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The Development of a Counselor Performance Evaluation

Amanda Christine Messina

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The Development of a Counselor Performance Evaluation

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Marshall University

In partial fulfillment of the
Requirements for the Degree
Of Master of Arts
Psychology

By:
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ABSTRACT

The Development of a Counselor Performance Evaluation

Amanda Christine Messina

The Client's Evaluation of Counselor Behavior Short Form (CECB-S) is a 33-question survey based on the factors of empathy, genuineness and unconditional positive regard. It was completed by the clients following every therapy session for a three-week period for a group of inexperienced counselors just starting their practicum, and a group of experienced counselors getting ready to leave their practicum. A factor analysis found that the CECB-S has 7 factors; Listening/Empathy Skills, Techniques, Goal Setting, Achievements, Availability, Counseling Action and Knowledge. To examine the validity of the survey, a MANOVA was also run to see if clients perceived differences between experienced and inexperienced counselors within all these factors. A significant difference was found on all but five of the questions when experience was examined, indicating that the survey was detecting a change in counselor experience. Other gender differences were examined to determine if the survey was measuring counselor performance.

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Table 1

Summary of CECB-S Surveys Completed Across Treatment Conditions

Experience	Therapist Gender	Client Gender	Number of surveys
Experienced	Male	Male	13
	Male	Female	12
	Female	Male	12
	Female	Female	13
Inexperienced	Male	Male	13
	Male	Female	14
	Female	Male	13
	Female	Female	13

Table 2

MANOVA Multivariate Tests of Significance

Effect	Significance
Therapist Sex	.000
Client Sex	.001
Therapist Experience	.000
Therapist Sex x Client Sex	.014
Therapist Sex x Therapist Experience	.008
Client Sex x Therapist Experience	.017
Therapist Sex x Client Sex x Therapist Experience	.216

Table 3

Therapist Sex Main Effect Summary

Dependent Variable	Significance	Therapist Gender
Accepting of me as a person	.001	Females
Understanding of me	.002	Females
Impatient with me	.005	Males
Enjoyed being with me	.001	Females
Challenged me when I said one thing and did another	.012	Males
Appeared to be authentic	.002	Females
Suggested new/different ways to view my problems/situations	.012	Males
Listened to me intently	.000	Females
Gave me advice about what to do	.000	Males
Was open and honest with me	.044	Females
Praised me for accomplishing desired changes	.000	Females
Appeared to be a well-adjusted person	.009	Females
Suggested ways I could think, feel or behave differently	.001	Males
Assigned tasks for me to complete	.029	Males
Was disapproving of me	.003	Males
Used techniques to help me resolve problems	.018	Males
I would recommend my counselor to others	.009	Females

Table 4

Client Sex Main Effect Summary

Dependent Variable	Significance	Client Gender
Available to meet regularly	.029	Females
Accepting of me as a person	.036	Females
Knowledgeable	.007	Females
Understanding of me	.004	Females
Helped me toward my goals	.022	Females
Pushed me to discover solutions	.007	Females
Looked for underlying reasons to explain my behavior	.008	Females
Provided direction for our sessions	.015	Females
Suggested new/different ways to view my problems/situations	.021	Females
Gave me advice about what to do	.000	Females
Behaved professionally with me	.003	Females
Praised me for accomplishing desired changes	.013	Females
Supported my attempts to change	.001	Females
Seemed highly educated/trained	.005	Females
Suggested ways I could think, feel or behave differently	.005	Females

Table 5

Therapist Experience Level Main Effect Summary

Dependent Variable	Significance	Experience Level
Available to meet regularly	.009	Experienced
Uncomfortable to be with	.000	Inexperienced
Accepting of me as a person	.000	Experienced
Knowledgeable	.000	Experienced
Understanding of me	.000	Experienced
Enjoyed being with me	.000	Experienced
Helped me toward my goals	.000	Experienced
Pushed me to discover solutions	.000	Experienced
Challenged me when I said one thing and did another	.000	Experienced
Looked for underlying reasons to explain my behavior	.000	Experienced
Provided direction for our sessions	.000	Experienced
Explained the process of counseling from the beginning	.000	Experienced
Appeared to be authentic	.000	Experienced
Listened to me intently	.000	Experienced
Helped me to achieve my goals in counseling	.000	Experienced
Behaved professionally with me	.000	Experienced
Was open and honest with me	.000	Experienced
Praised me for accomplishing desired changes	.000	Experienced
Appeared to be a well-adjusted person	.000	Experienced
Supported my attempts to change	.000	Experienced
Seemed highly educated/trained	.000	Experienced
Assigned tasks for me to complete	.000	Experienced
Was disapproving of me	.000	Inexperienced
Used techniques to help me resolve problems	.000	Experienced
I would recommend my counselor to other	.000	Experienced

Table 6

Therapist Gender x Client Gender Interaction Summary

Dependent Variable	Significance
Impatient with me	.047
Looked for underlying reasons for behavior	.023
Explained the counseling process	.043
Listened to me intently	.035
Seemed highly educated/trained	.044

Table 7

Therapist Sex x Therapist Experience Level Interaction Summary

Dependent Variable	Significance
Not trusted enough to share	.012
Listened to me intently	.001
Praised me for accomplishing change	.001
Was disapproving of me	.004

Table 8

Client Sex x Therapist Experience Interaction Summary

Dependent Variable	Significance
Accepting of me as a person	.004
Knowledgeable	.046
Enjoyed being with me	.001
Looked for underlying reasons to explain my behavior	.001
Explained the process of counseling from the beginning	.032
Appeared to be authentic	.015
Was open and honest with me	.004
Appeared to be a well-adjusted person	.040
Was disapproving of me	.017
I would recommend my counselor to others	.044

Table 9

Factor Analysis Results Summary

Factor	Survey Question	Correlation
Listening/empathy skills	4. Accepting of me as a person	.840
	23. Was open and honest with me	.835
	9. Enjoyed being with me	.829
	17. Appeared to be authentic	.768
	7. Understanding of me	.757
	26. Appeared to be a well adjusted person	.686
	19. Listened to me intently	.646
	31. Was disapproving of me	-.583
	33. I would recommend my counselor to others	.583
	32. Used techniques to help me solve my problems	.553
	28. Seemed highly educated/trained	.487
Techniques	29. Suggested way I could think, feel or behave differently	.786
	30. Assigned tasks for me to complete	.628
	18. Suggested new/ ways to view my problems/ situations	
	21. Gave me advice about what to do	.619
	15. Provided direction for our session	.598
	2. Challenged me when I said one thing and did another	.563
	5. Knowledgeable	.520
	32. Used techniques to help me solve my problems	.496
		.451
Goal Setting	12. Encouraged me to set goals	.807
	11. Pushed me to discover solutions	.752
	10. Helped me toward my goals	.729
Achievements	24. Asked me what my goals were for counseling	.781
	22. Behaved professionally with me	.727
	20. Helped me to achieve my goals in counseling	.533
Availability	1. Available to meet regularly	.745
	3. Not trusted enough to share personal things about myself	.703
Actions	25. Praised me for accomplishing desired changes	.743
	16. Explained the process of counseling from the beginning	.534
	19. Listened to me intently	.464
Knowledge	6. Didn't know what they were doing	-.887

Table 10

3-Factor Analysis Result Summary

Factor	Survey Question	Correlation
Basic Empathy/ Listening Skills	9. Enjoyed being with me	.856
	4. Accepting of me as a person	.840
	23. Was open and honest with me	.839
	17. Appeared to be authentic	.760
	19. Listened to me intently	.760
	7. Understanding of me	.758
	26. Appeared to be a well-adjusted person	.728
	33. I would recommend my counselor to others	.728
	14. Looked for underlying reasons to explain my behavior	.696
	31. Was disapproving of me	-.693
	28. Seemed highly educated/trained	.562
	25. Praised me for accomplishing desired changes	.555
	27. Supported my attempts to change	.543
	16. Explained the process of counseling from the beginning	.508
32. Used techniques to help me solve my problems	.501	
Counseling Techniques	18. Suggested new/different ways to view my problems/ situations	.744
	29. Suggested ways I could think, feel or behave differently	.710
	15. Provided direction for our sessions	.646
	21. Gave me advice about what to do	.596
	20. Helped me to achieve my goals in counseling	.574
	10. Helped me toward my goals	.564
	30. Assigned tasks for me to complete	.560
	13. Challenged me when I said one thing and did another	.539
5. Knowledgeable	.534	
Trust/Comfort Level	11. Pushed me to discover new solutions	.504
	2. Uncomfortable to be with	-.615
	2. Not trusted to share personal things about myself	-.588
	24. Asked me what my goals were for counseling	.534

Table 11

ANOVA Analysis of Factor 1

Therapist Gender	Mean	Standard Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Male	-.323	.087	-.495	-.150
Female	.376	.088	.202	.549

Therapist Experience	Mean	Standard Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Experienced	.688	.088	.512	.864
Inexperienced	-.635	.086	-.806	-.465

Therapist Gender	Client Gender	Mean	Standard Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Male	Male	-.470	.123	-.713	-.277
	Female	-.175	.123	-.419	6.869E-02
Female	Male	.464	.125	.215	.712
	Female	.287	.123	4.41E-02	.531

Table 12

ANOVA Analysis of Factor 2

Therapist Gender	Mean	Standard Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Male	.450	.111	.229	.671
Female	-.445	.112	-.667	-.222

Client Gender	Mean	Standard Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Male	-.327	.112	-.549	-.104
Female	.332	.111	.111	.553

Therapist Experience	Mean	Standard Error	95% Confidence Interval	
			Lower Bound	Upper Bound
Experienced	.284	.113	5.851E-02	.509
Inexperienced	-.278	.110	-.497	-5.943E-02

Table 13

ANOVA Analysis of Factor 3

Therapist Gender	Therapist Exp.	Mean	Standard Error	95% Confidence Interval	
				Lower Bound	Upper Bound
Male	Experienced	.132	.188	-.241	.505
	Inexperienced	-.449	.181	-.808	-8.997E-02
Female	Experienced	-9.402E-02	.188	-.467	.279
	Inexperienced	.435	.184	6.943E-02	.801

The Development of a Short-Form Evaluation of Counselor Performance

In 1951, Carl Rogers published his third book *Client-Centered Therapy*, which laid out the framework of a new type of psychology that became known as the client-centered approach. In it, he changed the word "patient" to "client," removed the medical framework, and outlined a new technique to counseling that was completely different from psychoanalysis. Therapists trained by Rogers sat facing their clients and looked directly at them. They were nondirective and nonjudgmental and reflected the client's feelings back to them in an attempt to validate what the person was experiencing, letting them know that someone was truly listening. Rogers founded his therapeutic approach on three factors: empathy, genuineness and unconditional positive regard. There was no more advice or seemingly uninterested therapists seated at the end of a couch writing notes. This undoubtedly changed the client's perception of his/her therapist. In fact, in the Gloria Tapes, one of the first taped sessions examining the three main therapeutic disciplines at the time (i.e., Rogerian, Cognitive and Gestalt), these changes are quite apparent. In the tapes, Gloria, a young divorced mother who had volunteered for the interviews in an attempt to find some answers to the problems in her life, even went so far as to say during therapy, that she would have liked to have someone like Carl Rogers for her father. And because of the genuineness of this therapeutic style, Rogers was able to honestly answer back that he thought she looked like a pretty nice daughter (Shostrom, 1965). Rogers had succeeded in making the counselor, not just the theory, a part of the therapy.

Up until the mid-fifties, the only judge of a therapist's behavior was their supervisor. In a first of its kind experiment, Grigg and Goodstein (1957) decided it was time to ask the untrained client how they felt about their therapist, and how these feelings affected their progress. Using a

questionnaire where the participants indicated whether or not a series of statements applied to their counselor, the researchers asked clients to rate: (a) the consistency of their counselor's behavior, (b) how directive the counselor was during the session when referring to problem solving, (c) their feelings of comfort while in therapy and (d) the counselor's participation and interest in the session.

The first, slightly surprising outcome that emerged was that the clients did not rate their therapists on theoretical orientation but on some other combination of factors. The three top rated therapists were all of different theoretical backgrounds. The second outcome was that there was significant agreement between the client's and supervisor's appraisal of the counselor's performance. Clients provided more positive ratings of counselor performance when they felt the counselor played a more active role in therapy, or when the counselor seemed truly interested and concerned in their well being and progress. Supervisors tended to also rate these particular therapists positively on these factors, indicating that it takes more than just an interested listener to be successful in therapy. Although Grigg and Goodstein (1957) had investigated a topic that had not been examined before, their method of investigation was not, even in their own opinion, very reliable or valid.

Research on assessment tools in the 1960's

Six years later, G.T. Barrett-Lennard (1963) developed The Relationship Inventory, a survey that attempted, with some degree of validity and reliability, to measure a client's reaction to his/her therapist. Barrett-Lennard stated that the "client's experience of his therapist's response is the primary locus of therapeutic influence in their relationship" (p.2). He defined his

therapeutic variables using Client-Centered therapy as a foundation, as empathic understanding, level of regard, the conditionality of the regard, congruence and willingness to be known.

Barrett-Lennard developed a ninety-two-question survey. Clients used a 7-point rating scale when responding to each of the ninety-two questions (-3 = strongly disagree; 0 = neutral; +3 = strongly agree). He administered it to two groups, one consisting of expert therapists and their clients and one group of novice therapists and their clients, predicting that there would be greater agreement between client and counselor perceptions in the experienced therapist group. While experienced therapists were more accurate in their perceptions of their behavior during therapy, another result emerged that Barrett-Lennard was not expecting. The results showed the higher the therapist scored on the characteristics assessed by the scale (i.e., empathic understanding, level of regard, the conditionality of the regard, congruence and willingness to be known), the more helpful the client reported the therapy to be. Barrett-Lennard had shown that there was a connection between how the client perceived the therapy, how the therapist came across to them personally, and the outcome of therapy.

In 1965, Linden, Stone and Shertzer developed the Counselor Evaluation Inventory (CEI), a brief client scale to evaluate counselor effectiveness. This 21-item scale was designed to measure three factors: the counseling climate (e.g., counselor was distrusting, patient, and accepting), counselor comfort (e.g., counselor was uncertain, feeling at ease, relaxed, or restless) and client satisfaction (e.g., counselor was helpful, comfortable and the client was satisfied with the counseling). This scale was designed by sending a 68-item version of the scale to clients of practicum students. The responses were scored and analyzed using a factor analysis. Twenty-one of the items were retained for the final version of the scale. Reliability was checked by

mailing the surveys back out several weeks later to the clients in the original study and the results showed that the CEI scores remained stable over time. The experimenters concluded that the CEI was ready to be used as a measure of client satisfaction.

In 1969, Carkhuff published a book outlining a new way to measure how empathic a response was that a counselor generated during therapy. The Empathic Understanding in Interpersonal Processes: A Scale for Measurement gave supervisors the ability to rate every response the counselors in training gave using a 5 level scoring system. A Level One response consisted of the therapist either not attending at all to the other person (i.e., does not express that he or she is listening, or is insensitive to what the client is saying). In a Level Two response, the therapist is now showing that he or she is listening, and is somehow tending to respond to what the client is expressing or indicating. In a Level Three response the therapist is not detracting from the expression of the client, but he or she is not really responding accurately to anything beneath surface feelings. Carkhuff (1969) felt that this could be considered the minimum criteria for a facilitative response. At a Level Four response, the therapist adds deeper feeling and meaning to the expression of the client and gets to the underlying feelings that the client may not have been able to put into words. A Level Five response requires the therapist to respond with full awareness of who the other person is and with an empathic and comprehensive sense of the client's deeper feelings. Carkhuff (1969) had developed a new way for supervisors to judge the responses therapists gave during therapy and a way to train therapists to give more empathic responses during therapy.

In the late 1960's as audio and visual equipment became less expensive and more accessible, Markey, Fredrickson, Johnson and Julius (1970) examined forms of media as supervision tools. Counselors were either video-taped with or without audio, or provided audiotapes of their sessions, along with evaluation and nonverbal behavior scales from both clients and supervisors. The control group received no media and the scales only. Counselors that received any form of media feedback were able to make more appropriate changes to their presentation in counseling than those who just received the written feedback. This study documented that client feedback along with taping the sessions could facilitate change in counselor behavior.

Research on assessment tools in the 1970's

The seventies brought about an explosion of evaluation surveys that attempted to shape and tease apart the components of counselor behavior, both from the supervisors' and clients' point of view. Myrick and Kelley (1971) headed this revolution with the development of the Counselor Evaluation Rating Scale (CERS). This 27-question survey was developed from a long list of counseling characteristics that were distributed to, and evaluated by, the faculty and students of the Counselor Education Program at the University of Florida. The CERS measured three dimensions of counselor behavior: understanding of counselor rationale, counseling with clients, and exploration of self and counseling relationships. The CERS was tested on 45 student counselors who were evaluated by their supervisors both during their practicum and during a four-week follow-up study. The study concluded that the CERS was a good teaching and training tool in the counselor practicum and worked well as a communication aid between counselors and their supervisors. The authors believed it was a reliable and valid survey because

the scores obtained from the supervisors regarding their students during their practicum were the same a month later.

Myrick, Kelley and Wittmer (1972) followed up their 1971 study by using their CERS scale to determine what characteristics were necessary for a counselor to have in order to be perceived as effective. Students were given the Sixteen Personality Factor Questionnaire (16PF) (Cattell, 1967) to determine the counselor's personality characteristics before they went into practicum. Over the semester, the experimenters distributed the CERS to the supervisors several times to evaluate the counselor's performance and overall effectiveness. The results indicated that for a counselor to be rated by their supervisor on the CERS as effective and producing positive changes in the client, they needed to exhibit the characteristics of being warm and sociable, socially bold and adventurous and humble and comforting on the 16PF instrument. In this way, the 16PF assisted in providing validation for the CERS.

Barak and LaCrosse (1975) refined the work of Grigg and Goodstein (1957) by investigating three factors of perceived counselor behavior-expertise (e.g., alert, insightful and confident), attractiveness (e.g., agreeable, casual, friendly and warm) and trustworthiness (e.g., confidential, reliable and unbiased). They created the Counselor Rating Form (CRF), a 36-question survey that uses a 7-point bipolar adjective rating scale. The participants in the study were 202 introductory psychology students. Each student was shown a video clip of Carl Rogers, Fritz Pearls or Albert Ellis from the "Gloria Tapes" and asked to rate the counselor's performance using the CFR. Using a factor analysis, the results of this study indicated that the CFR did measure the three hypothesized factors of counselor behavior, showing that these three

dimensions are part of the therapeutic process. However, when attempting to pull the three factors apart, the factors of expertness and attractiveness seem to be distinct, while the factor of trustworthiness seemed to be the least distinct from the other two as its own separate factor. One possible conclusion the experimenters drew for this is that as the credibility and attractiveness of the counselor goes up, trustworthiness goes up as well, and is directly affected by the other two factors instead of being independent of them.

In 1975, Borman and Ramirez used the CERS in an attempt to measure counselor behavior. Using 25 masters-level counseling students, the experimenters had students rate themselves on their counseling sessions, along with a supervisor and a doctoral-level assistant. The results of the study were mixed. The doctoral assistants rated the counselors lower in terms of spontaneity in counseling and interactions with them in supervision. The counseling students rated themselves lower than the supervisors in the CERS section pertaining to interactions with the client. In addition, there were also discrepancies between the supervisors and the doctoral assistants regarding the behavior of the counselors in counseling. The experimenters concluded that the differences in scores may have been due to the fact that often times master's level psychologists may not have the self awareness to properly rate themselves. The study appeared to indicate that the CERS was a good tool for communication between counselors and their supervisors (the same conclusion drawn from the original study), but that it was unreliable when attempting to change counselor behavior.

Following in that same vein of thought, LaCrosse and Barak (1976) did a follow-up study on the CRF. Using the same basic methodology as before by showing the tapes of Rogers, Ellis

and Pearls, the experimenters then had the students rate the behavior of the counselor on the tape. The results one again indicated that the CRF measured the three hypothesized factors of expertness, attractiveness and trustworthiness, but this time they also speculated that there may be a fourth factor. They referred to this fourth component as "influence ...persuasion ...power." (p. 172). Clients may rely on this factor exclusively when evaluating counselor performance. In discussing these results, LaCrosse and Barak (1976) questioned whether it is the counselor behavior or the client's perception that's being recorded on these instruments. They concluded that it may not matter how the therapist actually behaved, but how the client perceived their behavior. The development of instruments designed to assess client perception of therapist behavior may actually be of limited use because the therapist may not be able to modify their behavior to fit the client's frame of reference.

In a follow-up study, Barak and Dell (1977) looked at the notion of power and influence. They had participants watch tapes of four different male counselors, two of which the participants were told were masters-level students with no practicum experience, and two post doctoral students with at least three years of experience. The participants were asked to rate each counselor on the CRF. The results showed that even though two of the counselors were given higher credentials, one of the low level counselors who was instructed to behave with high degrees of the three dimensions of expertness, attractiveness and trustworthiness received the highest rating on the CRF, showing that the instrument was measuring what it was supposed to, and that the influence of credentials and perceived power wasn't influencing the validity of the instrument.

Also in 1977, two studies were published that questioned the validity and reliability of the CERS. Barak and Lacrosse (1977) distributed the survey to counselors who watched themselves on videotape after their session along with their supervisors and clients in an attempt to see how reliable the CERS was when examining three different perspectives of the same interaction. The results showed that clients often rated the counselors higher than either the supervisor or the counselor, while the counselors rated themselves significantly lower than the supervisors. The experimenters concluded that the CERS could serve as a good line of communication between counselors and their supervisors, but that it was faulty when it came to actually measuring counselor behavior.

A third study conducted that year was a factor analysis of the CERS (Loesch & Rucker, 1977). This archival study examined 404 CERS surveys from 35 different supervisors in the Department of Counselor Education at the University of Florida. In this analysis, six factors emerged. The six factors were as follows: general counseling performance, professional attitude, counseling behavior, counseling knowledge, supervision attitude and supervision behavior. The experimenters concluded that although the CERS does evaluate a counselor on their actions in counseling and their interactions with their supervisors, it was not as global of a measure as the original authors had intended and it does not evaluate performance in terms of counseling outcome. Both of these studies seem to conclude that although the CERS had some value in opening up lines of communication between a trainee and their supervisor, it does not serve as an appropriate measure or tool for changing counselor behavior.

In 1978, Boyde, Aubrey, Delaney, Gunter, Hardin and Moses (1978) published a book on counselor supervision. In it, they introduced the Counselor Competency Scale in an attempt to get supervisors to rate counselors on several areas of their behavior. These areas included their personal characteristics (e.g. interest in social change, orientation, and ability to admit to their own errors), philosophical foundations (e.g. ability to identify maladaptive symptoms, understanding catharsis, and selecting appropriate tests), communication (e.g. asks open ended questions, having empathic understanding, and advice giving), counseling skills (e.g. can accept and be comfortable with silences, doesn't interrupt and speaks when it's necessary and explains to the client their distorted thinking), adjunctive activities (e.g. can write clear case notes, provides the client with factual information and can administer tests) and ethics (e.g. maintains a professional relationship, keeps confidentiality and adheres to the ethical standards). The supervisor decided whether a particular item on the scale was either "critical" "important" or "non-essential" and needed to be addressed in supervision, and then put a + or - sign to indicate the counselor's proficiency for that item. This particular scale was used in conjunction with several other scales, including the CERS and the CRF and the Counseling Effectiveness Scale (CES) to try and obtain a holistic view of counselor performance. The authors concluded that no single scale in existence could capture counselor performance. Several different measures, looking at several aspects of behavior had to be used in order to facilitate change and advancement in counselor behavior and technique.

Research on assessment tools in the 1980's

The next step in this seemingly unending search for the perfect questionnaire seemed logical. The Session Evaluation Questionnaire (SEQ) was developed and first used in 1980 to

try and determine the impact of the therapy session on the client instead of trying to just evaluate the counselor performance (Stiles, 1980). The SEQ contained 22 bipolar adjectives and was divided into two parts. The first part of the SEQ attempted to measure two factors in the counseling session: depth versus value of the session (e.g., deep, valuable, full, special, good vs. shallow, worthless, empty, ordinary, bad) and smoothness versus ease (e.g., smooth, easy, pleasant, safe vs. rough, difficult, unpleasant, dangerous). The second part of the SEQ attempted to evaluate how the client/counselor felt at the time the survey was given to them after their session (e.g., happy-sad, involved-detached, tense-relaxed). The first finding in this preliminary study showed that the clients and therapists were rating the sessions relatively consistently on the SEQ when it came to how they perceived the sessions. The second finding was that clients and therapists differed on what factors made their affect after the session more positive. Clients reported a more positive affect after they came from a session that both they and the therapist rated as smooth and easy, while the therapist had a more positive affect after a session that both they and the client rated as deeper and more valuable (Stiles, 1980). This study further reinforced the idea that it may be the perception of the individual, not what is really happening in the therapy, that is driving how clients and therapists view a session, as well as how supervisors are answering the questions, demonstrating once again the difficulty in creating an instrument that is able to measure what is truly going on in a therapy session.

Also in 1980, a new manual was published that attempted to guide beginning counselors. Krause and Dimick (1980) developed a set of scales that evaluated the counselor from the perspectives of the client and supervisor, a self-rating for the supervised counselor and an evaluation of the supervisor's performance from the perspective of the counselor. The Site

Supervisor's Evaluation of Student Counselor Performance was a 36-question scale that used a 6-point rating scale. The first section assessed general supervision comments (e.g. demonstrates personal commitment and professional competency, engages in clear, open communication, and recognizes own deficiencies). The second section assessed the counseling process (e.g. keeps appointments on time, deals with positive/negative effects of the client, and is spontaneous in counseling). The third section assessed the conceptualization of the process (e.g. uses relevant data to plan long term treatment, bases decisions on theoretically sound and consistent rational human behavior and demonstrates ethical behavior). The Client Rating of the Counseling Process scale consisted of ten free response questions (e.g. Before the interview I thought...I feel that my counselor...This interview was...) that were presented to the client after their initial interview. This was then followed up with the Client's Personal-Social Satisfaction with Counseling form. This form consisted of sixteen questions (e.g. How satisfied are you with the relationship of your counselor? How willing would you be to return to your counselor if you wanted help with another concern? In general are you satisfied with your counseling experience?) and used a five-point Likert rating scale. The Self-Rating by the Student Counselor Scale consisted of four sections. The first section consisted of questions regarding the counselor's preparation for the interview (e.g. Was I mentally alert? Did I schedule sufficient time for the interview), beginning of the interview (e.g. Was I sensitive and use the appropriate approach? Was I successful maintaining open communication?), the development of the interview (e.g. Did the client have the opportunity to release tension? Did I help the client clarify and expand positive feelings?), and planning for the next session (e.g. Was I able to identify things to do between this interview and the next? Have I identified techniques that may be useful for the next session?). And finally, the counselor was given an opportunity to evaluate

their supervisor. This scale was a 27-item questionnaire that used a 6-point rating scale that asked questions regarding the supervisor's willingness to spend time with the counselor, recognizing their strengths and weaknesses, encouraging them to engage in professional behavior and maintaining confidentiality of the clients and material discussed in supervision. The main criticism of these four scales, beside the higher end language, was that there wasn't any way to compare them to attempt to change counselor performance. The supervisor and client surveys were completely different in content and how they were presented, making a comparison between the two observers of the counselor behavior almost impossible.

In 1983 the Counselor Evaluation Form (CRF) again came up as a topic of interest to be studied and evaluated. Corrigan and Schmidt (1983) took another look at this rating scale and restructured it to attempt to make it easier to read and use and make it more reliable and valid. They brought down the language in the survey to the eighth grade reading level and took out the negative adjectives (e.g., unfriendly, untrustworthy, insincere and unreliable). They presented four positive adjectives (instead of the original thirty six) from each of the three dimensions: attractiveness (e.g., friendly, likeable, sociable and warm) expertness (e.g., experienced, expert, prepared and skillful) and trustworthiness (e.g., honest, reliable, sincere and trustworthy), and let the client rate the counselor on a 6-point Likert scale from "very" to "not very". It was renamed the Counselor Rating Form-Short Version (CRF-S). The goals of this study were to reinforce the existence of the three factors of trustworthiness, attractiveness and expertness and to make the survey applicable to research with college and non-college populations as well as experimental and field settings. The study had two parts. Part one was a replication of the Barak and

LaCrosse (1975) study, with the participants being shown a tape of Rogers, Pearls or Ellis and then asked to rate them on the CRF-S.

In the second part of the study, the survey was taken to two community mental health clinics where clients rated their counselors. The results showed that the participants in the replication sample perceived expertness and trustworthiness as more closely related than attractiveness. However, when the extension sample was looked at, attractiveness and trustworthiness were more closely related. The experimenters tried to explain this as a "good guy" effect, where a client will either see their counselor as good or bad. Those participants who were watching the videos were already under the assumption that the people they were being presented with were top names in their fields and were supposed to be trustworthy and experts, so they rated them as such, while the participants in the extension sample did not have these preconceived ideas and were actually giving a more accurate portrayal of the counselor they were rating. The next year a study was done using the new CRF-S to evaluate if client feedback had any effect on the behavior of rehabilitation counselors in the field, and the results showed that when they received negative feedback in a positive way, the counselor was able to change their behavior (Emener, Mars & Schmidt, 1984).

In 1985, Ponterotto and Furlong gathered six of the most popular counselor rating scales (the Counselor Rating Form, the Counselor Rating Form-Short Version, the Barrett-Lennard Relationship Inventory, the Counselor Evaluation Inventory, the Counselor Effectiveness Scale and the Counselor Evaluation Rating Scale) and critiqued their reliability and validity, and documented their rate of use over an eleven-year period. Of these six instruments it was found

that the CRF was the most utilized between the years of 1977 and 1982. The article then goes on to criticize the validity measures that many of the researchers who use these scales are attempting to justify their work with. The authors cite the inappropriateness and overuse of claims of validity generalization because the researchers were not administering the scales in the same way, under the same demand characteristics or with similar samples. The authors also question the reliability of the tests, pointing out that only one of the six tests used alpha coefficients to calculate internal consistency. The article concludes by questioning the use of any current rating instruments at all and proposes that a new scale all together needs to be constructed and tested extensively before it makes its way into research as a measure of counselor behavior and change.

Following in this idea of validation of these preexisting counselor rating scales, Tryon (1987), did a factor analysis on just the CRF-S to investigate the three separate factors of attractiveness, expertness and trustworthiness. Using 133 college undergraduates who were first time clients at a university counseling center, the authors administered the CRF-S informing the clients beforehand that their counselor would never see the survey. The clients were asked to rate their counselor after their initial session. The results indicated that there was no separate factor of trustworthiness. Of the four adjectives that were used to indicate trustworthiness (e.g., honest, reliable, sincere and trustworthy), two were associated with attractiveness (e.g.; sincere and trustworthy) and two loaded on the expertness scale (e.g., reliable and honest). The authors concluded that there is no factor of trustworthiness and that the "good guy" effect Corrigan and Schmidt (1983) referred to was caused by the fact that the trustworthiness factor was interacting with the attractiveness and expertness factors.

So far, all the instruments that had been developed and tested looked at the counselor or the session alone. Bordin (1976) defined another dimension, the “working alliance”. A working alliance is the client and counselor joining together to defeat the client's problem. He defined three parts to this alliance: (a) the task (i.e., the in-counseling behaviors that draw the client in to believe that an alliance can and will be formed), (b) the bond (i.e., the personal attachments formed between the counselor and client that include trust, acceptance and confidence), and (c) the goals (i.e., the outcome of the alliance). Basing their instrument on these ideas, Horvath and Greenberg (1989) came up with a 36-item questionnaire, which they called the Working Alliance Inventory (WAI) that contained twelve items representing the task, the bond, or the goal. To test the validity of the WAI they gave the CRF along with it to show that good working alliances correlated with higher scores on the CRF. The authors concluded that while the WAI probably was still in its early phase, that it was a good measure of the alliances that were formed between the counselors and clients.

Research on assessment tools in the 1990's

In a study in 1990, Wilson and Yager looked at the Counselor Evaluation Rating Scale, the Counselor Rating Form and the Counselor Rating Form Short Version to determine what factors, if any, were present in these instruments. One hundred and sixty participants were asked to view a seven minute videotape of a counseling session. There were four different tapes that participants were randomly assigned to watch. One tape had the counselor, a male in his twenties, behave with a high degree of attractiveness, expertness and trustworthiness. In the other conditions, the same counselor either indicated he was an intern rather than a psychologist (expertness), wore blue jeans, had uncombed hair, chewed gum and fidgeted (attractiveness) or

revealed the name of another student he was seeing and his intentions to go to her family about her problems (trustworthiness). To try and ensure validity of the tapes, they differed on these points alone and were identical in all other ways, including the counselor making empathic responses that were directed appropriately to the client's concerns. The experimenters performed a factor analysis and determined that the CERS only had one global factor emerge that accounted for over sixty-two percent of the variance, instead of the three factors that the original authors proposed. Their second finding was that for the CRF and the CRF-S, only two factors emerged, an expertness factor and a combined attractiveness-trustworthiness factor. The experimenters concluded that these findings further reinforced the previous conclusion that these measures may be good to use in supervised situations of a counseling practicum for communication purposes, but that they were outdated, over generalized and could not be relied on as valid and reliable measures of behavior.

In another study in 1990, Kokotovic and Tracey looked at the concept of the working alliance, which is the agreement on goals, tasks to achieve these goals, and the development of personal bonds, and if the quality of the working alliance effected the early phases of counseling. The main objective was to see if a good/bad working alliance had anything to do with client perception of the counselor, and in turn if that had anything to do with early termination. The experimenters used the WAI, the Interpersonal Relationship Scale (IRS), the Problem Severity Rating Scale (PSRS), the Therapist Satisfaction Scale (TSS) and the Client Satisfaction Scale (CSS). Both the IRS and PSRS were derived from the CRF. The study included 144 clients and 16 psychologists, all of which were given the surveys after the first counseling interview. The results indicated that there was no significant difference between the clients who said they

developed a working alliance and those who didn't with respect to early termination. However, a second result emerged when the therapist's perspectives were examined. When they were rating the clients on their surveys, several characteristics emerged that seemed to point to whether a client was going to terminate therapy early. If the client expressed hostility, or indicated poor past and current relationships with family and friends, they were more likely to terminate therapy early. Although this makes intuitive sense, this study was one of the first to examine client characteristics and traits. They concluded by suggesting that before a counselor evaluation can be administered and seen as valid or reliable, the clients must be evaluated for their own ability to form working alliances because that may weigh heavily on how they perceive the counselor.

A third study published that same year also looked at the client return after the initial interview and what factors were involved. Tryon (1990) distributed the SEQ, the Client Satisfaction Questionnaire (CSQ) and the Pre-Counseling Assessment Blank (PCAB) to counselors and clients separately. In direct contradiction to the previous study, Tryon found that there was a connection between those clients who returned for further services and counselor behavior in the initial interview. Clients who returned reported that they had been engaged in their first interview, and believed that their counselor had become engaged as well. Those clients who returned also reported that they had an active collaboration with the counselor, with a focus on their intimate personal relationships and goals of achieving personal insight. They also reported that the session didn't have to be easy and comfortable, and actually preferred that they were not, contradicting the findings found in Stiles (1980), which seemed to indicate that clients were more comfortable when the sessions were easier and smoother. Counselors rated the sessions where the clients returned for further services as deep, valuable, powerful, and full

(items on the SEQ), which concurred with the findings in Stiles (1980). This study concluded that client evaluation of their counselor and the session depth does have a lot to do with client return rate, and also that the reliability and validity of the SEQ should be questioned.

In 1992, Larson et al. developed a new counselor inventory, the Counseling Self-Estimate Inventory. This 67-item scale was aimed at the counselor, and attempted to measure self-perceived changes over their time in practicum and under supervision. The inventory assesses five dimensions of counselor performance: confidence in microskills, attending to process, dealing with difficult client behavior, behaving in a culturally competent way and being aware of their own values. The experimenters attempted to validate their scale by comparing it to several well-known scales, including the Tennessee Self Concept Scale (TSCS), the State-Trait Anxiety Inventory (STAI), the Problem Solving Inventory (PSI), and the Social Desirability Scale (SDS). The study showed, that as predicted, those counselors who had more experience and higher degrees had a higher degree of self-efficacy, which the experimenters predict will lead to a higher degree of counselor effectiveness, then those just entering practicum.

This year also brought another review of the CERS. Benschhoff and Thomas (1992) examined CERS ratings of masters-level students who were participating in a practicum. One third of the students had less than three months of counseling experience, one third had more than three months of counseling experience and one third had more than two years of counseling experience. The CERS was also distributed to the counselor's supervisors. The results indicated that the more experience the counselors had, the more highly correlated their self-ratings were with the ratings of their supervisors. There were also differences in the ratings between the

supervisors, depending on their number of years of experience they had. The authors concluded their study by offering a word of warning to "proceed cautiously when making conclusions based on the counseling and supervision subscales [of the CERS]" (p. 5).

In 1995, Watts and Trusty decided to look at a new angle of counselor effectiveness. Instead of using the instruments that seemed to be based in Rogerian therapy, the experimenters took an Adlerian approach. The main focus of Adlerian Psychology is the social interest; the ability to identify with others, have empathy for others and a positive understanding of life. Using the Social Interest Inventory (SII), they distributed these surveys to counselors. They then distributed the CERS to their supervisors in an attempt to capture how others saw their effectiveness in therapy. It is generally considered that if a counselor falls in the top third of the CERS rating, that they are considered an effective therapist. The results indicated that there was no correlation between the social interest inventories and how effective the counselor was as reported by their supervisors. The authors speculated several reasons as to why these results occurred. The first was that because of the lack of direct observations of the counselor behavior on the part of the experimenters, the counselors might have indicated on the SII that they agreed with a value, but that they didn't implement it in their therapy. The second was that the CERS doesn't actually measure counselor performance.

Vera, Speight, Mildner and Carlson (1999) did a study looking at client's perception of similarities and differences to their counselor and how that affected them in therapy. Using a demographic questionnaire, similarity and difference open ended questions, the WAI and the CRF-S, the experimenters surveyed 47 participants who were currently involved in some form of

counseling. The similarities and differences were coded into three categories: personality (e.g., extraversion, agreeableness, conscientiousness, neuroticism and openness), demographics (e.g., gender, education, race-ethnicity, socioeconomic status, physical attributes, religion, sexual orientation and marital status), and personal attributes (e.g., background, general interests, professional interests and world view). The results showed that clients saw similarities between themselves and their counselors as something positive in the relationship and contributed it in part to their counselor having an overall good effect on them. Also, not only were the perception of similarities positive, but it also had a stronger perceived impact on the relationship than the differences did. Not to say that differences didn't have a negative impact on the relationship, but the clients seemed able to look past them if there were other similarities. The experimenters concluded that counselor/client dyads in which the client and counselor were similar were more effective than those where the client and counselor were different.

Research on assessment tools at the turn of the century

In 2000, Cohn-Hamilton developed the Client Evaluation of Counselor Scale (CECS) in an effort to evaluate the counselor's in-session attitudes and behaviors, along with recording the satisfaction that clients had with their counselors. This sixty six question survey looked at three areas of counseling: the environment and structure of the setting (e.g., comfort of the office, referral time, "red tape" and the availability of the counselor), the counselor characteristics (e.g., comfortable to be with, trusting, respectful, competent, caring, genuine, professional, open, honest) and the client rated outcome experience (e.g., how helpful was the counseling, recommendation of counselor to friends, satisfaction). Thirty-five masters-level candidates and their clients were surveyed over a semester. The main outcome that emerged was that clients

were not rating the counselors on their therapeutic orientation. What they were rating them on was empathy, acceptance and genuineness. The higher these characteristics were rated in the counselor, the higher the outcome experience. Those clients who reported a high outcome experience consistently said that their therapist was well adjusted (empathy, acceptance and genuine), highly educated, helpful with goals (empathy), patient (empathy, acceptance), and explained thoroughly the counseling process (empathy). This study agrees with earlier studies that said that theoretical orientation isn't what the clients are seeing, but an underlying personal connection that the client makes with the therapist, and this is being measured by how willing the therapist is to make this connection.

In 2001, Meier conducted a study on perceived credibility, a concept that beginning level master's students seem to have trouble with. Often times a student will rate themselves significantly lower than a supervisor or client when asked to rate their own performance. Meier contributes this to the lack of confidence many beginning counselors seem to have in their skills. Using the CERS and Counseling-Self Estimate Inventory (COSE), 131 beginning counseling students and their supervisors were asked to rate their performance over a semester practicum. Results showed that as the students became more experienced and confident in their own abilities, the closer their scores came to those of their supervisors. Meier concluded that this phenomenon is based on the fact that beginning counselors intuitively understand what it is that counseling theorists have described but feel as if they aren't able to adequately demonstrate those qualities. He also concludes that because of this shift in thinking, a counselor evaluation scale that attempts to measure counselor performance is useless except for supervisors to try and point out weaknesses in a counselor's behavior.

Research on gender from the 1960's to present

In the 1950's and 60's, the field of psychology began to change. One difference was the development of different types of therapies, further diversifying the techniques in the field. Another major change was that women were beginning to seek higher degrees in education. What was once a male dominated field was beginning to open up to female therapists and counselors. This changed the way that therapy was viewed as a whole. One major question that came up because of this change was the effectiveness of the female therapist. Women have always been stereotypically viewed as more emotional and irrational, and at the time it was thought that this would negatively impact the therapeutic process. A second question that arose was that of acceptance. Would male and female clients listen to the advice or accept the views of a female counselor?

In 1956, Koile set out to find out exactly that. In a first of its kind study, the experimenter looked at several variables that may affect client's willingness to self-disclose. These variables included the gender of the client, the type of problems that the client is having, the type of person that the client would want to talk to and the gender of the counselor. Of the 381 students surveyed, 215 (56%) were male and 166 (44%) were female. The results showed that overall, men preferred to talk to male counselors, and females preferred to talk to female counselors about the majority of their problems. However, when the answers were broken down, males indicated either no gender preference or a preference for a male counselor with equal frequency. Males almost never indicated that they would prefer to talk to a female counselor. Females, although they more commonly chose female counselors, chose male counselors with equal frequency. Females rarely reported having no preference for the gender of their counselor.

Koile (1956) concluded from his work that clients are more apt to choose a counselor of their own gender when given the choice, but that females would more often choose a counselor of the opposite gender than males.

Almost ten years went by before Fulker (1964) picked this idea up again. His first group for the experiment was taken from a pool of 588 (329 males and 174 females) students in a university reading program who had never received any formal counseling. The second was from a group of 534 (388 males and 146 females) self-referred clients at a university counseling center. The first group was split into two groups and asked either if they would prefer a male or female nonprofessional person (personal confidante) or a male or female professional counselor. The entire second group was asked in the intake if they would prefer to see a male or female counselor. Later, during the counseling process a random selection of participants were asked to state their gender preference after they had been in counseling for several sessions. The results indicated that when dealing with vocational issues for either a confidante or counselor, males overwhelmingly either preferred a male counselor, or had no preference at all. When dealing with choosing a confidante for vocational issues, women almost never had a preference, and when a preference was indicated, were evenly split between males and females. When dealing with personal issues, males preferred male counselors (70%) to female counselors (24%) and there was almost never a non-preference selected. When dealing with personal issues, females selected female counselors more (42%) but also had a high no preference (36%). Fuller (1964) concluded that this finding was due to the fact that both males and females give greater prestige to the masculine role, that women express a more negative attitude toward their own gender with

increasing age, and that males attribute more unfavorable characteristics to women than they do men. For a long time, this study remained untouched in the literature and was taken as the truth.

It wasn't until the 1970's that this topic was looked at again. Howard, Orlinsky and Hill (1970) took a look at how therapy was affected when the client/therapist gender, marital status and the counselor's therapeutic orientation were looked at. The results came out very mixed. According to this study, the client satisfaction with therapy didn't come so much from gender, as it did from their marital status and how they behaved in therapy. Those therapists who received high ratings in satisfaction items such as "help in talking about what was really troubling me," "more of a person to person relationship with my therapist," and "reassurance and encouragement" all received high overall satisfaction ratings, regardless of theoretical orientation. However, when the gender component was broken down into single/married/divorced or children/no children for both the therapist and the client, things became a bit more complicated. Clients who were single girls (18-22) worked well with young family men, while young single women (23-28) were much more satisfied with family women and unmarried women. However, clients who were young married women (23-35) preferred to see therapists who were bachelors or unmarried women, and strangely enough did the worst with therapists of either gender who were married or who were young divorced mothers. Howard, Orlinsky and Hill (1970) concluded that the success of a client/therapist dyad could not be predicted to be effective or ineffective on either gender or social factors alone. That it was a complex interaction between the two factors that probably depended on the therapist attitude along with their ability to relate and have empathy for the client.

A second study in 1970 took a different approach and attempted to find out if the client perception of the counselor as being stereotypically male or female was being reinforced by the counselor's own viewpoints. Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel (1970) asked seventy-nine clinically trained psychologists to fill out a Stereotype Questionnaire, a survey that was created by the same team of researchers several years before, which presented 122 bipolar opposite adjectives (e.g. very aggressive vs. not at all aggressive). The clinicians were asked to consider what the traits of a healthy male, a healthy female and a healthy adult would be. The results indicated that the counselors themselves were reinforcing a set stereotype when it came to their own feelings and perceptions on how a healthy male or female should be acting, when compared to a healthy adult. The healthy male was attributed with traits such as very logical, very worldly, very direct, ambitious, and makes decisions easily. A healthy female was attributed with traits such as being talkative, tactful, gentle, quiet, neat in her habits and enjoying art and literature very much. A healthy adult was a blend of these two polar opposite outlooks, but with many more of the stereotypically masculine traits. The authors concluded that counselors' attitudes toward male and female clients are also contributing to how a therapeutic alliance is formed and kept. Broverman, Vogel, Broverman, Clarkson and Resenkrantz (1992) did a follow up appraisal of their work, concluding that masculine characteristics are more highly valued in the current society and that both males and females express a greater preference for stereotypically male attributes than female ones.

In 1979, Feldstein conducted another study to see if gender had anything to do with disclosure in a counseling setting, looking at both the client and counselor gender. This time the gender of the clients was more evenly matched than the previous study, having 35 male and 39

female participants. There were three objectives to this study. The first was to look at the effect of client gender on client perception of the counselor. The second was to see if there was any effect of counselor gender on the client's perception of the counselor's behavior. The third objective was to see if there was any effect on counselor sex and the frequency of the affective and non-affective self-references and the level of client satisfaction. Both male and female counselors were trained to act two different ways while in therapy. The first behavior modification had males and females either taking more action based interventions such as confrontation (stereotypically male) or more responsive such as reflection of feeling (stereotypically female). The second modification involved having the counselor either be warm, supportive or emotional (stereotypically female) or cognitive, assertive or controlled (stereotypically male). The third modification involved non-verbal behavior. The therapist was trained to either have a softer voice, more body leaning, more smiling and head nodding (stereotypically female) or a louder voice, more posture relaxation, and more shifts in leg movement (stereotypically male). Participants were then videotaped in a clinical intake with the counselor acting out one of these four conditions and the tapes were reviewed for self-disclosure in the interview. The participants were also given a Barrett-Lennard Relationship Inventory, a Satisfaction Questionnaire and were asked if they would refer this counselor to a friend. The results indicated that the frequency of self-disclosure was affected by the counselor sex and sex role. Males disclosed more to a feminine female and less to a masculine female. Females disclosed more to a feminine male counselor and the least to a masculine male counselor. The inventories contradicted these findings by showing that both males and females preferred stereotypical male and female roles and felt that a masculine female and feminine male were incongruent with their expectations (even though females disclosed more to feminine males).

The study also showed that the pairing of the dyads (same sex or different sex) was not an indicator of counseling outcome.

In 1980, Highlen and Russel conducted a study that looked exclusively at females and their preference for therapists. Sixty-two of the participants for this study were chose while studying in the school library, and twenty two were taken from introductory psychology classes. The participants were shown a picture of either a male or a female and given a story that was typically feminine (e.g. single, compassionate, tactful, gentle, community service volunteer) typically masculine (e.g. analytical, competitive, not afraid to speak their mind, single, efficient, objective) and androgynous (none of the above characteristics mentioned). Participants were given the Bem Sex-Role Inventory (BSRI), the Jackson Personality Inventory, the Jackson Personality Research Form, and then asked free response questions that covered willingness to see the therapist in therapy and how much they would disclose to him or her. Results showed that the participants were more willing to see a feminine female counselor then any of the other combinations, and that both incongruent combinations (feminine male and masculine female) were rated the lowest on willingness to see.

Another factor that came up again was that of the credibility of the counselor influencing the client. In 1983, Bernstein and Figoli conducted a study that examined the gender and credibility of the counselor. Two hundred and seventy nine eighth graders were presented with an audiotape with one of four combinations on it. The combinations included a male with a high credibility introduction (accepts feelings and thoughts of students, will ensure confidentiality, understand student's conflicts), a male with a low credibility introduction (in fashion hairstyle,

enjoys rock music, has a nice car and wears designer jeans) a female with a high credibility introduction and a female with a low credibility introduction. Then the students listened to a counseling session that counselor had with a previous student and were asked to rate the counselor's performance using a modified Counselor Rating Form, and the Help with Specific Problems Scale. The results showed that there was a difference in rating when credibility was concerned, students rating both females and males higher when they were given a credible introduction. When gender by itself was taken into consideration, there was no significant difference. However, when both credibility and gender were taken into consideration, there were some differences when considering the factors of attractiveness, expertness and trustworthiness. Female credible counselors were rated much higher than any of the other combinations. When trustworthiness was considered, there was no difference between the groups. However, when attractiveness was considered, regardless of gender, there was a difference between the high and low credibility, female credible counselors coming out way above any other combination, and female low credibility counselors coming out lower than any other combination.

Subich (1984) did a study that examined whether stereotypical gender roles affected a counselor's ratings on attractiveness, trustworthiness and expertness. Eighty males and eighty six female undergraduate psychology students were asked to view a tape of a counseling session, putting themselves in the place of the client and rate the counselor on the Counselor Rating Form as if they were the client in the session. Participants were also asked to complete a Sex Role Ideology Scale, which was developed to separate people who have traditional sex role views with those who don't. The survey consists of thirty statements about social roles and behaviors to which the participant agrees or disagrees using a 7-point Likert scale. The tapes consisted of

one male and one female role-playing one of four different gender roles, a stereotypically feminine female, masculine female, feminine male and masculine male. The results indicated that the feminist orientation of the participant had no significant impact on the ratings they gave. However, when the CRF was analyzed, it was found that the stereotypically female counselor was rated higher on attractiveness, expertness and trustworthiness than the other three combinations, but that there was no significant difference between the other three conditions. Subich (1984) concluded that these results might have emerged because the CRF is catered to these particular traits in a counselor and that may have skewed the analysis.

In 1986, Paradise, Conway and Zweig took this a step further and looked at gender and expertness, along with other factors. Five variables in this experiment were examined: counselor base power (Dr. vs. Mr.), counselor influence attempts (“I know” vs “I had to deal with”), counselor gender, physical attractiveness of the counselor (physical features cosmetically altered using make-up, extra weight, hair style and use of glasses) and subject gender. Eight vignettes were developed that were identical except for these five variables, and were presented to one hundred and twenty eight participants who were asked to rate the counselor on the Counselor Rating Form-Short Version. It was found that the expert power base attributed the most to the rating of the counselor, and that high physical attractiveness produced higher rating of professionalism than did low attractiveness. Neither client nor counselor gender significantly influenced the results.

The next year, a study by Blier, Atkinson, and Geer (1987) replicated the Highlen and Russel (1980) study by showing a picture of a male or female and attributing masculine,

feminine or androgynous characteristics to them. This time, however, the study included male participants. Participants were asked to look at the picture, were given either a feminine, masculine or androgynous introduction, then asked to fill out a survey with forty four questions concerning their willingness to see that particular counselor based on their attributes. The results of this study indicated that neither the counselor nor client gender plays much of a role in client preference. However, when the sex role of the counselor was looked at, there was significant influence. When dealing with personal concerns, participants would rather see either a feminine male or female, when dealing with assertiveness concerns, participants would rather see a masculine male or female and both the masculine or androgynous male and female over the feminine male or female when dealing with academic concerns.

In 1996, three studies were conducted revolving around the preference of therapist gender. Ametrano and Pappas (1996) conducted a study to determine if some of these new variables were effecting the client's perception of their counselor. Student counselors were administered the PAQ to assess their gender-related and expressive qualities. The CRF-S was distributed to the clients to assess their perception of the counselor. The results indicated that neither sex nor gender-role orientation were significantly effecting the assessments of the clients. However, when the two factors were put together, some differences did emerge. Clients of androgynous counselors (not extremely masculine or feminine), and feminine female counselors showed no difference, but when male counselors who exhibited feminine characteristics were looked at, they were less likely to be referred to a friend by a client, indicating that although the clients were saying that the counselor was exhibiting all the traits of good counseling, they were still dissatisfied or uncomfortable in some way.

The second study done by Johnson and Dowling-Guyer (1996) looked at inclusive (using the pronouns he/she or they) versus exclusive language (using the pronouns he or she to describe stereotypical gender roles) counselors were using and the effect it might be having on client judgment. They used the CRF-S and the 15 Personality Problem Inventory (15PPI) to assess client judgments. The experimenters came up with four different scenarios to present to undergraduate students. One male counselor was taped reading the inclusive language transcript and exclusive language transcript, and a female counselor followed the same procedure. The transcripts read described a job description for four different occupations, two that would stereotypically be interesting to men (postal carrier and electrician) and two that would be stereotypically interesting to females (dental hygienist, receptionist). The transcripts were identical except for the use of inclusive versus exclusive language. The results indicated that all participants reported more willingness to see a counselor that had inclusive language. Also, women were more affected by the language style, indicating that exclusive language males were sexist and probably wouldn't be very effective in counseling.

The third study, by Pikus and Heavey (1996) looked at reported preference before the clients were even exposed to a therapist. Forty-one males and seventy-five females at their initial intake interview were asked to complete a brief survey. The administrative secretary mentioned their therapist's name so that they would know the gender, but no initial contact was made. Participants were asked to fill out a survey concerning their therapist gender that used a 9-point Likert scale (-4 = strongly prefer male; 0 = no preference; +4 strongly prefer female). Then the participant answered an open-ended question regarding the reason for their choice. The results indicated that more than half the women preferred a female therapist (56%) while more

then half the men had no preference (58%). When the open-ended question was examined, the majority of the women said that they would prefer a female therapist because they felt more comfortable talking to another woman, or that they felt a woman would better understand their problems. Those who wanted a male therapist (12%) said they chose this because they wanted to gain a different perspective on their problems, or they wanted a therapist that had stereotypically male characteristics, such as being more rational. Of the men who preferred a female therapist, (32%) most said that they felt more comfortable talking to women. Those men who wanted a male therapist (12%) said they felt that they would be better understood and they felt more comfortable talking to other men.

In 2004, Adams, McNeil, and Dubsick conducted a study to see if what was considered helpful counseling characteristics changed when the gender of the therapist changed. One hundred and thirty seven undergraduate non-majors in an introductory counseling class were used. Participants were told to think of qualities and characteristic of a male counselor, a female counselor or just a counselor, and then were instructed to circle these characteristics on a bipolar scale (e.g. very passive vs. very active or very tactful vs. very blunt). The results indicted that there was no difference in what the participants chose, based on gender, indicating that gender was not playing a role in how the participants were choosing good counseling characteristics.

The Current Study

The present study was an attempt to develop and assess the validity of a CECB-S short form (Client's Evaluation of Counselor Behavior Short Form CECB-S) as an evaluation tool for client feedback on counselor performance over time. The CECB-S is built on the assumptions

that counseling performance improves over time and that clients rate counselors on factors of empathy, genuineness, and unconditional positive regard rather than theoretical orientation or credentials. The goals of the study were to: (a) create an instrument that will have high validity and reliability when examining client ratings of counselor performance, (b) create an instrument that can serve as a tool to facilitate counselor improvement throughout the course of training, and (c) to examine the effects of client sex, therapist sex, and therapist experience level on CECB-S client ratings of counselor performance over the course of the therapeutic process.

Hypotheses

Hypothesis: The CECB-S will give a reliable and valid account of counselor behavior while in session with a client. Because counselors improve their behavior and techniques over time, experienced counselors will be evaluated significantly more positively than inexperienced counselors as the therapeutic process progresses. It is also hypothesized that CECB-S client ratings of counselors will be influenced by the sex of the client and therapist.

Null Hypothesis: The CECB-S will not give a reliable and valid account of counselor behavior while in session with a client. Over time, CECB-S ratings will not improve significantly as counselors become more experienced. It is also hypothesized that CECB-S client ratings of counselors will not be influenced by the sex of the client and therapist.

Method

Participants

103 clients (51 male and 52 female) receiving therapy at a training clinic in the mid-atlantic region of the United States participated in the study. The first group of clients (n = 50) received therapy from experienced Counseling students who had one semester of training, and Psychology students who had 1-2 semesters of training at this clinic that includes one hour of supervision a week through audio and visual feedback. Therapists for Group 1 (experienced therapists) included 11 Counseling students and 9 Psychology students (3 nearing the end of their first semester and 6 nearing the end of their second semester). Of the 20 therapists, 4 were male and 16 were female. The counselor's ages ranged from 24 to 56.

The second group of clients (n = 53) received therapy from inexperienced Counseling and Psychology students who were all starting out in their practicum. Therapists for Group 2 (inexperienced therapists) included 9 Counseling students and 10 Psychology students. Of the 19 therapists, 6 were male and 13 were female. The counselor's ages ranged from 23 to 49.

All clients who participated in the study were at least 18 years of age, were being treated for a variety of clinical diagnoses, and were receiving treatment in the form of individual or group counseling. The anonymity of the clients was protected throughout the investigation, and participants were instructed to not place any names or identifying information on any of the experimental materials.

Materials

The Client's Evaluation of Counselor Behavior Short Form (CECB-S) is a 33-question survey based on the factors of empathy, genuineness and unconditional positive regard. The items are rated on a 7-point Likert Scale (1 = strongly disagree; 7 = strongly agree). The CECB-S was created by performing a factor analysis on the sixty-one questions contained on the original CECB instrument. Items that did not load on one of the three factors of empathy, genuineness, and unconditional positive regard (.5 factor loading level) were removed. 33 items remained following the factor analysis and make-up the CECB-S instrument. Items on the CECB-S instrument assessing empathy include (e.g. "accepting of me as a person," "was disapproving of me," and "enjoyed being with me"). Items assessing genuineness include (e.g. "was open and honest with me," and "appeared to be genuine"). Items assessing unconditional positive regard include ("accepting of me as a person," and "understanding of me.")

Design and Procedure

At the time clients made initial contact with the clinic; they were informed that they would be receiving services from a training facility, and before services could be rendered, they would need to complete a consent form that indicated they may be asked to participate in research for the clinic. After payment was received at the end of each therapy session, the Administrative Secretary gave each client an information sheet which explained the purpose of the study, instructions for completing the survey, contact numbers for the Principle and Co-Investigators if they had any questions, and the CECB-S to complete in the waiting area. The clients then placed the completed survey in a box in the waiting room, which the Administrative Secretary or the Co-Investigator emptied at the end of the day and put into a confidential file that

was only accessible to the Principle and Co-Investigator. The Co-Investigator collected the surveys from the file on a weekly basis. No counselors working at the training clinic had access to the completed CECB-S instruments at any time throughout the study.

Because of a lack of surveys in the experienced therapist condition due to cancellations and rescheduling around the holidays, several clients in certain categories had to be contacted by telephone in order to get a comparable number of surveys. The clients were reached by phone, usually in the evenings, and asked if they were willing to participate in the survey regarding their counselor. They were informed that their names would appear nowhere in the survey and that they could refuse to participate if they wanted to. The clients were then read each question over the phone, and then asked to rate their counselor on a 7-point scale (1 = strongly disagree; 7 = strongly agree) with respect to how much they agreed with each of the statements.

Results

A complete breakdown of the number of CECB-S surveys completed across client sex (male vs. female), therapist sex (male vs. female), and therapist experience level (experienced vs. inexperienced) is presented in Table 1.

A MANOVA was run with the 33 CECB-S questions acting as the dependent variables, and Therapist Gender, Client Gender and Therapist Experience Level as the independent variables. The results of the multivariate tests of significance are shown in Table 2. Results of the MANOVA analysis revealed significant main effects for Therapist Sex, Client Sex, and Therapist Experience Level. Significant Therapist Sex x Client Sex, Therapist Sex x Therapist

Experience Level, and Client Sex x Therapist Experience Level interactions were also present. The three-way interaction between Client Sex, Therapist Sex, and Therapist Experience Level was found to be non-significant.

Therapist Sex Main Effect. When the Therapist Sex main effect was analyzed, it was found that male therapists received significantly higher ratings on 8 CECB-S items (“Impatient with me”, “Challenged me when I said one thing and did another”, “Suggested new/different ways to view my problems/situations”, “Gave me advice about what to do”, “Suggested ways I could think, feel or behave differently”, “Assigned tasks for me to complete”, “Was disproving of me” and “Used techniques to help me resolve my problems”). Females therapists received significantly higher ratings on 9 CECB-S items (“Accepting of me as a person”, “Enjoyed being with me”, “Appeared to be authentic”, “Listened to me intently”, “Was open and honest with me”, “Praised me for accomplishing desired changes”, “Appeared to be a well adjusted person”, and “I would recommend my counselor to others”). Results of the Therapist Sex main effect are summarized in Table 3.

Client Sex Main Effect. When the Client Sex Main Effect was analyzed, it was found that female clients gave their therapists significantly higher ratings than male clients for 15 CECB-S items. Questions included: (“Available to meet regularly”, “Accepting of me as a person”, “Knowledgeable”, “Understanding of me”, “Helped me toward my goals”, “Pushed me to discover solutions”, “Looked for underlying reasons to explain my behavior”, “Provided direction for our session”, “Suggested new/different ways to view my problems/situations”, “Gave me advice about what to do”, “Behaved professionally with me”, “Praised me for accomplishing desired changes,” “Supported my attempts to change,” “Seemed highly

educated/trained,” “Suggested ways I could think, feel or behave differently”). The results of the Client Sex main effect are summarized in Table 4.

Therapist Experience Level Main Effect. When the Therapist Experience Level main effect was analyzed, it was found that for two of the CECB-S items (“Uncomfortable to be with” and “Was disapproving of me”) significantly more negative ratings were given to inexperienced therapists. For 23 CECB-S items, (“Available to meet regularly”, “Uncomfortable to be with”, “Accepting of me as a person”, “Knowledgeable”, “Understanding of me”, “Enjoyed being with me”, “Helped me toward my goals”, “Pushed me to discover solutions”, “Challenged me when I said one thing and did another”, “Looked for underlying reasons to explain my behavior”, “Provided direction for our session”, “Explained the process of counseling from the beginning”, “Appeared to be authentic”, “Listened to me intently”, “Helped me to achieve my goals in counseling”, “Behaved professionally with me”, “Was open and honest with me”, “Praised me for accomplishing desired changes”, “Appeared to be a well adjusted person”, “Supported my attempt to change”, “Seemed highly educated/trained”, “Assigned tasks for me to complete”, “Used techniques to help me resolve my problems”, and “I would recommend my counselor to others”) significantly more positive ratings were given to the experienced therapists. The results of the Therapist Experience Level main effect are summarized in Table 5.

Therapist Sex x Client Sex Interaction. When the Therapist Sex x Client Sex interaction was analyzed, significant differences emerged on 5 CECB-S items. Male and female clients rated therapists of the opposite gender as being more impatient with them. Male therapists were rated as significantly more effective at: (a) “Looking for underlying reasons to explain behavior”, (b)

“Explaining the counseling process”, and (c) “Listening intently” by female clients. Finally, female clients rated male therapists as more highly educated and trained. The results of the Therapist Sex x Client Sex interaction analysis are summarized in Table 6.

Therapist Sex x Therapist Experience Level Interaction. When the Therapist Sex x Therapist Experience Level interaction was analyzed, significant differences emerged on 4 CECB-S items. Inexperienced male therapists received significantly more negative ratings for the item “Not trusted enough to share personal things about myself”. Inexperienced male and female therapists were given significantly negative ratings for the item “Was disapproving of me”. While both experienced and inexperienced female therapists received positive ratings for the items “Listened to me intently” and “Praised me for desired changes”, inexperienced male therapists received significantly more negative ratings for these items. The results of the Therapist Sex x Therapist Experience Level are summarized in Table 7.

Client Sex x Therapist Experience Level Interaction. When the Client Sex x Therapist Experience Level interaction was analyzed, significant differences emerged on 10 CECB-S items. Inexperienced therapists were rated as being more “Disapproving” by both male and female clients. Female clients were less likely to “Recommend their counselor to others” when the therapist was inexperienced. Female clients were more likely to rate their therapist as “Well adjusted”, better able to “Explain the counseling process”, and more “Knowledgeable” when their therapist was experienced. Experienced therapists were rated as more “Open and honest”, “Authentic”, better able to “Identify underlying reasons for behavior”, more “Accepting of me as a person” and more likely to have “Enjoyed being with me” than inexperienced therapists by

both male and female clients. The results of the Client Sex x Therapist Experience Level are summarized in Table 8.

Factor Analysis of CECB-S Scale

A principal components factor analysis was performed on the CECB-S. A 7-factor solution emerged from the analysis. These seven factors accounted for 67% of the variance. Twenty-eight of the thirty-three questions loaded on one of the seven factors at the .45 level. The first factor that emerged was Listening/Empathy Skills, which included the questions “Accepting of me as a person,” “Was open and honest with me,” “Enjoyed being with me,” “Appeared to be authentic,” “Understanding of me,” “Appeared to be a well adjusted person,” “Listened to me intently,” “Was disapproving of me,” “I would recommend my counselor to others,” “Used techniques to help me solve my problems,” and “Seemed highly educated/trained.” The first factor accounted for 34.82% of the variance.

The second factor which covered a range of Counseling Techniques, had 7 questions load at the .45 level or higher and included the following questions: “Suggested ways I could think or feel differently,” “Assigned tasks for me to complete,” “Suggested new/different ways to view my problems/situations,” “Gave me advice about what to do,” “Provided direction for our session,” “Challenged me when I said one thing and did another,” “Knowledgeable,” “Used techniques to help me solve my problems.” The second factor accounted for 10.84% of the variance.

The third factor covered Goal Setting and had three questions load at the .45 level or higher, including, “Encouraged me to set goals,” “Pushed me to discover solutions,” and “Helped me to achieve my goals in counseling.” The third factor accounted for 5.22% of the variance.

The fourth factor which also had three questions load at the .45 level or higher, covered Achievement in Counseling and included “Asked me what my goals were for counseling,” “Behaved professionally with me,” and “Helped me to achieve my goals in counseling.” The fourth factor accounted for 4.87% of the variance.

The fifth factor included Availability and had 2 questions load at the .45 level or higher, and included “Available to meet regularly,” and “Not trusted enough to share personal things about myself.” The fifth factor accounted for 4.38% of the variance.

The sixth factor included Positive Counseling Actions and had three questions load at the .45 level or higher and included “Praised me for accomplishing desired changes,” “Explained the process of counseling from the beginning,” and “Listened to me intently.” The sixth factor accounted for 3.62% of the variance.

The last factor was based on the Competency of the counselor, and only had one question load at the .45 level or higher, which was “Didn’t know what they were doing.” The seventh factor accounted for 3.35% of the variance.

There were five questions that did not load into any of the factors, and these questions included: “Uncomfortable to be with,” “Impatient with me,” “Challenged me when I did one thing and said another,” “Looked for underlying reasons to explain my behavior,” and “Supported my attempt to change.” The results of the factor analysis are summarized in Table 9.

Due to the relatively small amount of variance accounted for by factors 4-7, the difficulty in labeling these factors, and the three factor theoretical model forming the foundation for the CECB instrument (e.g., empathy, genuineness, and unconditional positive regard), a forced three-factor analysis was also performed. These three factors accounted for 51% of the variance. The first factor was named Basic Empathy/Listening Skills and accounted for 27% of the variance. Factor 1 contained 15 questions that loaded at the .5 level or higher. The questions that loaded on Factor 1 were: “Enjoyed being with me,” “Accepting of me as a person,” “Was open and honest with me,” “Listened to me intently,” “Appeared to be authentic,” “Was understanding of me,” “Appeared to be a well adjusted person,” “I would recommend my counselor to others,” “Looked for underlying reasons to explain my behavior,” “Was disapproving of me,” “Seemed highly educated/trained,” “Praised me for accomplishing desired changes,” “Supported my attempts to change,” and “Explained the process of counseling from the beginning.”

The second factor that emerged was labeled Counseling Techniques. This factor accounted for 16.5% of the variance. Factor 2 contained 10 questions that loaded at the .5 level or higher. The questions that loaded on Factor 2 were: “Suggested new/different ways to view my problems/ situations,” “Suggested ways I could think, feel or behave differently,” “Provided

direction for our session,” “Gave me advice about what to do,” “Helped me to achieve my goals in counseling,” “Helped me toward my goals,” “Assigned tasks for me to complete,” “Challenged me when I said one thing and did another,” “Knowledgeable,” and “Pushed me to discover solutions.”

The third factor that emerged was labeled “Trust/Comfort Level. This factor accounted for 7% of the variance and contained three questions that loaded on Factor 3 at the .5 level or higher. These questions included: “Uncomfortable to be with,” “Not trusted enough to share personal things about myself,” and “Asked me what my goals were for counseling.”

Five questions did not load on any of the three factors at the .5 level or higher. The five questions included: “Available to meet regularly,” “Didn’t know what they were doing,” “Impatient with me,” “Encouraged me to set goals,” and “Behaved professionally with me.” The results of the factor analysis are summarized in Table 10.

ANOVA Analysis of 3 Factor Solution

An ANOVA was run on each factor emerging from the forced 3 factor solution. Factor scores served as the dependent variables while Client Sex, Therapist Sex, and Therapist Experience Level served as the independent variables. For Factor 1 (Basic Empathy/Listening Skills) significant main effects were found for Therapist Sex and Therapist Experience Level. A significant Client Sex x Therapist Sex interaction almost emerged from the analysis. When examining the significant Therapist Sex main effect, the results indicated that female therapists ($M = .376$) were rated significantly higher than male therapists ($M = -.323$). When examining

the significant Therapist Experience Level main effect, experienced therapists ($M = .688$) were rated significantly higher than inexperienced therapists ($M = -.635$). When examining the significant Client Sex x Therapist Sex interaction, female therapists were evaluated positively by both male ($M = 4.64$) and female clients ($M = 2.87$), however, male therapists were evaluated significantly more negatively by male clients ($M = -.470$) than by female clients ($M = .175$). Results of the ANOVA analysis for Factor 1 are summarized in Table 11.

When Factor 2 (Counseling Techniques) was examined, significant main effects were found for Therapist Sex, Client Sex, and Therapist Experience Level. When examining the significant Therapist Sex main effect, male therapists ($M = .450$) were evaluated significantly more positively than female therapists ($M = -.445$). When examining the significant Client Sex main effect, male clients ($M = -.327$) provided significantly more negative ratings than female clients ($M = .322$). When examining the significant Therapist Experience Level main effect, experienced therapists were rated significantly higher ($M = .284$) than inexperienced therapists ($M = -.278$). Results of the ANOVA analysis for Factor 2 are summarized in Table 12.

When Factor 3 (Trust/Comfort Level) was examined, a significant Therapist Sex x Therapist Experience Level interaction emerged. When examining the significant interaction, while experienced male therapists ($M = .132$) and inexperienced female therapists ($M = .435$) were evaluated more positively than inexperienced male therapists ($M = -.449$) and experienced female therapists ($M = -.094$). Results of the ANOVA analysis for Factor 3 are summarized in Table 13.

Discussion

Survey Validity and Reliability

The results supported the hypothesis that the CECB-S gives an accurate account of counselor behavior in session. To determine the validity of the scale, it was proposed that as counselors gain experience in therapy, they should not only be able to present themselves to their clients with more confidence, but that their techniques and counseling behavior would improve over time (Borman and Ramirez, 1975; Larson et al., 1992; Meier, 2001;). When the experience level of the counselors was examined, it revealed that most of the positive questions (ones that showed favorable aspects of counseling) showed an increase in scores given in the direction of the experienced counselors. The two questions that showed favor in the direction of the inexperienced counselors (“Uncomfortable to be with” and “Was disapproving of me”) were questions that showed negative aspects of counseling behavior and were more apt to be displayed by inexperienced counselors.

There were several questions in the survey that were not significantly different when experience was taken into consideration. Three of the five reverse questions (“Not trusted enough to share personal things about myself”, “Didn’t know what they were doing,” and “Impatient with me” had no significant difference between the experience levels. One possibility for this is that clients perceive a therapist as someone in a position of power, and who should always be trusted, wouldn’t be there doing therapy if they didn’t know what they were doing, and should always be patient, regardless of how the therapist was actually behaving while with the client (LaCrosse and Barak 1976; Corrigan and Schmidt, 1983). These three particular

questions may tap into that “good guy effect” and clients were reluctant to rate them in a bad light on these questions, despite how the therapist may have actually been behaving.

The other three questions that did not come up significantly different when the experience was examined were “Encouraged me to set goals,” “Gave me advice about what to do,” and “Suggested ways I could think, feel or behave differently.” One explanation may be that the latter two questions seem to be implying the same concept, so it is logical that clients completing the survey would give them similar ratings. However, these questions may tap too much into orientation of the therapist, because different orientations have different perspectives on giving advice or opinions in therapy. The clinic where this survey was administered has a wide variety of orientations, and one reason for not having a significant difference may be that the questions were lost between the orientations. Also, the three of these questions are probably more effectively answered in a Yes/No, or True/False format. It’s difficult to gauge on a Likert scale how much advice was given, how much goals were encouraged to be set and how many times suggestions were made. A modification to increase the validity of the survey is to have a Likert and also a Boolean format for questions that can be measured in gradients and also simple Yes/No answers.

When a reliability check was done on the survey, it was found that the coefficient alpha value for the survey was .8848.

Factor Analysis

The principle components factor analysis was run to determine if the questions within the survey were related to each other and could be grouped together into counselor traits. The analysis came up with seven factors that covered 67% of the variance. The majority of the questions fell into the first two factors that have been labeled Listening/Empathy skills and Techniques. Within the Listening/Empathy skills factor were questions regarding how well the counselor made the client feel comfortable in their presence and emphasized actions such as understanding, acceptance, authenticity, enjoying being with the person and an overall global rating of the counselor. These characteristics are more innate characteristics of the counselor than those that are learned. This particular separation of factors also appeared in the work of Barak and LaCrosse (1975) and Loesch and Rucker (1977) who determined that one dynamic that should be measured on a scale of counselor effectiveness is that of the attractiveness of the counselor, which includes such skills as empathic listening, acceptance and comfort level the client has with them. It has also been found that the personality of the counselor affects this particular factor, indicating that those who score high on personality characteristics of being warm, friendly, sociable, humble and comforting will also score high in this particular factor (Myrick, Kelley & Wittmer, 1972).

The second major factor that emerged was labeled Techniques. This factor included counseling techniques that are used during therapy that is taught instead of being characteristics of the counselor. Characteristics that are included in this factor include advice giving, being directive during the session, suggesting alternative ways of thinking versus reflective listening techniques, assigning homework and challenging the client. Boyde, Aubrey, Delaney, Gunter,

Hardin and Moses (1978) also identified a factor that included this particular range of counselor performance and identified it as counseling skills.

Two of the other factors that emerged had to do with different aspects of perceiving goals. The first factor labeled Goal Setting included statements that encompassed setting, and the counselor's willingness to help the client toward those goals. The second factor that emerged looked more at the Achievement of these goals. Clients indicated they are often times happier with sessions where the counselor engages them in goal setting and the achievement of these specific goals (Tryon, 1990). The Counseling Evaluation Inventory also had a similar factor emerge, encompassing the helpfulness of the counselor in therapy and how satisfied the client was with the counselor (Linden, Stone, Shertzer 1965).

The other three factors that emerged in the analysis are somewhat more difficult to interpret, and a revision of the analysis may have to be done to see what these factors truly represent.

A forced 3-factor analysis was performed and the analysis came up with three factors that accounted for 50% of the variance. Again, the first two factors that emerged were the dominant factors and included 44% of the variance. The first factor was labeled Basic Empathy and listening skills, and was much like the factor in the original analysis, with an addition of several other questions. New questions that appeared in this analysis included questions that asked about looking for underlying reasons for client behavior, praise, support and an explanation of counseling. Two of these questions ("Praised me for accomplishing desired changes, and

“Explained the process of counseling from the beginning”) had appeared in the Action section of the first analysis and the other two (“Looked for underlying reasons to explain my behavior” and “Supported my attempt to change”) had not loaded at all in the first analysis. Also, the question “Listened to me intently” had also loaded in the Action factor of the first analysis as well as the Listening/Empathy Skills factor. A possible explanation of this is that, first off, the Action factor of the first analysis was just an extension of the Listening/Empathy factor. The other two questions may also have been omitted from that first analysis because of the loading criteria.

The second factor was labeled Counseling Techniques, and it was also much like the second factor in the first analysis except for a few other additions. Questions from the Goal Setting (“Pushed me to discover new solutions,” and “Helped me toward my goals”) and Achievement (“Helped me to achieve my goals in counseling”) factors from the first analysis seemed to have been collapsed into the new Counseling Technique factor of the second analysis.

The third factor that emerged, Trust/Comfort Level seemed to take the leftover questions from the Achievements (“Asked me what my goals were for counseling”) and the Availability factors (“Not trusted enough to share personal things about myself”) and collapsed them into one factor with an additional question that didn’t load on the first analysis (“Uncomfortable to be with”). This factor seems to target the client’s trust and comfort level with the therapist.

ANOVA Analysis of Factor 3-Factor Analysis

The analysis indicates that for Factor 1 (Basic Empathy/Listening Skills), when the therapist gender was taken into consideration, it was found that males scores significantly lower

overall than females did. This finding has been supported by Subich (1984) who found that female therapists were rated better on certain factors than male therapists. A significant difference also emerged when comparing inexperienced and experienced counselors, with experienced counselors being rated more positively. When the interaction between the therapist sex and the client sex was examined, female therapists were evaluated positively by both male and female clients, however, male therapists were evaluated more negatively by male clients than by female clients

For Factor 2 (Counseling Techniques) male therapists were rated higher than the female therapists. Based on the literature and other findings in the study, males were rated higher than females on these particular characteristics. In addition, female clients provided higher ratings than male clients for Factor 2. This is also supported by Bernstein and Figoli (1983) who found that females were more susceptible to credentials. Finally, as hypothesized experienced therapists were rated significantly higher than inexperienced therapists.

For Factor 3 (Comfort/Trust Level), experienced male therapists and inexperienced female therapists were rated more positively than inexperienced male therapists and experienced female therapists.

Therapist Gender Analyses

The second hypothesis that was proposed was that the therapist's gender would have a significant effect on how they were rated on the CECB-S. This hypothesis tested true on several accounts. When the therapist gender was looked at, several significant differences emerged

with respect to how therapists were rated by male and female clients. Clients perceived female therapists as more accepting of them, more understanding, enjoyed being with them more, appeared to be more authentic, listened more intently, was more open and honest, gave more praise, appeared more well adjusted and more highly recommended as a counselor. Clients perceived male therapists as being more impatient, challenging them more, suggesting new ways to view problems and situations, giving more advice, suggesting alternate ways to think and feel, assigning more tasks, was more disapproving and used more techniques. Subich (1984) found that female counselors were rated higher than male counselors on attractiveness, expertness and trustworthiness, which are stereotypical feminine traits. The current survey seems to indicate that as well. Blier, Atkinson and Geer (1987) found that when clients, regardless of gender, were seeking treatment for personal concerns, they would rather see a female, but when they were seeking treatment for assertiveness concerns, they would rather see a male. Again, this survey seems to go along with that because it is indicated that people are rating the female therapists in this study as being more passive and attentive and less aggressive and assertive and the males as more challenging and less attentive.

When the client gender was taken into consideration, there were also several differences. Females rated therapists higher on the survey in general, especially in the areas of availability to meet, therapist's acceptance of them, knowledge, understanding, helping and pushing toward goals, looking for underlying reasons to explain behavior, providing direction in the session, suggestions of new ways to view things, advice giving, professional behavior, praise, supporting attempts to change, education level of therapist, and suggesting new ways to behave and feel. There is nothing in the literature directly to support or refute that females rate others, regardless

of the gender of the person being rated, generally higher than males. However Corrigan and Schmidt (1983) did discuss a “good guy effect” that indicates that people tend to rate those in positions of power and authority better than those who are not. Bernstein and Figoli (1983) also did a study that indicated that when someone was introduced with a credible reference that they were rated higher, regardless of their gender. Females may be more susceptible to this particular effect and were rating the therapists on a position of power.

When the therapist gender and client gender were taken into consideration, it was found that there were five questions that came up significantly different. Two of the questions, “Impatient with me,” indicated that males thought females were more impatient and females thought males were more impatient, and when rating the item “Explained the process of counseling from the beginning” also rated the opposite gender higher. Fulker (1956) found this to be somewhat true in his study, showing that for personal matters, which is the reason that the majority of the clients are at this particular clinic to talk about, males prefer to talk to males and females to females. Because the clients are somewhat uncomfortable talking to a therapist of the opposite gender, they may perceive them as being more impatient.

The other three questions that came up as significantly different in the analyses were “Looked for underlying reasons to explain my behavior,” “Listened to me intently,” and “Seemed highly educated/trained,” where female clients thought that males had these particular traits. The latter questions again may take into perceived credibility and a stereotype that males are better trained (Bernstein and Figoli, 1983; Corrigan and Schmidt, 1983). The first two questions go against what the literature has said, because stereotypical female characteristics in

therapy are those that they listen more intently than males and that they are able to better get at underlying emotions the client may be experiencing (Feldstein, 1979). However, it may also be that, through training, the therapists are not reinforcing these characteristics in therapy, which is another factor in how the clients perceive them (Broverman, Broverman, Clarkson, Rosenkrantz, and Vogel, 1970).

When Therapist gender and experience were analyzed, significant differences emerged for four questions. Two of the questions were reverse-scored items: “Not trusted enough to share personal things about myself,” and “Was disapproving of me.” Both of these questions indicated that inexperienced male therapists scored the highest on these questions. Feldstein (1979) indicated that more male stereotypical behavior included taking more action based intervention such as confrontation, being more cognitive and controlled in their behavior, have a louder voice, less posture relaxation and more shifts during therapy. Inexperienced male therapists may exhibit more of these traits and they may be interpreted as disapproving or not trusting. However, the interaction does not include experienced males exhibiting these traits, so the survey must be picking up on subtle changes in behavior the therapists are making over time in order for clients to not be reporting these traits in experienced therapists. The survey is indicating that male therapists may exhibit negative traits in the beginning, but with experience, they can train themselves to not.

The second set of questions that came up in this interaction were “Listened to me intently” and “Praised me for accomplishing desired changes,” indicating that both male and female therapists did this better with more experience. Benschhoff and Thomas (1992) looked at a

similar situation and found that more inexperienced masters-level students often were unsure of themselves and were unable to accurately how they were portraying themselves in counseling. This nervousness may be affecting how they able to react to the client. Offering praise and appearing to be listening intently, even if one really is, often takes practice as to when and where is appropriate, and inexperience often dictates not enough. An inexperienced therapist is often too aware of what they are doing and are unwittingly paying more attention to himself or herself than the client.

The last set of two-way interactions done was between the client's gender and the therapist experience. Four of the questions, "Accepting of me as a person," "Enjoyed being with me," "Appeared to be authentic," and "Was open and honest with me" indicated that both male and female clients thought experienced therapists were significantly better than inexperienced. Again, this may have to do with how the therapist views themselves as a therapist and how they comfortable they feel in their role. There were also four questions that females alone thought experienced therapists were better at, including "Looking for underlying reasons to explain my behavior," "Explained the process of counseling from the beginning," "Appeared to be a well adjusted person," and "I would recommend my counselor to others." The last question that came up on this interaction was "Was disapproving of me," and both males and females gave inexperienced therapists a significantly higher rating than experienced therapists.

Design Confounds

There were two main concerns with the collection of the survey data. One was the therapist participant pool. The experienced group of data was collected before the inexperienced

data was collected, at the end of a semester, and then the inexperienced data was collected from a different group of therapists at the beginning of the next semester. Most of the clients remained the same throughout the transition of therapists. Several of these clients had been seeing their particular therapist for several weeks and in a lot of cases several months, so they had become very accustomed to a certain style of therapy. These clients were also going through an adjustment phase with these inexperienced therapists when the surveys were given out. The clients had been seeing the new therapists for three weeks before the survey was administered the second time. However, for some people building trust and rapport takes longer than that. Several of the clients had a therapist gender change as well, making the transition even harder to do and requiring more time. If the study were to be redone, a better model to follow would have been to start administering the survey at the beginning of one semester and run it throughout the entire semester to see if there was a general increase of scores over time with one group of therapists and their clients.

The second concern with the data collection was the data for surveys that had to be obtained over the phone. Clients were told at the beginning of the call the purpose of the research, what the survey was going to be used for and the fact that no information would be given to their current or past therapist or their supervisor. However, they never received written information pertaining to the survey unless they came in for services during the time of the survey and were asked to fill out another one. Clients may have been more apt to give more positive ratings to their therapist because they were unsure of the confidentiality of the survey, and because they were talking to another person and not writing it down and putting it into a box where there were several other surveys. Because of the cooperation of the inexperienced

therapists in handing out the surveys, phone calls were not necessary to obtain data, so that procedure was not used in the inexperienced data. Further studies should utilize both procedures in both sets of data because it will expand the variety of the data and not just include those who come to the clinic on a very regular basis.

Another problem with the collection of the data was that, to ensure that an adequate number of surveys were collected clients were asked to do the survey over again for the same therapists, sometimes up to three times. This may have affected the reliability of the survey if several clients answered the survey multiple times the same way, while other clients only were there once during the survey period and were administered it once.

Something else that could be added to the data collection in further research is a supervision component. If the surveys could also include the date of the session, the supervisors could also rate that particular session at a later time and the two surveys could be compared for content to see if there are significant differences there. Also, the therapist could rate themselves on how they think that they appeared to add another way to see how one interaction is viewed.

Another problem that often affects data collection is that this survey was restricted to one clinic that usually treats clients within a lower income bracket in a residential area. Therefore the results can only be applied to this particular area of West Virginia, and should not be applied anywhere else.

If this research were to be replicated, it would be better to administer the survey over a single semester's time, constantly, to the same group of therapists and to all the clients all the time. The survey should probably contain two parts, one that has the Likert Scale and a second part with True/False or Yes/No answers. The survey should also be distributed in at least two settings.

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Appendix 1

This survey is an attempt to provide better services at this clinic. These will not be seen by either your counselor or counselor’s supervisor, so be honest! ☺

Client Gender_____

Counselor Gender_____

Client Race/Ethnicity_____

Counselor Race/Ethnicity_____

My Counselor is:	Disagree						Agree
1. Available to meet regularly	1	2	3	4	5	6	7
2. Uncomfortable to be with	1	2	3	4	5	6	7
3. Not trusted enough to share personal things about myself	1	2	3	4	5	6	7
4. Accepting of me as a person	1	2	3	4	5	6	7
5. Knowledgeable	1	2	3	4	5	6	7
6. Didn’t know what they were doing	1	2	3	4	5	6	7
7. Understanding of me	1	2	3	4	5	6	7
8. Impatient with me	1	2	3	4	5	6	7
9. Enjoyed being with me	1	2	3	4	5	6	7
10. Helped me toward my goals	1	2	3	4	5	6	7
11. Pushed me to discover solutions	1	2	3	4	5	6	7
12. Encouraged me to set goals	1	2	3	4	5	6	7
13. Challenged me when I said one thing and did another	1	2	3	4	5	6	7
14. Looked for underlying reasons to explain my behavior	1	2	3	4	5	6	7
15. Provided direction for our sessions	1	2	3	4	5	6	7
16. Explained the process of counseling from the beginning	1	2	3	4	5	6	7
17. Appeared to be authentic	1	2	3	4	5	6	7
18. Suggested new/different ways to view my problems/situations	1	2	3	4	5	6	7
19. Listened to me intently	1	2	3	4	5	6	7
20. Helped me to achieve my goals in counseling	1	2	3	4	5	6	7
21. Gave me advice about what to do	1	2	3	4	5	6	7
22. Behaved professionally with me	1	2	3	4	5	6	7
23. Was open and honest with me	1	2	3	4	5	6	7
24. Asked me what my goals were for counseling	1	2	3	4	5	6	7
25. Praised me for accomplishing desired changes	1	2	3	4	5	6	7
26. Appeared to be a well-adjusted person	1	2	3	4	5	6	7
27. Supported my attempts to change	1	2	3	4	5	6	7
28. Seemed highly educated/trained	1	2	3	4	5	6	7
29. Suggested ways I could think, feel or behave differently	1	2	3	4	5	6	7
30. Assigned tasks for me to complete	1	2	3	4	5	6	7
31. Was disapproving of me	1	2	3	4	5	6	7
32. Used techniques to help me resolve problems	1	2	3	4	5	6	7
33. I would recommend my counselor to others	1	2	3	4	5	6	7

Appendix 2

This survey is an attempt to provide better services at this clinic. These will not be seen by either your counselor or counselor's supervisor, so be honest! ☺

Client Gender_____

Counselor Gender_____

My Counselor is:

Disagree

Agree

1. Accepting of me as a person	1	2	3	4	5	6	7
2. Knowledgeable	1	2	3	4	5	6	7
3. Understanding of me	1	2	3	4	5	6	7
4. Enjoyed being with me	1	2	3	4	5	6	7
5. Helped me toward my goals	1	2	3	4	5	6	7
6. Pushed me to discover solutions	1	2	3	4	5	6	7
7. Provided direction for our session	1	2	3	4	5	6	7
8. Appeared to be authentic	1	2	3	4	5	6	7
9. Listened to me intently	1	2	3	4	5	6	7
10. Behaved professionally with me	1	2	3	4	5	6	7
11. Was open and honest with me	1	2	3	4	5	6	7
12. Asked me what my goals were for counseling	1	2	3	4	5	6	7
13. Appeared to be a well adjusted person	1	2	3	4	5	6	7
14. Seemed highly educated/trained	1	2	3	4	5	6	7
15. Was disapproving of me	1	2	3	4	5	6	7
16. I would recommend my counselor to others	1	2	3	4	5	6	7

Answer the following questions True or False

My Counselor:

1. Encouraged me to set goals	T	F
2. Suggested new/different ways to view my problems/situations	T	F
3. Helped me to achieve my goals in counseling	T	F
4. Gave me advice about what to do	T	F
5. Suggested ways I could think, feel or behave differently	T	F
6. Assigned tasks for me to complete	T	F
7. Used techniques to help me solve my problems	T	F

Appendix 3

Counseling Evaluation Form

Completion of this form is voluntary, and responses are anonymous, so please do not put your name on it. This evaluation form is intended for the counselor to receive input from you regarding your experience in counseling. The answers you provide will be used by the counselor to consider his or her work as a counseling professional, and where appropriate, to make modifications in his/her work to benefit future clients. In some instances forms may be included by the counselor in evaluation materials. Your answers may also be used for the purposes of research on counseling process and effectiveness. Please take the time to respond to the questions below as honestly as you can. Read questions carefully because they are not all worded in the same direction (e.g. some refer to desirable behavior, and some to undesirable ones). If an item seems to not be applicable to you, or you don't know the answer, mark it "N/A."

Sex" F___ M___ Age____
 Approximate # of sessions with counselor_____
 Who referred you_____

RATING SCALE

Part 1 Evaluating your site & getting started

1. The space was easy enough to get to	1	2	3	4	5	6	7	N/A
2. The space where we met was comfortable	1	2	3	4	5	6	7	N/A
3. The receptionist was courteous	1	2	3	4	5	6	7	N/A
4. The referral to my counselor took too long	1	2	3	4	5	6	7	N/A
5. There was too much "red tape" involved in being see in the agency/center	1	2	3	4	5	6	7	N/A
6. I was able to leave messages for my counselor when I needed to	1	2	3	4	5	6	7	N/A

Part 2 Evaluating Your Counselor

1. Available to meet regularly	1	2	3	4	5	6	7	N/A
2. Accessible outside of session when needed	1	2	3	4	5	6	7	N/A
3. Uncomfortable to be with	1	2	3	4	5	6	7	N/A
4. Trusted to keep my confidentiality	1	2	3	4	5	6	7	N/A
5. Not trusted enough to share very personal aspects of myself	1	2	3	4	5	6	7	N/A
6. Disrespectful of me	1	2	3	4	5	6	7	N/A
7. Accepting of me as a person	1	2	3	4	5	6	7	N/A
8. Knowledgeable	1	2	3	4	5	6	7	N/A
9. Incompetent	1	2	3	4	5	6	7	N/A
10. Uncaring	1	2	3	4	5	6	7	N/A
11. Interested in what I had to say	1	2	3	4	5	6	7	N/A
12. Understanding of me	1	2	3	4	5	6	7	N/A
13. Impatient with me	1	2	3	4	5	6	7	N/A
14. Enjoyed being with me	1	2	3	4	5	6	7	N/A
15. Assisted my progress toward achieving goals	1	2	3	4	5	6	7	N/A
16. Pushed me to discover solution	1	2	3	4	5	6	7	N/A
17. Encouraged me to set goals	1	2	3	4	5	6	7	N/A

18. Challenged my self contradictions	1	2	3	4	5	6	7	N/A
19. Looked for underlying reasons to explain my behavior.	1	2	3	4	5	6	7	N/A
20. Provided direction for our session	1	2	3	4	5	6	7	N/A
21. Explained the process of counseling from the beginning	1	2	3	4	5	6	7	N/A
22. Appeared to be genuine	1	2	3	4	5	6	7	N/A
23. Encouraged me to do most of the talking	1	2	3	4	5	6	7	N/A
24. Suggested new/different ways to view my problems/situations	1	2	3	4	5	6	7	N/A
25. Listened to me intently	1	2	3	4	5	6	7	N/A
26. Was inflexible	1	2	3	4	5	6	7	N/A
27. Helped me to achieve my goals in counseling	1	2	3	4	5	6	7	N/A
28. Gave me advice about what to do	1	2	3	4	5	6	7	N/A
29. Shared a lot about his/her own life	1	2	3	4	5	6	7	N/A
30. Spoke in an understanding way	1	2	3	4	5	6	7	N/A
31. Kept a professional demeanor	1	2	3	4	5	6	7	N/A
32. Was open and honest with me.	1	2	3	4	5	6	7	N/A
33. Directed me to useful resources outside of the counseling office	1	2	3	4	5	6	7	N/A
34. Seemed knowledgeable about the operations of the larger institution I'm involved in	1	2	3	4	5	6	7	N/A
35. Placed most of the responsibility of making changes on me	1	2	3	4	5	6	7	N/A
36. Initiated a discussion of what my goals were for counseling	1	2	3	4	5	6	7	N/A
37. Praised me for accomplishing desired changes	1	2	3	4	5	6	7	N/A
38. Appeared to be a well-adjusted person	1	2	3	4	5	6	7	N/A
39. Supported my attempts to change	1	2	3	4	5	6	7	N/A
40. Helped me by knowing the policies of the larger institution I'm involved in	1	2	3	4	5	6	7	N/A
41. Did not seem to have a strong commitment to the institute I'm involved in	1	2	3	4	5	6	7	N/A
42. Seemed highly educated/trained	1	2	3	4	5	6	7	N/A
43. Made jokes and/or laughed with me	1	2	3	4	5	6	7	N/A
44. Suggested different ways that I could think, feel or behave	1	2	3	4	5	6	7	N/A
45. Summarized what occurred during our session	1	2	3	4	5	6	7	N/A
46. Assigned tasks for me to complete	1	2	3	4	5	6	7	N/A
47. Confronted my inconsistencies	1	2	3	4	5	6	7	N/A
48. Was disapproving of me	1	2	3	4	5	6	7	N/A
49.Used techniques to help me solve my problems	1	2	3	4	5	6	7	N/A

Part 3 Evaluating Your Experience as a Client

1. I consider counseling to be helpful to me	1	2	3	4	5	6	7	N/A
2. In some ways I think counseling hurt me	1	2	3	4	5	6	7	N/A
3. I would have paid out of my own pocket for counseling	1	2	3	4	5	6	7	N/A
4. I would recommend my counselor to others	1	2	3	4	5	6	7	N/A
5. Counseling had a negative impact on my life	1	2	3	4	5	6	7	N/A
6. I would enter counseling again	1	2	3	4	5	6	7	N/A
7.I felt comfortable going to see my counselor	1	2	3	4	5	6	7	N/A

8. After sessions I tended to feel miserable	1	2	3	4	5	6	7	N/A
9. I felt satisfied with how the counseling relationship ended	1	2	3	4	5	6	7	N/A

10. What I liked best about counseling was:

11. What I liked least about counseling was:

Amanda Christine Messina

The author was raised in northeastern Pennsylvania, attended college at Lycoming College in Williamsport Pennsylvania, and graduated with a BA in Psychology and Creative Writing. She did her graduate studies in Clinical Psychology at Marshall University in Huntington WV where she obtained a MA. Currently she is planning on moving to Milwaukee, WI to attend the Wisconsin School of Professional Psychology for a Psy.D.

