a disability, and found that only four supported the notion that counselors with a disability are preferred. Of these four studies, only two used clients who had a disability, and even when counselor disability status was the preferred characteristic, this finding was not consistent across type of disability.

Additional Preference Areas

Other studies have found that clients prefer counselors who are the same in socioeconomic status (Strohmer & Leierer, 1996), and clients desire counselors who display empathy, genuineness, and caring (Donnan & Mitchell, 1979; Strohmer & Leierer, 1996).

Therapist Preferences for Client Characteristics

Client Attractiveness

A phrase originally coined by Schofield (1986), “YAVIS” (Young, Attractive, Verbal, Intelligent, Successful) clients seem to be preferred by counselors (Tryon, 1986). Additionally, Davis et al. (1977) reported that previous researchers have described the preferred client as possessing logical thinking, needing to relate to people, desiring a

relationship, talking about oneself, and perceiving oneself as responsible for counseling. Davis et al. (1977) further explored the issue of the preferred client by examining the effect of similarity on counselor's attraction to the client. More specifically, these researchers examined the effects of variations in conceptual complexity level of counselor and client on counselor attraction to the client. Two groups of graduate student counselor trainees (25 male, 15 female) were characterized as either high or low in conceptual level. A high level of conceptual complexity was defined as a person who processes interpersonal stimuli through a highly abstract system that uses and combines a number of dimensions in processing information. In contrast, someone with a low level of conceptual complexity processes interpersonal stimuli in a unidimensional and unintegrated fashion. Conceptual level was measured using an empirically validated paragraph completion test. The two groups of counselor trainees rated the attractiveness of clients following each of two counseling analogues (printed protocols) where a client was portrayed as exhibiting high or low levels of conceptual complexity. The counseling analogues were basically the same in terms of the scenario, an adolescent's interpersonal conflict with a high school teacher, but varied in terms of the client's conceptual level (abstract client vs. concrete client).

Using a 2 X 2 (Counselor complexity X Analogue complexity) ANOVA, Davis et al. (1977) found that more complex clients were found to be more attractive to both high conceptual complexity level counselors and low conceptual complexity level counselors. Interestingly, the researchers felt that their findings supported Goldstein's (1973) hypothesis concerning clients low in socioeconomic status (SES) and therapy. This hypothesis states that characteristics of low SES clients make positive counseling

outcomes unlikely, and therefore, these clients are not attractive to therapists regardless of counselor-client personality similarity (Davis et al., 1977). Goldstein's (1973) hypothesis would predict a main effect for client conceptual level only, not an interaction effect between client and counselor conceptual level. Therefore, clients high in conceptual level would be more attractive to counselors than clients low in conceptual level, regardless of counselor conceptual level (Davis et al., 1977). Given that conceptual level has been found to relate to SES in the literature (Davis et al., 1977), it is conceivable that therapists would have negative expectations for working with people of low SES. Thus, low SES clients would be considered less attractive to or less preferred by therapists.

Age

Zivian et al. (1992) found that psychotherapists exhibit a preference for working with clients based on age. The elderly have been considered one of the more underserved populations when it comes to mental health professionals. This problem has been attributed to therapists' reluctance to work with older clients due to (1) therapists having negative attitudes toward old age, (2) considering older adults to be inappropriate candidates for psychotherapy, (3) personal anxiety about getting older and dying, (4) fear of being associated with low status clients, (5) limited training opportunities with this population, and (6) the scarcity of literature on clinical gerontology (Zivian et al., 1992).

In Zivian et al.'s (1992) study, 165 therapists (64 psychiatrists, 93 psychologists) responded to a mailed questionnaire. Therapists were asked to indicate (a) the number of years they had been in practice, (b) their primary therapeutic method, (c) if they were in private practice, (d) if they were salaried employees at a mental health facility or

department, and (e) whether the clients at the facility were mostly children, adolescents, adults, or older adults. Then, three age groups (young, middle-aged, old) and four personality disorders (antisocial, compulsive, dependent, and schizoid) were defined briefly. Young was defined as 20-30 years of age, middle-aged as 35-50, and old as 65-80. The definitions for the four personality disorders were taken from the DSM-III-R. Then, all possible combinations of the three age groups, four personality disorders, and two genders were utilized to produce 24 descriptions of clients. A Likert scale ranging from 1 (not preferred) to 7 (very preferred) appeared next to each description. Participants were asked to use the provided descriptions and indicate their degree of preference for working with each of the 24 clients. Participants were asked to respond to each description individually, and not try to remember how they responded on previous items. In addition, participants were asked to (a) indicate if they had ever provided psychotherapy to a person over 65 years old, and if so, what percent of their clients were over age 65, (b) record the number of university or professional seminars, classes, workshops, etc. they attended which dealt with issues involving the elderly, (c) rate on three 7-point Likert scales their knowledge of the elderly, how much contact they had with people over 65 (excluding their relationships with clients), and the level of intimacy they had with people over 65 (excluding their relationship with clients). Lastly, participants were asked to give their age, gender, and profession.

Zivian et al. (1992) found that young clients were preferred over middle-aged clients and older clients, and middle-aged clients were preferred over older clients. Female clients were preferred over male clients, compulsive clients over all other personality disorder clients, dependent clients were preferred over schizoid clients, and

schizoid clients over antisocial clients. Many of the therapists surveyed (N=125) indicated experience working with a client over 65, but only 9% of their clients were over 65. Therapists who indicated over 10% of their clients were 65 years of age or older gave higher preference ratings for older clients. Therapists' self-ratings of their knowledge of the elderly was significantly related to their ratings of the amount of contact they had with the elderly and their ratings of level of intimacy with elderly people. Amount of contact with the elderly was significantly correlated with level of intimacy.

A number of limitations exist for this study. First, self selection bias may have been present, given that there was only a 23% return rate. Second, there is a huge omission among the represented age groups in that the 50-65 age range was not included. Including this age group could have yielded different results, or redefined what the age groups represent (eg. Middle-aged being 50-65 instead of 35-50), which could have had drastic effects on the study. Third, a preference for female clients over male clients were found, but this is a difficult finding to examine when the researchers fail to provide data on the gender representation in their sample of therapists.

Problem type

Counselors preference for working with clients who exhibit personal concerns over clients who have vocational concerns is another finding that has been documented in the literature (Spengler et al., 1990; Spengler & Strohmer, 1994). Indeed, there is evidence that vocational problems appear to receive less counselor empathy, genuineness, respect, and affective and exploratory responses, as well as, lower quality ratings and poorer prognoses than do personal problems (Spengler et al., 1990). Additionally, some researchers have noted that for more salient information, such as a client's personal

problem that is particularly interesting to a counselor, more attention is likely to be afforded this information than the attention paid to less salient information (Spengler et al., 1990).

Spengler et al. (1990) examined the diagnostic and treatment decisions of counseling psychologists when personal and vocational problems are presented concurrently. Three hundred sixty members of APA's Division 17 were randomly selected and mailed research packets, with 90 deciding to participate. The 90 participants were randomly assigned to one of four problem severity conditions (vocational problem only [v], personal problem of less severity than vocational problem [$p < v$], personal problem equal in severity to a vocational problem [$p = v$], personal problem of greater severity than a vocational problem [$p > v$]). Also, participants in the combined personal and vocational conditions were randomly assigned to the order of the presentation for personal problem or vocational problem. The research materials mailed to participants included the Personal-Vocational Problem Preference Scale (PVPPS), which consists of seven pairs of personal-social and vocational educational problems (e.g. low self esteem-job dissatisfaction, career indecision-mild depression) rated on 9-point Likert scales ranging from (1) very strong preference for one to (5) equal preference to (9) very strong preference for the other (Spengler et al., 1990). Also, an experimental questionnaire (consisting of one of the four vignettes [v, $p < v$, $p = v$, $p > v$], a series of questions about assessment, diagnostic, and treatment recommendations, and demographic questions), and five manipulation check measures asking the therapists to rate the vignettes on likelihood that the client is suffering from some psychological difficulty (ie. anxiety,

insomnia, etc.) were included in the research materials. For the last item, the vignettes were meant to show the client suffering from one or more of the psychological disorders.

Spengler et al. (1990) found that counseling psychologists who reported a greater preference for working with personal problems over vocational problems were less likely to diagnose the vocational problem, provide career counseling, job search skills, or occupational information. These counseling psychologists were also less likely to use interest inventories when the personal problem was of equal or double the severity of a concurrent vocational problem. By contrast, counseling psychologists who reported less of a preference for working with personal problems over vocational problems, or even those who reported a greater preference for working with vocational problems, did not overshadow the vocational issues, regardless of the level of severity of the personal problem.

Spengler and Strohmer (1994) looked at the moderating roles of counselor cognitive complexity and counselor preference for client problems on the clinical judgment bias known as diagnostic overshadowing. In this study, diagnostic overshadowing was defined as being “when a client with mental retardation is less likely to be diagnosed and treated for a coexisting mental disorder than would a nonretarded client with the exact same symptoms” (Spengler & Strohmer, p. 9, 1994). Three hundred members of APA’s Division 17 were mailed research materials, with 119 responding. The research materials consisted of the Mental Retardation Preference Scale (MRPREF), which is composed of six problem labels indicative of mental retardation (e.g. mental retardation and intellectually handicapped) placed among 15 filler items. On the MRPREF, therapists indicate the strength of their preference for working with clients who possess certain

characteristics on a 9-point Likert scale ranging from (1) dislike to (9) like. Also included in the research materials was a measure of cognitive complexity that utilized a 4 X 6 grid technique. Four role types (mother, friend of opposite gender, person with whom you feel most uncomfortable, and supervisor or boss) and six 6-point bipolar constructs (outgoing-shy, adjusted-maladjusted, decisive-indecisive, calm-excitabile, interested in others-self absorbed, and cheerful-ill humored) on which each of the role types is rated make up the 4 X 6 grid. Additionally, the research materials consisted of a series of diagnostic and treatment decisions and demographic questions. Filler questions were used throughout the research materials in order to conceal the purpose of the study.

Spengler and Strohmer (1994) found that counselor cognitive complexity level does seem to moderate a clinical bias, namely overshadowing bias. Counseling psychologists with lower levels of cognitive complexity were less likely to diagnose and treat a psychiatric disorder when the client had mental retardation than when a client of average intelligence presented with the same psychological description. However, this study did not find a significant moderating effect of therapist preferences for client problems on clinical bias. Participants' preferences were sharply skewed toward low preference for working with mentally retarded clients. Given Strohmer et al.'s (1990) more balanced sample, with almost equal numbers of counseling psychologists expressing a preference for working with vocational problems and counseling psychologists expressing a preference for working with personal problems, Spengler and Strohmer (1994) believed that counselor preferences could still be a relevant moderator of overshadowing biases if more sharply divided (or at least a sufficient range of) preferences exist.

Working With Sex Offenders

Carone and LaFleur (2000) examined counseling students' judgments of adolescent sex offenders who had either sexual or physical abuse histories. A total of 236 graduate student counselors were obtained from two mid-Atlantic schools. Instructors of masters' level counseling courses distributed the research packets to the participants. Each packet consisted of an informed consent form, directions, and a demographic questionnaire. The demographic questionnaire asked about gender, race, history of sexual abuse, history of physical abuse, and level of counseling experience. Also, the Counselor Response Form (CRF) was included. The CRF reports counselor judgment based on (1) the degree to which the counselor believes that the client needs help and (2) the degree to which the counselor desires to work with the client. The CRF consists of 12 statements that are presented randomly, with 5 statements measuring counselors' perception of a client's need for counseling. Lastly, each subject's research packet contained one of three case histories. The case histories were fictional accounts of the same sex offender client. The only difference between the case histories was the embedding of information that indicated whether the client reported having been sexually abused, physically abused, or suffering no abuse.

Carone and LaFleur (2000) found that counselors participating in the study indicated a greater desire to work with an adolescent sex offender who had a history of sexual abuse, as opposed to working with an adolescent sex offender who was not abused. As for counselors who themselves had a history of being sexually abused, they desired to work with sex offenders who had been physical abused more than they desired to work with a sex offender who had no abuse history. Also, counselors who had been

sexually abused desired to see sex offenders with physical abuse histories over sex offenders who had been sexually abused. The Carone and LaFleur (2000) finding was consistent with the literature suggesting that for counselors who have experienced sexual abuse, the countertransference reactions to sex offenders may create personal difficulties for them in working with this population (Carone & LaFleur, 2000). The findings in the abuse literature, intuitively, support the notion that counselors who have been sexually abused themselves, are aware enough of their potential problems (i.e. countertransference reactions) in working with sexually abused sex offenders that these counselors prefer to work with sex offenders who have been physically abused. Furthermore, the abuse literature intimates that there is a connection to be made between preferences and countertransference, particularly where acknowledgement of potential countertransference could provide an explanation for some of the client characteristic preferences indicated by therapists.

Countertransference Management

In the abuse literature, a connection has been made between therapist preferences and countertransference (CT). More specifically, I would assert that awareness of preferences could potentially be seen as a form of countertransference management. Exploring this avenue of thought seems extremely important given the potential impact of countertransference on therapy outcome. Indeed, Najavits et al. (in press) reviewed the literature and suggested that therapists have a huge impact on the quality of substance abuse treatment through their beliefs about treatment, personality, and countertransference reactions. Given these assertions, it seems very useful to examine any potential sources that contribute to CT management.

Some theorists conceptualize countertransference management as consisting of the five factors of self-insight, self-integration, empathy, anxiety management, and conceptualizing ability (Gelso & Hayes, 2002; Gelso & Mohr, 2001). Of these five factors, self-insight seems especially salient as a point of discussion. “Therapist self-insight refers to the extent to which the therapist is aware of his or her own feelings, including CT feelings, and understands their basis. The importance of self-insight is seen clearly in Freud’s comment that ‘no psycho-analyst goes further than his own complexes and internal resistance permit; and we consequently require that he shall begin his activity with a self-analysis and continually carry it deeper while he is making observations of his patients’ ” (Gelso & Hayes, p. 32, 2002)

Gelso and Hayes (2002) pointed out that there are therapist factors at work in CT. Indeed, research has demonstrated numerous specific origins for CT within therapists, which is consistent with a definition of CT that posits therapist’s unresolved issues are the origin of countertransference. For example, CT may stem from unresolved issues involving the therapist’s family background, gender roles, parenting roles and responsibilities, unmet needs, professional self concept, homophobia, racism, and any number of alternative sources (Gelso & Hayes, 2002). If self-insight is indeed seen as a factor in CT management, it makes sense that preferences are a product of self-insight. In other words, a therapist who has knowledge of his or her existing biases and personal concerns is very likely to know what their preferences for client characteristics actually are. Subsequently, this therapist would be aware of which kinds of clients are best for them to work with or not work with, as the case may be (if they are acting ethically of course).

Chapter 3

Statement of the Problem

Very few studies have been conducted on therapist preferences for client characteristics. What literature does exist often fails to touch on issues like race, gender, and attitude similarity, which have been salient in the literature on client preferences for therapist characteristics. Additionally, as seen earlier in the literature review, most studies on therapist preferences for client characteristics only compare within a category or characteristic (e.g. Prefer older client or younger client), but do not compare across a wider range of characteristics (e.g. Prefer older client or similar race client, prefer female client or client with similar attitudes/values). The lack of research in this area could be due to the counseling profession's reluctance to acknowledge that certain clients are preferentially favorable to work with than other clients. Such an admission might not be politically wise, nor do people in the counseling profession like to think of themselves as not being totally open to working with all types of people. Indicating one's preferences can lead to self-examination that is as difficult or painful as if the person had been asked about their emotional reactions to a certain type of client.

The lack of research into therapist preferences may also be due to empirical concentration in other areas related to preferences, such as therapist emotional reactions to clients or countertransference. Emotional reactions and countertransference are potentially seen as related to therapist preferences for client characteristics.

The investigation of preferences is also a way to better understand therapists and the role they play in the outcome of psychotherapy. Najavits (in press) pointed out that because of managed care becoming more prominent, there has been more interest in

understanding therapists (with concepts like "supershrinks" or "subshrinkers" having emerged). Presumably, managed care is interested in getting maximum outcome in a restricted amount of time. Understanding therapists, and specifically their preferences, is a way to potentially determine what factors impede or accelerate the course of therapy, and managed care could assign therapists to clients based on these findings (i.e., therapists' would be matched with their preferred clients). Whether or not the implications of the current study's utility for managed care are personally appealing to this researcher or other psychotherapists is largely irrelevant. The fact remains that managed care has a big impact on the enterprise of psychotherapy at present, so empirical work that possibly sheds light on effectiveness in psychotherapy outcome (and thus how to achieve effectiveness in a shorter, more cost effective time frame) is going to be valued in certain circles.

More importantly, investigating therapist preferences for client characteristics has implications for training. Beginning therapists are less likely to be aware of their preferences for working with certain clients than more experienced therapists are. This could partly be due to a lack of experience with various clients, but also could be due to a lack of introspection. Data on counseling trainees' preferences could provide graduate programs with useful information to apply to the training emphasis in their programs, and provide counseling students with a catalyst for personal introspection into their own preferences.

The scant literature on therapist preferences indicates that therapists prefer YAVIS (Young, Attractive, Verbal, Intelligent, Successful) clients (Tryon, 1986), therapists would rather work with sex offenders who had sexual abuse histories than with

sex offenders who did not have sexual abuse histories (Carone & LaFleur, 2000), and therapists prefer working with clients who have personal-social concerns over clients with vocational concerns (Spengler et al, 1990; Spengler & Strohmer, 1994). Other demographic characteristics, such as, race, gender, and sexual orientation have not been studied. The similarity hypothesis and various similarity studies (see Review of the Literature) provided some idea that many of the characteristics labeled as similar (i.e., similar race/ethnicity, similar gender, similar attitudes and values, etc.) might emerge as the most preferred characteristics in this study. However, no concrete hypotheses could be made about what the order of the therapist preferences would be because there was not enough direct evidence in the literature (e.g., couldn't hypothesize with any conviction that similar attitudes and values would be the most preferred characteristic). That being said, the literature on client preferences for therapist characteristics did offer some suggestions on which characteristics might at least be important and intriguing to examine. Some of these were similarity (dissimilarity) in race/ethnicity (Abreu, 2000; Atkinson & Wampold, 1998; Terrell & Terrell, 1984; Thompson, Worthington, & Atkinson, 1994), gender (Abreu, 2000; Atkinson & Wampold, 1998; Terrell & Terrell, 1984), disability status (Stromer, 1996), age (Donnan & Mitchell, 1979), and general relational variables, like empathy and genuineness (Stromer, 1996). Hence, the following research questions were offered.

Research Question 1: Do therapists prefer some client characteristics over other characteristics?

Research Question 2: Do male and female therapists have differential preferences?

Research Question 3: Do therapists of different racial/ethnic backgrounds have differential preferences?

Research Question 4: Does amount of clinical experience (number of direct clinical hours) relate to preferences?

Research Question 5: Do therapists of different SES (socioeconomic status) backgrounds have differential preferences?

Research Question 6: Do therapists who have different sexual orientations have differential preferences?

Research Question 7: Do therapists with different theoretical orientations have differential preferences?

Chapter 4

Method

Design

This study involved a descriptive research design, in which a questionnaire was administered to graduate students in counseling psychology programs to ascertain what therapist's preferences were for different client characteristics. The questionnaire consisted of 120 forced-choice items that were randomly paired from 16 distinct characteristics (race [similar/dissimilar], gender [similar/ dissimilar], age [similar/older], sexual orientation [similar/dissimilar], psychological mindedness [psychologically minded/not psychologically minded], socioeconomic status [low/middle-high], personally troubling problems [similar/dissimilar] to your own, attitudes and values [similar/dissimilar]). An example of a forced choice pair would be, "would you prefer to work with a client who is (1) similar to you in race/ethnicity or (2) older than you in age."

Participants

One hundred thirty-two participants (10 African-Americans, 8 Asian/Pacific Islanders, 91 Caucasian, 10 Latino/a, and 13 Other (Native American, Middle Eastern, Multiracial, and unspecified); 99 women, 33 men) were obtained from graduate programs in counseling psychology. Participant ages ranged from 21 to 48 years ($M = 28.20$, $SD = 4.78$), and clinical hours ranged from 0 to 1,000 ($M = 672.67$, $SD = 1126.79$). There were 4 bisexual, 11 gay/lesbian, and 117 heterosexual participants. In terms of perceived SES, 5 self-identified as low, 48 as lower middle, 56 as middle, 19 as upper middle, and 4 as upper. Using 5-point Likert type scales (5 = strongly ascribe to) to rate their theoretical orientation, participants rated themselves as 2.94 ($SD = 1.14$) on

psychoanalytic/psychodynamic, 3.77 ($SD = 1.02$) on humanistic/existential/experiential, and 3.65 ($SD = 0.95$) on behavioral/cognitive orientations. A cluster analysis, using Ward's approach, of the three theoretical orientation scale scores revealed two clusters, with 80 people in the psychodynamic/humanistic cluster and 51 people (note: one person was did not complete the item) in the behavioral/cognitive cluster (more on this cluster analysis can be found in the results section).

Measures

Demographics. Participants completed a questionnaire that asked for their race, gender, age, years of clinical experience, sexual orientation, socioeconomic status, and theoretical orientation. For socioeconomic status a simple item asked participants to, "Indicate the socioeconomic status of your family of origin: low, lower-middle, middle, upper-middle or upper?" Theoretical orientation was measured using three 5-point scales (1=not at all endorse, 5=strongly endorse), which asked participants how much they believe in and adhere to the techniques of a psychoanalytic/psychodynamic, humanistic/experiential/existential, or behavioral/cognitive-behavioral orientation.

Therapist Preferences Form. A list of possible paired comparisons for various client characteristics (e.g. age, gender, race, etc.) was developed for this study and submitted to peers for review. Based on suggestions from this peer review, 20 client characteristics emerged as being of greatest interest or importance. To further pare down the number of client characteristics, thus making the therapist preference measure more manageable for participants to complete in a fair amount of time, I eliminated four client characteristics (religiosity/spirituality [low/high] and type of concern [personal /vocational]) that seemed less personally interesting. Also, it was deemed important to

try and have some balance between demographic variables (race, sexual orientation, gender, SES, age) and more relational or intrapsychic variables (attitudes, personally troubling problems, psychological mindedness). The paired down list of 16 client characteristics was used in the final paired comparison measure of therapist preferences for client characteristics. This measure consisted of 120 paired comparison items that participants answered in a forced choice format, and was similar to the preference measures used in previous studies (Atkinson & al., 1986; Atkinson et al., 1998). The measure was created by randomly numbering the various pairs (questions). An example of a forced choice comparison would be the question, "Would you prefer to work with a client who is (1) similar to you in race/ethnicity or (2) older than you in age?" The categories of client characteristics were similar/dissimilar race-ethnicity, similar/dissimilar gender, similar / older in age, similar/dissimilar sexual orientation, psychologically minded / not psychologically minded, low socioeconomic status / middle-high socioeconomic status, personally troubling problems similar to your own / personally troubling problems dissimilar to your own, similar/dissimilar attitudes and values.

Procedure

By randomly selecting counseling psychology programs from a graduate program directory, 10 programs (one of which was the University of Maryland) were selected for contact. My academic advisor, a faculty member and training director for the Counseling Psychology graduate program at the University of Maryland – College Park, made initial contact with fellow training directors of Counseling Psychology graduate programs at Arizona State, Iowa State, Notre Dame, Seton Hall, Tennessee State, University of

Kansas, University of Missouri-Columbia, and University of Southern California concerning the present study. It was believed that professors at other institutions would be more likely to respond to a personal request from a fellow professor than a request from a graduate student. These training directors were informed that this study was the Masters thesis of a graduate student at the University of Maryland – College Park, given information about the general purpose of the present study, and asked for their permission to contact graduate students in their respective programs. Once permission was obtained, I e-mailed these students personally to ask for their participation, describing the nature of the study, and indicating that it was my Masters thesis. In some cases, programs would not release individual e-mail addresses, but did release a program listserv address where students could be reached. I sent a message very similar to the individual messages to these listservs. Additionally, a message asking for participants was sent to the SAG (Student Affiliate Group of APA) listserv. In all correspondence I was sure to stress the voluntary nature of the study, and participants were told about the extremely confidential nature of all the information they provided (i.e. no therapist's name would be given in conjunction with any of the reported findings, there was no way to connect an individual with their responses, etc.). This information was provided in the hopes of getting a high return rate and as honest a response as possible.

The e-mail sent to students contained a link to the web address where the questionnaire could be found on the Internet. The website's cover page described the project and indicated that filling out and submitting the questionnaire implied consent. Once again, participants were assured that no name would ever be associated with the data, the information would be kept confidential, only group data would be reported, and

that no method of tracking respondents was being used. Hopefully, the confidential nature of the individual response data encouraged participants to respond honestly. Furthermore, it was made clear to participants that participation in this study was totally voluntary.

Overall, 184 individual e-mails were sent out, 18 of which were undeliverable, and a message was sent to 2 program listservs (number of students reached by the listserv unknown). According to survey data collected by the Council of Counseling Psychology Training Programs (CCPTP), the average Counseling Psychology training program has 39 students, meaning about 78 students were potentially contacted through the 2 program listservs. This means that an estimate of the total amount of individuals reached through this first message was 242 (this is taking into account that 18 messages were undeliverable). Two follow-up messages were sent after the initial message. The only difference between these messages and the initial message was a statement telling individuals who had already participated in the study to please ignore the message and thanking them for their participation. One hundred people had responded to the study after 2 messages, meaning the return rate at that time was around 41%. Also, one message asking for participants was sent to the SAG (Student Affiliate Group of APA) listserv, around the same time as the 3rd reminder message to the other group of potential participants. It is even possible that many of the participants already e-mailed were a part of the SAG listserv. At the time, there were 179 people on the SAG listserv. Given that there was no way to track where participants were coming from (i.e., cannot determine how many responses from SAG listserv contacts), it is impossible to calculate an exact

return rate. A best estimate is that about 400-440 people were contacted over the course of this study, resulting in a 30-35% return rate.

Chapter 5

Results

Description of Analytic Strategy

The primary goal of the analysis of the paired comparisons was to scale the client characteristics so that relative preferences for the characteristics were revealed. The Bradley-Terry-Luce (BTL) model has been shown to be a useful method for analyzing paired comparison data, and provides a straightforward method that places the client characteristics on a continuum from least to most preferred (Atkinson et al., 1998). One advantage of the BTL method is that it scales the preferences so that the relative preferences are clearly apparent, whereas other methods simply rank the data. Therefore, the relative difference or distance between preferences is illustrated (e.g., similar race is 3 times more preferred to dissimilar race). A second advantage is that the BTL model provides a statistical test of the scaling that assesses how well the scaling represents participants' responses. This also means that the BTL determines whether the responses across participants are consistent. Simply put, a statistically significant regression test can indicate that the BTL model is appropriate for the data obtained and whether participants responded similarly. The third advantage of the BTL method is that it can be used to test for differences among groups (e.g. men vs. women). Finally, the BTL method is mathematically sound (Atkinson & al., 1998; McGuire & Davison, 1991).

Atkinson and al. (1998) gave a general summary of the BTL model. Let π_{jk} be the proportion of times client characteristic k is chosen over client characteristic j in the sample. In general there are $J(J-1)/2$ paired comparisons for J stimuli, which in this study means there are $J(J-1)/2 = 16(15)/2 = 120$ proportions (120 values of π). Let x_{jk}

x_j and x_k be the locations of the characteristics j and k on the preference continuum, respectively (i.e., greater values of x_j indicate greater preference for characteristic j).

$$p_{jk} = \frac{e^{x_k - x_j}}{1 + e^{x_k - x_j}}, \quad (1)$$

where e is a constant equal to 2.718. This equation can be solved using either logistic or weighted least squares (WLS) regression, though the results are asymptotically equivalent. Atkinson et al. (1998) chose WLS regression for their analyses because of its simplicity and accessibility to researchers. For those same reasons, WLS regression was used in the present study. To implement the WLS regression, the logits L_{jk} of the proportions p_{jk} are calculated:

$$L_{jk} = \ln \left[\frac{p_{jk}}{1 - p_{jk}} \right]. \quad (2)$$

Substituting Equation 1 into Equation 2, we get

$$L_{jk} = x_k - x_j, \quad (3)$$

which is the distance between the client characteristics k and j on the preference continuum. If the mean preference for client characteristic is set to zero, then Equation 3 can be written as (unavailable in the computer article copy – will need to get bound version) (4), where d_i are dummy variables designed such that x_i are the client characteristic locations on the preference continuum. [1] Once the dummy variables are determined, Equation 4 is a set of $(J - 1)$ simultaneous equations that can be solved by WLS, by weighing the $(J)(J-1)/2$ logits L_{jk} by $\frac{1}{n_{jk} p_{jk} (1 - p_{jk})}$ (5) where n_{jk} is the number of participants who responded to the paired comparison involving client characteristic j , client characteristic k , and forcing the regression through the origin. [2] The resulting regression coefficients x_i are the

locations of the client characteristics along the preference continuum. Testing the regression model indicates how well this scaling represents the responses of participants. In other words, an adequate (statistically significant) regression model indicates that respondents show consistency in their preferences.

More simply put, to do the analysis you must first calculate pi values using the data set. For this study, the result was 120 pi values (one for each paired comparison in the measure). The pi values allow the model to test the probability that stimulus 1 (similar race/ethnicity) was chosen over stimulus 2 (dissimilar race/ethnicity), and so on. Basically, this question is asked of each paired comparison, resulting in data about how many times stimulus 1 (similar race) was chosen relative to all the other stimuli (stimuli being another word for characteristic). Second, you create dummy variables of the stimuli. The dummy variables allow the data to be put into matrix form so that the data is expressed in a standard linear model. Third, you run the regression analyses testing the hypotheses.

Analyses

Research Question 1: Do therapists prefer some client characteristics over other characteristics?

Utilizing the BTL method described above resulted in a scaling of client characteristics along a preference continuum, which is presented in Table 1 (i.e., the regression weights are the distances from the zero point of the scale). The most preferred client characteristic was psychologically minded, followed in order by similar attitudes and values, personally troubling problems dissimilar from your own, similar age, similar gender, similar race/ethnicity, dissimilar race/ethnicity, and dissimilar sexual orientation.

The other characteristics were below the zero point and therefore less preferred. Dissimilar gender, similar sexual orientation, low SES, middle-high SES, personally troubling problems similar to your own, older in age, dissimilar attitudes and values, and not psychologically minded were the less preferred client characteristics. This scaling of preferences fit the data well, $R^2 = 0.94$, $F(15, 104) = 112.86$, $p < .0001$, indicating that the order (ranking) of preferences was similar across participants (the regression test of the model was significant). Though the regression weights give an indication of how far apart each of the stimuli are on the preference continuum, the BTL model does not test for whether these distances are significant.

TABLE 1: Regression Weights (Order) of the Preferences
Characteristic **Regression Weight**

Psychologically minded	1.68
Similar attitudes and values	1.33
Personally troubling problems dissimilar to your own	0.49
Similar age	0.24
Similar gender	0.20
Similar race/ethnicity	0.15
Dissimilar race/ethnicity	0.11
Dissimilar sexual orientation	0.02
Dissimilar gender	-0.01
Similar sexual orientation	-0.06
Low SES	-0.20
Middle-High SES	-0.27
Personally troubling problems similar to your own	-0.30
Older in age	-0.73
Dissimilar attitudes and values	-0.88
Not psychologically minded	-1.78

Note: This table relates to Research Question 1

Research Question 2: Do male and female therapists have differential preferences?

Preference for client characteristics based on gender was analyzed according to the description in Atkinson et al. (1998). The scale values for various groups were compared by generating an additional set of dummy variables that tested the hypothesis that the preference for a particular client characteristic by a particular group (e.g., Women or men) was equal to the average of the preferences across groups (the average of men and women). First, an omnibus test (regression test) was conducted to determine whether including the grouping variable (for this hypothesis, gender) in the analysis provided a better fit than when the data were analyzed in aggregate. If the fit was better using the grouping variable, then the preferences differed by group. Second, if the omnibus test was significant, then the individual client characteristics that differed could be identified by examining the statistical significance of the regression weights of the appropriate dummy variables.

The omnibus test for gender indicated that including the grouping variable did not provide a better fit of the model than when the data was analyzed in aggregate ($R^2 = 0.92$, $F(30, 209) = 85.27$, $p < .0001$). Therefore, male and female therapists did not exhibit differential preferences. The test of whether the grouping variable provides a better fit of the model than the aggregate is actually a test of the increase in R-square (R^2). Given that R-square did not increase when the grouping variable (gender) was included (note that the R^2 when gender was included is lower than R^2 in the aggregate model), the aggregate data represents a better fit for the model. Had R-square increased, even slightly, a test would have needed to be performed to determine if that increase was significant, and thus whether the model fit the data better. In this instance, $F = (\text{change in}$

$R^2 / \text{numerator df} / ((1-R^2) / \text{denominator df})$. **Note:** numerator df = the difference between the numerators of the aggregate and grouped models while denominator df = the denominator df of the grouped model.

Research Question 3: Do therapists from different racial/ethnic backgrounds have differential preferences?

Preference for client characteristics based on race/ethnicity was analyzed in a similar fashion as the last hypothesis (please note, from here on out the same method of analysis was used for any grouping variable). The regression test for race/ethnicity was run in two different ways. First, two groups were used (with all racial minorities grouped together contrasted to the Caucasian group) and second, five groups were used (White/Caucasian, Asian American/Pacific Islander, Black/African-American, Hispanic/Latino, and Other). Due to small sample sizes, participants who identified as Native American, Middle Eastern, Multiracial, or Other when taking the survey were grouped as Other. For the first grouping (Caucasian vs. racial minority), the omnibus test for race/ethnicity indicated that including the grouping variable did not provide a better fit of the model than when the data was analyzed in aggregate ($R^2 = 0.93$, $F(30, 209) = 88.23$, $p < .0001$). For the second grouping (5 racial groups), the omnibus test for race/ethnicity also indicated that including the grouping variable did not provide a better fit of the model than when the data was analyzed in aggregate ($R^2 = 0.46$, $F(75, 524) = 6.05$, $p < .0001$). Therefore, therapists from different racial/ethnic backgrounds did not exhibit differential preferences.

Research Question 4: Does amount of clinical experience (number of direct clinical hours) relate to preferences?

In order to perform the analysis outlined by Atkinson et al. (1998) the data must be categorical in nature. However, due to the survey design in this study, clinical hours were gathered as a continuous variable. Based on a frequency table of the clinical hours, I divided the hours into groups, with particular attention being paid to group size being close to equivalent. This resulted in 4 groups; less than 100 hours (n=33), 101-330 hours (n=28), 331-699 hours (n=25), and 700+ hours (n=32), with data missing from 14 participants. The omnibus test for clinical experience indicated that including the grouping variable did not provide a better fit of the model than when the data was analyzed in aggregate ($R^2 = 0.81$, $F(60, 419) = 28.84$, $p < .0001$). Therefore, therapists did not exhibit differential preferences based on amount of clinical experience.

Research Question 5: Do therapists from different SES (socioeconomic status) backgrounds have differential preferences?

The omnibus test for socioeconomic status indicated that including the grouping variable did not provide a better fit of the model than when the data was analyzed in aggregate ($R^2 = 0.56$, $F(75, 524) = 8.81$, $p < .0001$). Therefore, therapists from different socioeconomic backgrounds did not exhibit differential preferences.

Research Question 6: Do therapists who have different sexual orientations have differential preferences?

The omnibus test for sexual orientation indicated that including the grouping variable did not provide a better fit of the model than when the data was analyzed in aggregate ($R^2 = 0.54$, $F(45, 314) = 8.16$, $p < .0001$). Therefore, therapists who have different sexual orientations did not exhibit differential preferences.

Research Question 7: Do therapists with different theoretical orientations have differential preferences?

Once again, to perform the analysis outlined by Atkinson et al. (1998) the data must be categorical in nature, whereas the theoretical orientation data in this study was gathered using three Likert-type scales. However, utilizing K-means cluster analysis, theoretical orientation data could be grouped. Two groups, a psychodynamic/humanistic group (n=80) and a behavioral/cognitive group (n=51), resulted from this procedure. The omnibus test for theoretical orientation indicated that including the grouping variable did not provide a better fit of the model than when the data was analyzed in aggregate ($R^2 = 0.93$, $F(30, 209) = 88.09$, $p < .0001$). Therefore, therapists who have different theoretical orientations did not exhibit differential preferences.

TABLE 2: Regression Tests for the Aggregate Model (Q1) and Grouping Variables (Q2-Q7)

Model	R ²	df	F	p
Research Q1 (Aggregate)	0.94	15, 104	112.86	.0001
Research Q2 (Gender)	0.92	30, 209	85.27	.0001
Research Q3 (Race)				
Caucasian/Minority	0.93	30, 209	88.23	.0001
All Racial Groups	0.46	75, 524	6.05	.0001
Research Q4 (Clinical Experience)	0.81	60, 419	28.84	.0001
Research Q5 (SES)	0.56	75, 524	8.81	.0001
Research Q6 (Sexual Orientation)	0.54	45, 314	8.61	.0001
Research Q7 (Theoretical Orientation)	0.93	30, 209	88.09	.0001

Note: For Research Q2 instead of analyzing all the data together (aggregate), the data was analyzed comparing men to women to see if the model better fit the data when analyzed this way (basically was there a difference in the overall preferences of men and women). This same procedure was done for race, clinical experience, SES, sexual orientation, and theoretical orientation. In each case the model fit the data best when analyzed in aggregate versus when analyzed using the grouping variables.

Note: The R² would need to improve significantly for the grouping variable to be a better fit of the data than the aggregate model.

Summary

For the overall test of the BTL model, the scaling of preferences fit the data well, indicating that participants were generally consistent in their preferences. The order of client characteristics from most preferred to least preferred was psychologically minded, similar attitudes and values, personally troubling problems dissimilar from your own, similar age, similar gender, similar race/ethnicity, dissimilar race/ethnicity, dissimilar sexual orientation, dissimilar gender, similar sexual orientation, low SES, middle-high SES, personally troubling problems similar to your own, older in age, dissimilar attitudes and values, and not psychologically minded. Additionally, for the overall model, the 6 grouping variables for therapists (gender, etc.) did not make a difference, suggesting the model fit the data best when it was analyzed in aggregate.

Chapter 6

Discussion

In this section, I discuss the findings for each of the research questions posed prior to the study. Then I discuss the limitations of the findings and the implications for both practice and research.

Research Question 1: Do therapists prefer some client characteristics over other characteristics?

For this study, the most preferred client characteristic was psychologically minded, followed by similar attitudes and values, personally troubling problems dissimilar to your own, similar age, similar gender, similar race/ethnicity, dissimilar race/ethnicity, and dissimilar sexual orientation. In the statistical model used, all the other characteristics below the zero point are considered less preferred. Dissimilar gender, similar sexual orientation, low SES, middle-high SES, personally troubling problems similar to your own, older in age, and dissimilar attitudes and values were all below the zero point (in that order), though the least preferred client characteristic was “not psychologically minded.” As was mentioned previously in the *Statement of the Problem*, no concrete hypotheses could be made beforehand about what the order of the therapist preferences would be due to lack of direct evidence in the literature. However, given the research that **does** exist on therapist preferences, the results of the present study become less surprising than they might otherwise be. I will now discuss some of this therapist preference research in relation to some of the characteristics in the present study.

Psychologically Minded

The literature suggests that counselors prefer to see YAVIS (Young, Attractive, Verbal, Intelligent, Successful) clients (Tryon, 1986). Davis et al. (1977) reported that previous researchers have described the preferred client as possessing logical thinking, needing to relate to people, desiring a relationship, talking about oneself, and perceiving oneself as responsible for counseling. A client who is psychologically minded is one who wants to talk about him or herself, and has a desire and ability to gain insight into their problems and concerns. Given this, it is highly likely that the YAVIS client will be psychologically minded, or in other words psychological mindedness is an important component of the YAVIS client, and therefore the psychologically minded client might be highly preferred.

Similar Attitudes and Values

In the client preference literature, similar attitudes and values generally came out near the top of the rankings in all the studies. In the current study similar attitudes and values was the second most preferred characteristic. Thinking back to the similarity and attraction literature in social psychology, of note is Simons et al.'s (1970) finding that membership group similarity appears to be a less significant factor in attraction than attitudinal similarity. These researchers found that similarity of belief was a consistently more frequent reason for attraction to some stimulus person, than either dissimilarity of belief or similarity of racial group membership. Given this finding, it was conceivable that most of the demographic or "group" membership characteristics (similar gender, similar race/ethnicity, similar sexual orientation, similar age) in the present study would

not be preferred over similar attitudes and values (the only “group” characteristic omitted would be SES because it was not worded as similar or dissimilar).

Racial Similarity

Also, in the client preference literature, African-American participants’ preferences for a racially similar counselor have been found in elementary school children and their parents, high school seniors, college students, Veterans Administration outpatients, and Manpower Development Program trainees (Atkinson et al., 1986). However, a continual criticism of this line of research was its failure to take into account other potentially important preference areas (Atkinson et al., 1986). Once other potential preference areas were considered, utilizing the paired comparison method, similar race/ethnicity was not the most preferred characteristic. The highest result was second in one study, but usually similar race/ethnicity was fourth or lower (Atkinson et al., 1986; Atkinson et al., 1989; Atkinson et al., 1998; Bennett & BigFoot-Sipes, 1991; Ponterotto et al., 1988). It was conceivable then that this pattern (not being the highest once other characteristics are accounted for) would be observed in therapist preferences. Indeed, similar race/ethnicity was the sixth most preferred characteristic in the present study, and very close in proximity on the preference continuum to dissimilar race/ethnicity (regression weight difference = .04), which was the seventh most preferred characteristic.

Age

Zivian et al. (1992) found that psychotherapists exhibit a preference for working with clients based on age. Young clients were preferred over middle-aged clients and older clients, and middle-aged clients were preferred over older clients. Interestingly, therapists who indicated over 10% of their clients were 65 years of age or older gave

higher preference ratings for older clients. Therapists' self-ratings of their knowledge of the elderly was significantly related to their ratings of the amount of contact they had with the elderly and their ratings of level of intimacy with elderly people. Amount of contact with the elderly was significantly correlated with level of intimacy. Given the average age of the present study's sample (28.2 yrs.), the fact that they are therapists-in-training, and the fact that counseling psychology is especially focused on the college age population it is likely that very few participants have experience working with older clients, or much daily contact with the elderly. Considering the Zivian et al. (1992) study, as well as the previous sentence (average age of the sample, etc.), the finding that similar age was the fourth most preferred characteristic in the present study is not that surprising (since previous research indicates a low therapist preference for working with older/elderly clients and the sample is relatively young).

Research Question 2: Do male and female therapists have differential preferences?

Research Question 3: Do therapists from different racial/ethnic backgrounds have differential preferences?

Research Question 4: Does amount of clinical experience (number of direct clinical hours) relate to preferences?

Research Question 5: Do therapists from different SES (socioeconomic status) backgrounds have differential preferences?

Research Question 6: Do therapists who have different sexual orientations have differential preferences?

Research Question 7: Do therapists with different theoretical orientations have differential preferences?

With regards to the 6 other research questions (Question 2 – 7), including the various grouping variables of therapist characteristics did not provide a better fit of the data than when the data was analyzed in aggregate (Question 1), meaning there were no significant findings for these research questions. This was somewhat disappointing, but may be due to issues of sample size in some cases, or other similar issues that will be discussed further in the *Limitations* section. One fairly large issue that could have resulted in this lack of findings for these research questions is that mathematically it would be very difficult, close to impossible, to get a better R^2 than 0.94. With 94% of the variance accounted for, there isn't much else to find. Of course there is also the possibility that the results (or lack of) should be taken at face value. By that I mean that maybe these various grouping variables (race, etc.) do not significantly impact the overall preferences, and the 94% indicates that preferences were almost exactly the same across participants. Basically, this suggests that similar preferences exist across all types of therapists, and thus training issues around these preferences will likely be shared by a great number of students. This is good news in that it suggests this line of research may help to identify one or more core areas that training programs could or should address. For example, what if it was found that across race, gender, etc. therapists-in-training have a low preference for working with older clients? One response by training programs would be to give more attention to age differences between therapist and client, and possible strategies for addressing this difference (i.e., process with older clients their reservations about working with a younger therapist).

Limitations

The major limitation of the present study stems from the fact that the participants were therapists-in-training. It could be argued that counselors in training (graduate students) are not the optimal population to be studying when considering the issue of therapist preferences. Largely, the results of this study may not generalize to licensed psychotherapists, but rather will be generalizable for counselors in training only. The main reason for this lack of generalizability is the unknown role that therapist experience plays in the formation of preferences. It is conceivable that therapist preferences for certain client characteristics change over time. This would be most likely due to the increased experience of the therapist, which would presumably mean that the therapist has been exposed to a wider array of clients than therapists in training. Experienced therapists would therefore have had the chance to experience a number of clients, and have positive, neutral, or negative experiences with these clients. For example, a therapist could have preferred to work with women over men, but in the course of practicing therapy notices a seemingly greater effectiveness with male clients. It would not be surprising if this therapist showed a preference for working with male clients over female clients on a future preference measure. Also, as was mentioned previously, due to the sample being therapists-in-training and the design of the preference measure, it is difficult to separate out what the preferences in this study are indicative of. Preferences could be indicative of some discomfort with a certain type of client, or preferences could just as easily indicate a desire to work with new types of clients. Lack of clinical experience among a sample of counselors in training could actually lead these counselors to prefer clients that they feel will be difficult and challenging for them to work with.

After all, these counselors are in training and might hope to stretch themselves to obtain the best possible learning experience.

Another potential limitation of the proposed study is the limited number of client characteristics that were included in the preference questionnaire. For example, level of religiosity/spirituality would have been an interesting client characteristic to explore. The benefits of religiosity/spirituality on well being and mental health have been well documented (Hickson et al., 2000). Furthermore, a significant proportion of the population believes in the concept of a God, and a significant proportion of the population feels that religiosity/spirituality is personally important to them (Hickson et al., 2000). Despite the fact that religiosity/spirituality is clearly important to a large part of the general population, psychotherapy has had a long standing historical neglect of spiritual/religious issues (Hickson et al., 2000). Indeed, research suggests that some clients of color believe counselors are unwilling to even explore spiritual/religious issues (Constantine, 1999). The perception that therapists would be unwilling to explore spiritual/religious issues makes sense in light of research that indicates therapists tend to be less religiously oriented than clients (Constantine, 1999). Judging by their importance in the general population, spiritual/religious issues are likely important for clients seeking psychotherapy. However, there is also consistent evidence that religious/spiritual issues are not as important in the lives of many therapists as they are in the lives of potential clients. Because of this stark contrast between client and therapist, it would have been interesting to examine therapists' preferences with regard to a potential client's level of religiosity/spirituality.

The other potential characteristic that was removed in the final paring down process for the therapist preferences measure involved a client who exhibited either a personal problem or a vocational problem. Studies have found evidence that counselors prefer to work with clients who exhibit personal/social concerns as opposed to clients who have vocational concerns (Spengler et al., 1990; Spengler & Strohmer, 1994).

Numerous other potentially important client characteristics could have been included in this study (e.g., depressed or other problem type, substance abuser, etc.). That being said, I selected 16 characteristics which in my opinion, and the opinion of peer reviewers, were key characteristics to examine. Additionally, because of the potential for creating an excessively lengthy questionnaire (even 120 items was long, see subsequent comment), every characteristic could not possibly be included. So, there was a clear trade off. The selection of any characteristic by peer reviewers or myself has the potential to overlook a potentially important therapist preference area. But, an excessively long questionnaire could restrict the amount of people who choose to participate in the study (and indeed may have limited the return rate). Given these two considerations, and the fact that the characteristics selected were not arrived at in some haphazard manner, this researcher was confident that the therapist preferences which emerged from this study would be a fairly good representation of the key therapist preference areas.

Another limitation of the present study was its procedure. Atkinson et al. (1986) wrote a computer program to randomly determine the order presentation and left-right orientation on the page in order to control for order effects. While the present study did randomly determine the order of the pairings in the creation of the preferences measure,

every participant completed the items on the survey in the same order. Hence, fatigue or some other order effect may have contributed to the findings in this study, as there weren't different versions of the preference measure. Random orders of the items would have led to more confidence that participants had approached all the pairings in much the same mental state. In the future, creating different versions (ordering of pairs) of the preference measure that can be linked to on the web would address this issue.

Another limitation is self-selection bias. Students (therapists-in-training) who were uncomfortable with their preferences may or may not have participated. While the sample in this study was a fairly good size and participants were recruited from a number of geographical regions, an overall return rate of 30-35% raises serious questions about self-selection bias and the generalizability of the study's results. Given the online format of the study, it is possible that some people chose not to participate because of discomfort with this medium. It is also possible that some people did not find the study to be worthwhile of their time. Indeed, one person wrote:

“...I was unable to complete the survey. I come to a graduate psychology program after having spent time as a social worker with juvenile delinquents (where I could often choose between seeing certain clients). I'm not sure if it was intended in the design of your study, but I found that my experiences influenced the way I interpreted your questions a lot and I found them rather silly. For example, in comparing similarity in values versus similarity in gender, I read the question as whether I would prefer to deal with a 16 year old boy who's main ambition is to be a drug dealer when he grows up because he sees it as the only profitable career in his neighborhood (real client, BTW) or just any girl because she is a girl? I cannot answer that. I really don't have a preference because I have had varying success with both groups and I felt that way with most of the items.”

Another issue was that some people may have had difficulty with the survey's format, and therefore did not complete it. One such person wrote, “The format is very awkward,

and the way my browser made it look it literally was giving me a headache to look at it.” Another person who did complete the survey still remarked, “...while I appreciate the value of the data that you are attempting to gather, I personally found the length and repetition of the survey to be rather cumbersome and tiring.” Given all these issues, there is a good probability that many participants who may have contributed to the findings being somewhat different were not included in the sample. That being said, self-selection bias becomes less of a concern given that the demographics of the sample in the present study seem representative of counseling psychology programs across the country. According to survey data collected by the Council of Counseling Psychology Training Programs (CCPTP) in 2001-2002, on average 31% of students in counseling psychology programs are male, 69% are female, and 31% are racial minorities. Of participants in the present study, 25% were male, 75% were female, and 31% were racial minorities.

The other issue related to sampling involved the sample size. While the N for this study was fairly good overall (132), and the demographics were fairly representative of counseling programs nationally, there were still many instances where the N was questionable for certain analyses. This may account for why there were no significant findings for research question 2 – 7. In the case of gender, 99 female participants to only 33 males may have been problematic, though this was actually the most satisfactory among the various grouping variables. There were only 4 bisexual participants and 11 gay/lesbian participants as compared with 117 heterosexual participants. In terms of race/ethnicity of participants, there were only 10 African-Americans, 8 Asians, 10 Latino, and 13 Other, in comparison to 91 Caucasian participants. This small number necessitated collapsing the racial/ethnic minorities into one group to compare against the

Caucasian group. Utilizing this method still only resulted in a group with 41 participants, and grouping different racial/ethnic minority groups together is generally problematic, as they were very likely to have different preferences. For clinical hours, there were four groups of roughly equivalent size, but for SES, the small numbers in the lower class (N=5) and upper class (N=4) may have been problematic. It should be pointed out however that another issue with SES is how it was measured. The measure was created for this study, with no reliability or validity data behind it, and therefore was not as precise as is typical in other studies. It is possible that this limited the findings around SES as much as, if not more than, sample size. In future studies, more attention should be given to sampling, with some examples being sending the survey to more specialized listservs (i.e. Division 45 – division for the study of ethnic minority issues) in an attempt to have more racial/ethnic minority participants, or some other group.

Also, there may have been a social desirability factor at work when participants completed this study. In the case of some of the characteristics, like race/ethnicity or sexual orientation, participants may not have wanted to admit to certain preferences. Characteristics like race/ethnicity and sexual orientation are far more loaded than characteristics like attitudes and values, or even other demographic characteristics like age. For Caucasian participants, as an example, it may have been uncomfortable to indicate a strong preference for working with a client of the same race (Caucasian) at the expense of working with racial/ethnic minority clients. For that matter, it is also possible that to indicate a preference for working with a similar race client over any other characteristic was uncomfortable. This example could be applied to heterosexual participants responding to preference for working with a client of similar sexual

orientation (heterosexual) over working with a client of dissimilar sexual orientation (gay, lesbian, bisexual, transgendered), or any other characteristic.

Lastly, as was mentioned previously, a limitation of the present study is that anecdotally it seems that by and large counseling psychology programs tend to have fairly “liberal” atmospheres and also attract fairly “liberal” minded people. Going along with the idea of social desirability, it is conceivable that such “liberal” people might not be willing to admit to something that could be seen as prejudicial. There is also the possibility that “liberal” minded people would be more likely to deliberately put themselves in a potentially uncomfortable situation (working with a client of a different race), or have more personal experience with people that are different from them on the characteristics examined in this study, and thus exhibit more comfort at the idea of working with dissimilar clients. Finally, the role of Counseling Psychology’s focus on multiculturalism/diversity in creating this “liberal” atmosphere cannot be overlooked.

Implications for Theory

The first implication of the present study is its relevance in the development of theory. Though theory did not inform the present study's design, it seems clear that developing a coherent theory of the relation of preferences to the process and outcome of therapy would greatly inform and direct any future directions in preference research, be it naturalistic, survey, etc., in nature. However, the absence of a large therapist preference literature makes formulation of a theory (especially in terms of therapy process and outcome) very challenging. More research needs to be conducted on therapist preferences before solid formulation of theory can take place. Still, there are some ideas

I had which might be useful in a future examination of therapist preferences for the purposes of developing theory.

One element that might be explored is whether or not preferences are generally in awareness or if preferences operate on a more unconscious level. The present study forced preferences into awareness, so it would be interesting to use a similar priming methodology as one group (component of a study) and compare that to a non-primed group in a process and outcome type study. Examining whether (or how much) preferences operate consciously or unconsciously also could have implications with regards to countertransference and countertransference management. As mentioned in the *Review of the Literature*, countertransference may stem from unresolved issues involving the therapist's family background, gender roles, parenting roles and responsibilities, unmet needs, professional self concept, homophobia, racism, and any number of alternative sources (Gelso & Hayes, 2002). One of the five factors theorized to make up countertransference management is self-insight, which refers to "the extent to which the therapist is aware of his or her own feelings, including CT feelings, and understands their basis" (Gelso & Hayes, 2002, p. 32). If preferences are mostly conscious, preferences could then be seen as a product or manifestation of self-insight. Going back to the example of a young female therapist who is wary of working with older men, self-insight on her part would be recognition of unresolved issues she has with her authoritarian grandfather and how these unresolved issues manifest when she interacts with older men (i.e., passivity, anger, etc.). Her preference for not working with older male clients could then be seen as a product or manifestation of this self-insight. Consequently, she might avoid working with older male clients as a way of preventing

herself from having to go through these countertransference experiences. If preferences are mostly unconscious, then what does that mean for the connection between preferences and countertransference management? Perhaps it means that the other 4 components postulated to be a part of countertransference management, self-integration, empathy, anxiety management, and conceptualizing ability (Gelso & Hayes, 2002, Gelso & Mohr, 2001), become more central for the therapist to operate effectively and provide a positive therapy outcome.

Whether or not preferences are in awareness, the next idea for theory development relates to choice or no choice. Specifically, does the therapist have a choice when it comes to selecting clients? If the therapist does have choice then it is quite possible that preferences would play a role in the types of clients that are selected. One way preferences might play a role is in avoidance of certain clients. Think back once again to the young female therapist who is wary of working with older men. This wariness leads to her having a preference for not working with older male clients, which in turn leads her to avoid older male clients so that she will not have to experience the likely countertransference reactions that will result with such a client. That said, anxiety is an element that has not been mentioned yet, but may be connected to avoidance. Does anxiety serve as the catalyst for avoiding certain clients or is some other emotion or reason at work? How does anxiety relate to the formation of the preference that led to the avoidance?

The second way preferences might play a role in client selection, when choice is present, is for therapists to seek out certain clients based on their preferences. This could even manifest in one of two ways (if not more). One would be to seek out those types of

clients that are most preferred. A good example of this in operation is professionals who specialize in some area, be it working with anxiety disorder clients, gay/lesbian clients, or even a particular modality (group therapy, career counseling). These therapists would therefore find these types of clients (anxiety disorder, etc.) most preferred or desirable to work with and seek out these types of clients. The second form of seeking would be to seek out those types of clients that are least preferred. In this instance, seeking out clients that are least preferred could stem from a desire for greater mastery of counseling skills or as a challenge to personal and professional growth. This type of situation is even more likely and relevant for therapists-in-training. Clearly, one potential use of preference research and the preference measure in the present study is to determine those types of clients that are least preferred. In the process of doing this with therapists-in-training, not only might greater insight be fostered, but then pairing these therapists-in-training with less preferred clients would likely provide a fascinating and rewarding training experience. For example, upon examining their preferences (using the preference measure from this study might be one way), a therapist trainee sees that older clients are one of their least preferred. This could motivate the trainee to examine why this might be, take courses or read books on working with older clients (this doesn't just mean elderly but older than the therapist), or seek out clinical experiences with older populations (leaving the college counseling center would be a good step).

What if choice was not present though? Most likely, this would drastically change the role that therapist preferences have in the process and outcome of therapy. For one thing, there would be no chance to “stack the deck” (work with most preferred clients that the therapist feels comfortable around, etc., and that the therapist is more likely to work

successfully with). In situations where choice is not present there may be more anxiety on the therapist's part (do not know what to expect as much as in the choice condition), and greater likelihood of a negative therapy outcome. Under no choice conditions, the ability to cope with countertransference reactions, anxiety, less familiar client problems, etc. might be a more important element than under choice conditions.

Overall, in relation to developing a theory of preferences role in the process and outcome of psychotherapy, there are a number of ideas that have just been presented in this paper, and some that may have been overlooked. The 4 main ideas presented above were 1) awareness or lack of awareness of preferences, 2) choice or no choice in choosing clients, 3) behavior resulting from preferences – avoid or seek, and 4) countertransference management and its relation to preferences. The main purpose of presenting these ideas was to give a rough start toward future research dealing with preferences and the process and outcome of psychotherapy. In turn this research would help foster theory development.

Additional Implications

Once theory is considered, perhaps the next most important future direction for preference research would be for someone to conduct a study using experimental manipulation or naturalistic procedures (i.e., a process study). This would be an attempt to get at the impact therapist preferences have on psychotherapeutic process and outcome. Theory is important here, as it could stand as the chief determinant for the direction this experimental or naturalistic research takes, as well as what hypotheses regarding preferences and psychotherapy are considered. Alternatively, these types of studies could serve to better inform and construct the formulation of a coherent theory.

As was mentioned in the “Review of the Literature,” from the extensive literature that exists, it is clear that the idea of therapist variables impacting the process and outcome of therapy is widely accepted, but the role of preferences has not been investigated.

Utilizing the preference measure from this study, a researcher could intentionally match certain types of clients with certain therapists based on the preferences indicated. For example, someone who indicates a low preference for working with a low SES client could be matched up with such a client, and therapy process and outcome measured.

This same therapist could be matched up with other types of clients that might have the preferred characteristics of the therapist and therapeutic process and outcome in these cases could be compared to the outcome for the low preference client sessions. What self-statements do therapists have? What types of behaviors do therapists exhibit when they work with clients who possess less or more preferred characteristics? Are there differences in self-efficacy when working with a less preferred client type versus a more preferred client type? What were the less preferred [more preferred] client’s perceptions of the session and/or therapist, and do these differ from their counterparts’ perceptions of the same therapist (i.e., a less preferred client terms a therapist standoffish, while a more preferred client terms the same therapist as inviting)?

Continued examination of preferences among therapists-in- training would be another useful contribution to the fledgling literature that exists on therapist preferences. The preferences of counseling trainees are important because the stated preferences could give counseling faculty and staff an indication of training areas that need more attention in their curricula. For example, the findings of the present study suggest that non-demographic characteristics of clients may be especially important, if not more important

than demographic characteristics. It would be important for training programs to keep this in mind, and continually examine things like student (therapists-in-training) attitudes and values, or dealing with clients whose problems may similar to problems that the student struggles with (managing countertransference).

Also of interest from the present study are the findings regarding age, especially given the literature that exists around this issue. There is good evidence that working with older clients is a discomfoting thought for many therapists-in-training, as well as licensed therapists. Perhaps training programs need to discuss this issue more and attempt to provide more opportunities for students to work with clients who are older. This would enable students can begin to gain more confidence in these situations, or at least give students more concrete examples of how they performed when working with older clients, instead of students just having abstract notions like “I wouldn’t be any good working with an older client.” Another way that preferences could be utilized in training programs would be to have students take the preference measure in class, seeing as how the present study provides evidence for the soundness of this measure. Then, the results could be used to explore one’s own responses, the reasoning behind those responses, and reactions to fellow students’ responses. The analysis of the results would not need to be as statistically rigorous as in the present study but could provide valuable information. This would serve as a tool for self-exploration in training, and potentially identify areas of concern for the student (“I really would be uncomfortable working with a client who was a different race”).

Another useful future direction in this line of preference research (i.e. the paired comparison method) would be to sample licensed therapists, to see what their preferences

are and to contrast their preferences with counselor trainees' preferences. If the preferences were wildly different then that might suggest that experience level plays a critical role in determining preferences, but if the preferences were similar then that would suggest some commonly less preferred client characteristics. What makes these characteristics less preferred, even when experience level is greater, and what are the implications of that? Are these "difficult" client characteristics to deal with, and if so, why? Additionally, a future direction for this line of research would be to include more or different client characteristics in the paired comparison measure. This would add a wider range of potential preference areas to what has already been examined.

Ultimately, there are many directions that therapist preference research can take in the future. These may involve building and improving upon the present study's method or conducting more experimental or naturalistic studies that can better determine the role of therapist preferences in the enterprise of psychotherapy. Whatever direction this research takes there was clearly some positive energy displayed by participants with regards to this study. One person wrote, "Thanks for sending me the website. I just completed the form. It was really interesting to have to answer those questions and actually come up with a hypothesis as to why I was answering the way I was." The procedure used in this study also received some attention, especially the web/computer based nature of the study. "I am also collecting my dissertation data and noticed your unique approach of sending out individual emails... It seems like a more personal approach than having the training director forward the email to the dept. listserv," were one person's words. Even the person mentioned earlier who did not complete the survey because she found it "rather silly," said, "I do really like the web format though."

Perhaps one of this study's greatest contributions will be to the exploding web-based research movement, namely that web-based research is possible, practical, and largely effective, but also what the pitfalls of this approach are, and how to better avoid some of these (e.g. better formatting of the survey – breaking it up into more pages than one continuous page).

Appendix A

University of Maryland

[Date]

Dear [Student's name here]:

I got your name and email address from your program director. I would like to ask you to participate in a study that I am doing for my thesis under the direction of Dr. Clara Hill.

I am interested in finding out about preferences of therapists-in-training for different kinds of clients. Imagine if you were presented with two folders containing detailed intake information on two separate clients. How would you decide which client you want to work with? Do you prefer to see the client who is from the same racial group as you, or do you prefer to see the client who is younger in age than you? Do you prefer to see the client who is of a different sexual orientation, or do you prefer to see the client who seems to have similar attitudes and values to your own? Ultimately, you can only choose one client to see. What do you do?

For this study, I will ask you to go to the web and complete a measure about your preferences. It will take you about 20 min. The students who have taken it for a pilot study reported that they learned a lot about themselves, so I hope it will prove to be an eye-opening experience for you.

Because the questions in this study are of a sensitive nature, every step has been taken to ensure your confidentiality and privacy. **Please be assured that your responses will be kept COMPLETELY CONFIDENTIAL.** Since this study is being conducted

on the web, be assured that NO information or software is being taken from or left on your computer. Furthermore, only group data will be reported, meaning no data will ever be reported in connection to you individually.

If you are willing to participate, go to the link below.

www.otal.umd.edu/preferences/index.html

Plan to complete the whole questionnaire all at one time. Please do it in a quiet place with as few distractions as possible.

If you have any questions or concerns about this study please feel free to contact me (Anthony Teasdale) by e-mail at ateasdale@psyc.umd.edu , or Dr. Clara Hill by e-mail at hill@psyc.umd.edu. You can also contact either one of us by writing to the Department of Psychology, University of Maryland – College Park, College Park, MD 20742-4411.

Appendix B

University of Maryland
My Fellow Graduate Student:

Thank you for your willingness to participate in this study about therapist preferences. This research project is for my Masters thesis, with the purpose being to explore what characteristics counselors/therapists in training prefer to see in their clients. Because the questions in this study are of a sensitive nature, every step has been taken to ensure your confidentiality and privacy. **Please be assured that your responses will be kept COMPLETELY CONFIDENTIAL.** Since this study is being conducted on the web, be assured that NO information or software is being taken from or left on your computer. We are not using any methods to track individuals, collect information, upload "cookies," or doing anything else that might compromise your security and privacy. Furthermore, only group data will be reported, meaning no data will ever be reported in connection to you individually.

The questionnaire takes about 20-30 minutes to complete. Your participation is completely voluntary, and you may choose not to participate or discontinue at any time without penalty. Your completion implies consent. Responding to this questionnaire may at times be difficult, but people who have taken it report that it helps them think about their preferences and is a rewarding experience. There may be times when you don't have a clear preference. Please just do your best to answer every question. Hopefully, this will be a rewarding experience for you, and you will learn something about yourself.

If you have any questions or concerns about this study please feel free to contact me (Anthony Teasdale) by e-mail at ateasdale@psyc.umd.edu , or Dr. Clara Hill by e-mail at hill@psyc.umd.edu. You can also contact either one of us by writing to the Department of Psychology, University of Maryland - College Park, College Park, MD 20742-4411.

Appendix C

Demographic Form

Gender: Female () Male()

Age: _____years

Race: ___Black/African-American
___White/Caucasian
___Native American
___Multiracial

___Asian American/Pacific Islander
___Hispanic/Latino
___Middle Eastern
___Other

Number of Direct Clinical Hours: _____

Sexual Orientation: ___Primarily Bisexual ___Primarily Gay/Lesbian ___Primarily Heterosexual

Socioeconomic status:

Parents' highest level of education

Father

Mother

- completed elementary school (K-6)
completed middle school (7-8)
some high school
high school graduate
some college/university
college/university graduate
graduate school training

Occupation of parent(s) (please indicate the number that best describes your parent(s) occupation)

- 1) upper level executive of company/major professional (ex. lawyers, doctors, engineers, professor, accountant, etc.)
2) business managers/proprietor of medium sized company/professionals (ex. teacher, social worker, pharmacist, etc.)
3) administrative personnel/owners of small businesses/other professionals (ex. government employees, store manager, bank teller, secretary, photographer, etc.)
4) clerical workers/sales workers/technicians (ex. mechanic, trucker, maintenance, etc.)

5) other workers (ex. messenger, janitor, restaurant wait staff, stock person, cleaning staff, post office, etc.)

Father: _____

Mother: _____

Indicate the socioeconomic status of your family of origin:

- (1) upper
- (2) upper-middle
- (3) middle
- (4) lower-middle
- (5) lower

How much do you believe in and adhere to the theory and techniques of:

	Not at all		Moderately		Strongly
Psychoanalytic/Psychodynamic	1	2	3	4	5
Humanistic/Existential/Experiential	1	2	3	4	5
Behavioral/Cognitive	1	2	3	4	5

Appendix D

Therapist Preferences Measure

Please indicate your preferred client characteristic among a two choice pair by circling one of the choices.

You are at the Counseling Center or another clinical site getting ready to see clients. There are two folders in front of you that contain information on two different clients. If you had a choice of taking on one of two possible clients would you prefer to see a client who is:

- 1) (a) similar to you in race/ethnicity or (b) dissimilar to you in race/ethnicity
- 2) (a) low in socioeconomic status or (b) similar to you in race/ethnicity
- 3) (a) dissimilar to you in race/ethnicity or (b) similar to you in sexual orientation
- 4) (a) similar to you in gender or (b) dissimilar to you in gender
- 5) (a) dealing with personally troubling problems dissimilar to your own or (b) similar to you in gender
- 6) (a) middle-high in socioeconomic status or (b) dissimilar to you in gender
- 7) (a) similar to you in age or (b) low in socioeconomic status
- 8) (a) older than you in age or (b) low in socioeconomic status
- 9) (a) similar to you in sexual orientation or (b) middle-high in socioeconomic status
- 10) (a) dissimilar to you in sexual orientation or (b) dealing with personally troubling problems dissimilar to your own
- 11) (a) psychologically minded or (b) low in socioeconomic status
- 12) (a) low in socioeconomic status or (b) dissimilar attitudes and values to your own
- 13) (a) similar attitudes and values to your own or (b) dissimilar attitudes and values to your own
- 14) (a) similar to you in race/ethnicity or (b) similar to you in gender
- 15) (a) middle-high in socioeconomic status (b) similar to you in race/ethnicity
- 16) (a) dissimilar to you in race/ethnicity or (b) dissimilar to you in sexual orientation

- 17) (a) similar to you in gender or (b) similar to you in age
- 18) (a) similar attitudes and values to your own or (b) similar to you in gender
- 19) (a) dealing with personally troubling problems similar to your own or (b) dissimilar to you in gender
- 20) (a) similar to you in age or (b) middle-high in socioeconomic status
- 21) (a) older than you in age or (b) middle-high in socioeconomic status
- 22) (a) similar to you in sexual orientation or (b) dealing with personally troubling problems similar to your own
- 23) (a) dissimilar to you in sexual orientation or (b) similar attitudes and values to your own
- 24) (a) psychologically minded or (b) middle-high in socioeconomic status
- 25) (a) middle-high in socioeconomic status or (b) dealing with personally troubling problems similar to your own
- 26) (a) similar to you in race/ethnicity or (b) dissimilar to you in gender
- 27) (a) dealing with personally troubling problems similar to your own or (b) similar to you in race/ethnicity
- 28) (a) dissimilar to you in race/ethnicity or (b) **not** psychologically minded
- 29) (a) similar to you in gender or (b) older than you in age
- 30) (a) dissimilar attitudes and values to your own or (b) similar to you in gender
- 31) (a) dealing with personally troubling problems dissimilar to your own or (b) dissimilar to you in gender
- 32) (a) similar to you in age or (b) dealing with personally troubling problems similar to your own
- 33) (a) older than you in age or (b) dealing with personally troubling problems similar to your own
- 34) (a) similar to you in sexual orientation or (b) dealing with personally troubling problems dissimilar to your own
- 35) (a) dissimilar to you in sexual orientation or (b) dissimilar attitudes and values to your own
- 36) (a) psychologically minded or (b) dealing with personally troubling problems similar to your own

- 37) (a) middle-high in socioeconomic status or (b) dealing with personally troubling problems dissimilar to your own
- 38) (a) similar to you in race/ethnicity or (b) similar to you in age
- 39) (a) dealing with personally troubling problems dissimilar to your own or (b) similar to you in race/ethnicity
- 40) (a) psychologically minded or (b) dissimilar to you in race/ethnicity
- 41) (a) similar to you in gender or (b) similar to you in sexual orientation
- 42) (a) dissimilar to you in gender or (b) similar to you in age
- 43) (a) similar attitudes and values to your own or (b) dissimilar to you in gender
- 44) (a) similar to you in age or (b) dealing with personally troubling problems dissimilar to your own
- 45) (a) older than you in age or (b) dealing with personally troubling problems dissimilar to your own
- 46) (a) similar to you in sexual orientation or (b) similar attitudes and values to your own
- 47) (a) **not** psychologically minded or (b) psychologically minded
- 48) (a) psychologically minded or (b) dealing with personally troubling problems dissimilar to your own
- 49) (a) similar attitudes and values to your own or (b) middle-high in socioeconomic status
- 50) (a) similar to you in race/ethnicity or (b) older than you in age
- 51) (a) similar attitudes and values to your own or (b) similar to you in race/ethnicity
- 52) (a) low in socioeconomic status or (b) dissimilar to you in race/ethnicity
- 53) (a) similar to you in gender or (b) dissimilar to you in sexual orientation
- 54) (a) dissimilar to you in gender or (b) older than you in age
- 55) (a) dissimilar attitudes and values to your own or (b) dissimilar to you in gender
- 56) (a) similar to you in age or (b) similar attitudes and values to your own
- 57) (a) older than you in age or (b) similar attitudes and values to your own
- 58) (a) similar to you in sexual orientation or (b) dissimilar attitudes and values to your own
- 59) (a) **not** psychologically minded or (b) low in socioeconomic status
- 60) (a) similar attitudes and values to your own or (b) psychologically minded

- 61) (a) dissimilar attitudes and values to your own or (b) middle-high in socioeconomic status
- 62) (a) similar to you in race/ethnicity or (b) similar to you in sexual orientation
- 63) (a) dissimilar attitudes and values to your own or (b) similar to you in race/ethnicity
- 64) (a) middle-high in socioeconomic status or (b) dissimilar to you in race/ethnicity
- 65) (a) similar to you in gender or (b) **not** psychologically minded
- 66) (a) dissimilar to you in gender or (b) similar to you in sexual orientation
- 67) (a) older than you in age or (b) similar to you in age
- 68) (a) similar to you in age or (b) dissimilar attitudes and values to your own
- 69) (a) older than you in age or (b) dissimilar attitudes and values to your own
- 70) (a) **not** psychologically minded or (b) dissimilar to you in sexual orientation
- 71) (a) **not** psychologically minded or (b) middle-high in socioeconomic status
- 72) (a) dissimilar attitudes and values to your own or (b) psychologically minded
- 73) (a) dealing with personally troubling problems similar to your own or (b) dealing with personally troubling problems dissimilar to your own
- 74) (a) similar to you in race/ethnicity or (b) dissimilar to you in sexual orientation
- 75) (a) dissimilar to you in race/ethnicity or (b) similar to you in gender
- 76) (a) dealing with personally troubling problems similar to your own or (b) dissimilar to you in race/ethnicity
- 77) (a) psychologically minded or (b) similar to you in gender
- 78) (a) dissimilar to you in gender or (b) dissimilar to you in sexual orientation
- 79) (a) similar to you in sexual orientation or (b) similar to you in age
- 80) (a) similar to you in sexual orientation or (b) older than you in age
- 81) (a) dissimilar to you in sexual orientation or (b) similar to you in sexual orientation
- 82) (a) psychologically minded or (b) dissimilar to you in sexual orientation
- 83) (a) **not** psychologically minded or (b) dealing with personally troubling problems similar to your own
- 84) (a) middle-high in socioeconomic status or (b) low in socioeconomic status
- 85) (a) dealing with personally troubling problems similar to your own or (b) similar attitudes and values to your own
- 86) (a) **not** psychologically minded or (b) similar to you in race/ethnicity

- 87) (a) dissimilar to you in race/ethnicity or (b) dissimilar to you in gender
- 88) (a) dealing with personally troubling problems dissimilar to your own or (b) dissimilar to you in race/ethnicity
- 89) (a) low in socioeconomic status or (b) similar to you in gender
- 90) (a) dissimilar to you in gender or (b) **not** psychologically minded
- 91) (a) dissimilar to you in sexual orientation or (b) similar to you in age
- 92) (a) dissimilar to you in sexual orientation or (b) older than you in age
- 93) (a) **not** psychologically minded or (b) similar to you in sexual orientation
- 94) (a) low in socioeconomic status or (b) dissimilar to you in sexual orientation
- 95) (a) dealing with personally troubling problems dissimilar to your own or (b) **not** psychologically minded
- 96) (a) dealing with personally troubling problems similar to your own or (b) low in socioeconomic status
- 97) (a) dissimilar attitudes and values to your own or (b) dealing with personally troubling problems similar to your own
- 98) (a) psychologically minded or (b) similar to you in race/ethnicity
- 99) (a) dissimilar to you in race/ethnicity or (b) similar to you in age
- 100) (a) similar attitudes and values to your own or (b) dissimilar to you in race/ethnicity
- 101) (a) middle-high in socioeconomic status or (b) similar to you in gender
- 102) (a) psychologically minded or (b) dissimilar to you in gender
- 103) (a) **not** psychologically minded or (b) similar to you in age
- 104) (a) **not** psychologically minded or (b) older than you in age
- 105) (a) psychologically minded or (b) similar to you in sexual orientation
- 106) (a) middle-high in socioeconomic status or (b) dissimilar to you in sexual orientation
- 107) (a) similar attitudes and values to your own or (b) **not** psychologically minded
- 108) (a) dealing with personally troubling problems dissimilar to your own or (b) low in socioeconomic status
- 109) (a) dealing with personally troubling problems dissimilar to your own or (b) similar attitudes and values to your own

- 110) (a) dissimilar to you in race/ethnicity or (b) older than you in age
- 111) (a) dissimilar attitudes and values to your own or (b) dissimilar to you in race/ethnicity
- 112) (a) dealing with personally troubling problems similar to your own or (b) similar to you in gender
- 113) (a) low in socioeconomic status or (b) dissimilar to you in gender
- 114) (a) psychologically minded or (b) similar to you in age
- 115) (a) psychologically minded or (b) older than you in age
- 116) (a) low in socioeconomic status or (b) similar to you in sexual orientation
- 117) (a) dissimilar to you in sexual orientation or (b) dealing with personally troubling problems similar to your own
- 118) (a) dissimilar attitudes and values to your own or (b) **not** psychologically minded
- 119) (a) low in socioeconomic status or (b) similar attitudes and values to your own
- 120) (a) dissimilar attitudes and values to your own or (b) dealing with personally troubling problems dissimilar to your own

Appendix E

Debriefing Statement

Thank you for participating. This study was designed to investigate the preferences therapists in training have for certain client characteristics. Because of the forced choice nature of the Therapist Preferences Measure, it may have been difficult for you to choose the preferred characteristic among certain pairings. This difficulty choosing may have brought up feelings of frustration, anger, shame, or uncertainty. These reactions have all been reported by others who have taken this measure, so if you did have these feelings, you are not alone. On the other hand, maybe you enjoyed exploring your preferences, and this study was really fun for you. In either case, I hope you at least learned something about yourself, and were challenged to continue thinking about what your preferences for client characteristics are, and why. Once again, thank you for participating.

REFERENCES

- Abreu, J. M. (2000). Counseling expectations among mexican-american college students: The role of counselor ethnicity. Journal of Multicultural Counseling & Development, 28(3), 130-143.
- Atkinson, D.R. (1983). Ethnic similarity and counseling psychology. The Counseling Psychologist, 11, 79-92.
- Atkinson, D.R. (1985). A meta-review of research on cross-cultural counseling and psychotherapy. Journal of Multicultural Counseling and Development, 13, 138-153.
- Atkinson, D.R., Poston, W.C., Furlong, M.J., & Mercado, P. (1989). Ethnic group preferences for counselor characteristics. Journal of Counseling Psychology, 36(1), 68-72.
- Atkinson, D.R. & Schein, S. (1986). Similarity in counseling. The Counseling Psychologist, 14, 319-354.
- Atkinson, D.R., Wampold, B.E., Lowe, S.M., Matthews, L., & Ahn, H. (1998). Asian american preferences for counselor characteristics: Application of the bradley-terry-luce model to paired comparison data. Counseling Psychologist, 26(1), 101-121.
- Beck, D.F. (1988). Counselor characteristics: How they affect outcomes. Milwaukee, WI: Family Service America.
- Bennett, S.K. & BigFoot-Sipes, D.S. (1991). American indian and white college student preferences for counselor characteristics. Journal of Counseling Psychology, 38(4), 440-445.

Berry, G.W. & Sipp, (1991). Interactive effects of counselor-client similarity and client self-esteem on termination type and number of sessions. Journal of Counseling Psychology, 38, 120-125.

Beutler, L.E., Machado, P.P., & Neufeldt, S.A. (1994). Therapist variables. In the Handbook of Psychotherapy and Behavior Change, pgs. 229-269, Bergin, A.E. & Garfield, S.L. (eds.). John Wiley & Sons, Inc., New York.

Carone, S.S. & LaFleur, N.K. (2000). The effects of adolescent sex offender abuse history on counselor attitudes. Journal of Addictions & Offender Counseling, 20(2), 56-63.

Constantine, M.G. (1999). Spiritual and religious issues in counseling racial and ethnic minority populations: an introduction to the special issue. Journal of Multicultural Counseling & Development, 27(4), 179-181.

Dembo, R., Ikle, D.N., & Ciarlo, J.A. (1983). The influence of client-clinician demographic match on client treatment outcomes. Journal of Psychiatric Treatment and Education, 5, 45-53.

Donnan, H.H. & Mitchell, H.D. (1979). Preferences for older versus younger counselors among a group of elderly persons. Journal of Counseling Psychology, 26(6), 514-518.

Garfinkle, E.M., & Morin, S.F. (1978). Psychologists' attitudes toward homosexual psychotherapy clients. Journal of Social Issues, 34, 101-112.

Garnets, L., Hancock, K.A., Cochran, S.D., Goodchilds, J., & Peplau, L.A. (1991). Issues in psychotherapy with lesbians and gay men. American Psychologist, 46, 964-972.

- Gelso, C.J., Fassinger, R.E., Gomez, M.J., & Latts, M.G. (1995). Countertransference reactions to lesbian clients: The role of homophobia, counselor gender, and countertransference management. Journal of Counseling Psychology, 42(3), 356-364.
- Gelso, C.J. & Hayes, J.A. (2002). Countertransference and its management: The empirical status of an inherently relational construct. In Norcross (Ed.), Psychotherapy Relationship Ingredients That Work: Therapist Contributions and Responsiveness to Patients (pp. 267-283). Oxford University Press, London.
- Gelso, C.J. & Mohr, J.J. (2001). The working alliance and the transference-countertransference relationship: Their manifestation with racial/ethnic and sexual orientation minority clients and therapists. Applied & Preventive Psychology, 10(1), 51-68.
- Goldstein, A.P. (1973). Structured learning therapy: Toward a psychotherapy for the poor. New York: Academic Press.
- Hayes, J.A. & Gelso, C.J. (1993). Male counselors' discomfort with gay and HIV-infected clients. Journal of Counseling Psychology, 40(1), 86-93.
- Hickson, J., Housley, W., Wages, D. (2000). Counselors' perceptions of spirituality in the therapeutic process. Counseling & Values, 45(1), 58-66.
- Hill, C.E. & O'Grady, K.E. (1985). A list of therapist intentions: Illustrated in a single case and with therapists of varying theoretical orientations. Journal of Counseling Psychology, 32, 3-22.
- Jones, E.E. (1982). Psychotherapists' impressions of treatment outcome as a function of race. Journal of Clinical Psychology, 38, 722-731.

Jones, E.E., Krupnick, J.L., & Kerig, P.K. (1987). Some gender effects in brief psychotherapy. Psychotherapy, 24, 336-352.

Jones, E.E., & Zoppel, C.L. (1982). Impact of client and therapist gender on psychotherapy process and outcome. Journal of Consulting and Clinical Psychology, 50, 259-272.

McGuire, D.P. & Davison, M.L. (1991). Testing group differences in paired comparisons data. Psychological Bulletin, 110(1), 171-182.

Miville, M.L., Holloway, P., Gelso, C.J., Pannu, R., Liu, W., Touradji, P., & Fuertes, J. (1999). Appreciating similarities and valuing differences: The miville-guzman universality-diversity scale. Journal of Counseling Psychology, 46(3), 291-307.

Najavits, L.M. (in press). Searching for gold: Researching therapist emotions and countertransference. Cognitive and Behavioral Practice.

Najavits, L.M., Griffin, M.L., Frank, A., Liese, B.S., Nakayama, E., Daley, D., Luborsky, L., Weiss, R.D., Thompson, H., Siqueland, L., & Onken, L.S. (1995). Therapists' emotional reactions to substance abusers: A new questionnaire and initial findings. Psychotherapy, 32(4), 669-677.

Orlinsky, D.E. & Howard, K.I. (1980). Gender and psychotherapeutic outcome. In A.M. Brodsky & R.T. Hare-Mustin (Eds.), Women and psychotherapy (pp.3-34). New York: Guilford.

Ponterotto, J.G., Alexander, C.M., Hinkston, J.A. (1988). Afro-american preferences for counselor characteristics: A replication and extension. Journal of Counseling Psychology, 35(2), 175-182.

Schofield, W. (1986). *Psychotherapy: The purchase of friendship*. Transaction Inc., New Jersey.

Sexton, T.L. & Whitson, S.C. (1991). A review of the empirical basis for counseling: Implications for practice and training. Counselor Education and Supervision, 30, 330-354.

Simons, H.W., Berkowitz, N.N., & Moyer, R.J. (1970). Similarity, credibility, and attitude change: A review and a theory. Psychological Bulletin, 73(1), 1-16.

Spengler, P.M., Blustein, D.L., & Strohmer, D.C. (1990). Diagnostic and treatment overshadowing of vocational problems by personal problems. Journal of Counseling Psychology, 37(4), 372-381.

Spengler, P.M. & Strohmer, D.C. (1994). Clinical judgmental biases: The moderating role of counselor cognitive complexity and counselor client preferences. Journal of Counseling Psychology, 41(1), 8-17.

Strohmer, D.C. & Leierer, S.J. (1996). The importance of counselor disability status: What we know and what we need to know. Rehabilitation Counseling Bulletin, 40(2), 96-115.

Terrell, F. & Terrell, S. (1984). Race of counselor, client sex, cultural mistrust level, and premature termination from counseling among black clients. Journal of Counseling Psychology, 31(3), 371-375.

Thompson, C.E., Worthington, R., & Atkinson, D.R. (1994). Counselor content orientation, counselor race, and black women's cultural mistrust and self-disclosures. Journal of Counseling Psychology, 41(2), 155-161.

Tryon, G.S. (1986). Client and counselor characteristics and engagement in counseling. Journal of Counseling Psychology, 33(4), 471-474.

Whitley, B.E. (1988). Sex differences in heterosexuals' attitudes toward homosexuals: It depends upon what you ask. The Journal of Sex Research, 24, 287-291.

Wiggins, J.D. & Giles, T.A. (1984). The relationship between counselors' and students' self-esteem as related to counseling outcomes. The School Counselor, 32, 18-22.

Zivian, M.T., Larsen, W., Knox, V.J., Gekoski, W.L., & Hatchette, V. (1992). Psychotherapy for the elderly: Psychotherapists' preferences. Psychotherapy, 29(4), 668-674.