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Effects of positive and negative vicarious counseling
experience on preferences and expectations about counseling

by

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ABSTRACT

The purpose of this counseling analogue study was to examine the influence of vicarious exposure to positive and negative videotaped counseling vignettes on participants' expectations and preferences about counseling. This study attempted to demonstrate that expectations and preferences about counseling could be manipulated so that expectations about counseling more closely resembled participants' preferences for counseling. The central hypothesis of the study was that those persons exposed to a relatively positive vicarious counseling experience would demonstrate an increase in their expectations about counseling, which more closely approximated their stated preferences. Conversely, persons exposed to a relatively negative vicarious counseling experience were hypothesized to demonstrate either no change or a decrease in their expectations for counseling.

In addition, this study attempted to ascertain the influence of presence or absence of prior counseling experience on expectations and preferences for counseling. Respondents' prior experience in counseling was also included in data analyses to assess any interactive effects with the primary experimental manipulation. Since both the positive and negative videotaped counseling vignettes involved client-

perceived ethical concerns pertaining to maintenance of confidentiality, this study also assessed the influence of exposure to vicarious counseling experiences on ethical ratings of counselor behavior. Last, the study also measured the impact of vicarious positive and negative exposure to counseling experiences on the respondents' willingness to seek counseling or psychological help.

One hundred forty-five female undergraduate student volunteers observed one of three videotapes representing either a vicarious positive, vicarious negative, or a neutral (control) counseling experience. Expectations and preferences for counseling were measured using Tinsley's (1982) EAC - Brief form (originally designed to measure expectations but modified to assess preferences as well). Results from this study failed to demonstrate any impact of the experimental manipulation on either expectations or preferences about counseling. Ethical judgments of counselor behavior and respondents' attitudes toward seeking psychological help were also unaffected by the experimental manipulation. In addition, the respondents' presence or absence of prior counseling experience appeared to have no direct or interactive effects on expectations or preferences about counseling.

INTRODUCTION

Preferences and Expectations About Counseling

Imagine entering a counseling center for the first time. You have made your first appointment and are likely wondering or thinking about what counseling or psychotherapy *must* be like. Perhaps you have had a friend or relative participate in a counseling experience and that person related some of what the experience was like for them. Perhaps you have watched one or more of the countless television shows or movies in which a counselor or counseling setting is portrayed and you found the images compelling and somewhat believable.

Whatever the source of knowledge about counseling may be, first time clients often face the experience of relying only on their expectations of what the situation is going to be like. Even those with prior counseling experience may return to counseling guided primarily by the expectations for what they are about to experience. It is the salience of expectations about counseling that researchers have found so compelling for the past 40 or more years.

Expectations about counseling, defined by Tinsley and Westcot (1990) as client probability estimates of the likelihood of certain events or conditions occurring, have been thought to exert a wide range of influence on therapists

and on the counseling setting. For example, Tinsley, Bowman, and Ray (1988) reviewed several surveys which demonstrate people would rather seek help from a close friend, parent or minister opposed to a counselor or psychotherapist (Parham & Tinsley, 1980; Tinsley, de St. Aubin, & Brown, 1982; Tinsley & Benton, 1978; Tinsley, Brown, de St. Aubin, & Lucek, 1984; Yanico & Hardin, 1985). Consensus seems to be that individuals typically possess greater knowledge about their parents, friends, or religious advisor than they do about their counselor. As a result, expectations for counselors and psychotherapists are likely to be less clearly defined than they would be for people with whom they are more familiar.

These studies have also consistently found that individuals' counseling preferences, defined by Tinsley and Westcot (1990) as client desires for the occurrence of certain events or conditions related to help-seeking, exceeds their expectations. They are therefore motivated to seek those situations which minimize the perceived distance between expectancies and preferences. Consequently, individuals are more likely to turn to more familiar help-giving resources in pursuit of maximizing the match of their expectations with their preferences.

Expectations and Effectiveness of Psychotherapy

Client expectations about counseling are generally considered to be important because they are germane to a broad range of topics related to counseling. The impact of expectations on the effectiveness of counseling and psychotherapy is one such area. For example, Tinsley, Bowman, and Ray (1988) theorized that expectations about counseling are an integral component in the effectiveness or outcome of psychotherapy. Heppner and Heesacker (1982) examined the influence and interpersonal power that counselors have in the psychotherapy setting. Results suggested that a key component in clients' willingness to comply with the course of action recommended by the therapist are the expectations for counseling held by the client. The more convergent the therapist's requests are with the client's expectations, the more likely the client is to follow the therapist's instructions.

Frank (1968) and Goldstein (1962) take a somewhat stronger stance and propose that not only are client expectations for counseling helpful, they are absolutely critical. Both authors suggest that without a strong expectation on the part of the client to benefit from psychotherapy, therapeutic gain would be extremely limited.

Keaton (1990) also supported this strong position that a strong level of client expectation for counseling is critical to therapeutic gain. Keaton found that those who volunteered for counseling opposed to non-volunteers were much more likely to view counseling as a highly valuable experience and were also more likely to have higher levels of expectations for counseling.

Current Directions of Research on Expectations and Counseling

With the development of Tinsley's (1982) Expectations About Counseling (EAC) scale, one possessing acceptable levels of both reliability and validity, research on expectations about counseling has expanded into new areas. The EAC brief form is a 66-item instrument that assesses clients' probability estimates of the likelihood of certain conditions occurring within counseling and has enjoyed tremendous success as an instrument for researching client expectations about counseling. One area of focus receiving a great deal of attention of late is the multicultural aspect of expectations about counseling.

Kenney (1994) investigated the differences among African-American, Asian International and European-American students. Results indicated that African-American and Asian International students overall had significantly lower

expectations on the personal commitment scale on the EAC than their European-American counterparts. Kenney also found that African-American students tended to experience significantly lower expectations for facilitative conditions and counselor expertise than Asian International students.

In a similar study, Kemp (1994) conducted a comparative investigation of African-American students' expectations about counseling as a function of the type of university they were attending. Kemp's results determined that African-American students at a predominantly Black university reported significantly greater self expectations for openness and responsibility than African-American students attending a predominantly White university. In addition, African-American students at the predominantly Black university also reported significantly greater expectations for the counselor to be more accepting, confrontational, directive, genuine, nurturant, and self-disclosing than did the African-American students at the predominantly White university. It is important to note that the sample in this study consisted of individuals who reported having never sought psychological counseling.

While these studies have focused on differences between racial groups, other researchers have been developing scales for measuring expectations in other cultures and other

languages. For example, Runrke and Jorge (1992) developed a Spanish version of the EAC. A total of 137 bilingual students and non-students participated in two studies in the development of the Spanish EAC. Results from these two studies support the construct validity and basic factor structure for the Spanish EAC relative to Tinsley's (1982) EAC-B scale for use with a wide variety of Hispanic populations.

Positive versus Negative Expectations

Continuing to explore new dimensions in expectations about counseling, H. E. A. Tinsley has begun to examine the effects of the affective valence of expectations as they apply to the counseling setting. The valence of expectations refers to assessment of an individual's expectations about counseling to be essentially globally positive or globally negative. Tinsley, Tokar, and Helwig (1994) hypothesized that clients who possess relatively positive expectations about career counseling would display a higher level of involvement in the counseling process than those whose expectations were relatively negative. Indeed Tinsley et al. found that the clients who entered counseling with a relatively positive set of expectations were rated

significantly higher on global measures of involvement in counseling.

McLeod and Deane (1994) also investigated the ability of the valence of expectations about counseling to determine if positive disconfirmed expectations would lead to an elevation in state anxiety. Essentially they found that the disconfirmation of expectations (what the clients expected to happen did not actually happen) did not lead to any observed elevations of state anxiety. They did, however, discover that the valence of expectations about counseling served as a mediator such that positive expectations led to greater reductions in state anxiety than those who had negative expectations about counseling.

Unrealistic Expectations About Counseling

Tinsley, Bowman, and Barich (1993) asked a sample of clinicians about their perceptions of the occurrence and effects of unrealistic expectations held by their clients. Unrealistic expectations were considered to be scores on the EAC that represented consistent identification with either extreme on the questionnaire and the data gathered from the clinicians suggested that in general, unrealistic expectations held by clients are detrimental to the therapy process. Specifically cited, unrealistically high

expectations tended to be reported for clients' need for concreteness, the likelihood of counselor nurturance, directiveness, and empathy subscales of the EAC. The clinicians also noted that clients also typically report unrealistically low expectations regarding the need for immediacy, motivation, openness, responsibility and the likelihood of confrontation subscales of the EAC.

Tinsley et al. (1993) further elaborated that despite the overall conception that unrealistic expectations are or can be harmful to the therapy process, unrealistically high expectations about the need to be motivated, open and to assume responsibility were considered by the clinicians to be facilitative of counseling. They also reported that unrealistically low expectations for counselor directiveness were facilitative of the counseling process (Tinsley et al., 1993).

Conceptual Crisis: Expectations versus Preferences

Although the concept of what constitutes an expectation, especially with respect to psychological counseling, seems to be fairly straightforward, those who conduct research in this area continue to debate about what exactly expectations are and how they differ from other concepts such as preferences and anticipations. In a relatively recent publication,

Tinsley (1992) defended his work on expectations about counseling by clarifying his operationalization of the term "expectation." He re-affirmed his definition of expectations as noted in Tinsley and Westcot (1990) and cited in Tinsley, Bowman, and Ray (1988):

The present authors define *expectancies* as probability statements regarding the likelihood that an event will occur (e.g., the counselor will understand my problem) or a condition will exist (e.g., the counselor will seem trustworthy).
(p. 100)

In this article, Tinsley responded to criticisms posed by Galassi, Crace, Martin, James, and Wallace (1992) in which Tinsley and others are criticized for using the terms expectations and preferences interchangeably, consequently clouding the issue of how expectations influence an individual's counseling experience. Tinsley defends his work and the work of others by reviewing early research published in which he clearly defined expectancies as probability statements regarding the likelihood that an event will occur or that certain conditions are likely to exist (Tinsley, Bowman, & Ray, 1988). As a result, Tinsley asserts that it is most likely acceptable to use the terms which refer to these kinds of probability statements either as expectancies or as anticipations. He does not however, confuse expectations with preferences.

To further establish this point, Tinsley also noted that the review of expectancy literature (Tinsley, Bowman, & Ray, 1988) also clearly defined the term preferences as desires regarding the occurrence of an event or the existence of a condition. Thus, a preference can be distinguished from an expectation in that preferences refer to an individual's desire for events or conditions to exist and expectations refer specifically to the individual's probability estimates that events or conditions are likely to exist (Tinsley & Westcot, 1990).

Tinsley (1992) also noted that review of abstracts contained within the PsycLIT database (American Psychological Association, 1974-1982, 1983-1991; Walker, 1991) supported his claim that expectations may legitimately be used interchangeably with anticipations, but preferences refer to another concept altogether. Within the PsycLIT database, the term anticipation was most often found in references pertaining to serial anticipation learning, leading Tinsley to conclude that the term expectations was more appropriate for use in conjunction with studies relating to counseling. The term preferences was consistently linked with studies where respondents indicated a desire for one condition or

event over another free from any estimates of how likely those events or conditions were to exist.

Consequently, the criticisms posed by Galassi, Crace, Martin, James, and Wallace appear to be unfounded, at least regarding the body of work compiled by H. E. A. Tinsley and associates. Review of both early and recent research published by Tinsley demonstrates a consistent use of the term expectations, especially as differentiated from preferences (Tinsley and Benton, 1978, Tinsley, Workman, and Kass, 1980, Tinsley and Westcot, 1990, Tinsley, Bowman, and Barich, 1993, and Tinsley, Token, and Hewlett, 1994).

Thus to summarize, an expectation is an individual's probability estimate of the likelihood of an event occurring or a condition existing while a preference refers to an individual's desire for an event to occur or for a condition to exist.

Measurement Issues Pertinent to Expectations and Preferences

Because Tinsley (1992) and others have demonstrated effectively that expectations and preferences are separate constructs, measurement of the two constructs "expectations" and "preferences" should be demonstrated to be psychometrically distinct. Measurement of preferences would most likely involve forcing participants to choose between

two or more items, events, or conditions relating to counseling or asking them to respond with what they would like to have happen during counseling.

Meanwhile, measurement of expectations would differentially involve asking respondents to indicate how likely they feel a stated event or condition is likely to exist within a counseling setting. The simplified questions could therefore be "How likely is X to occur?" in reference to expectations and "What would you like to occur?" in reference to preferences for counseling.

Tinsley and Benton (1978) adapted the original EAC scale which generated responses to item stems beginning "I expect to..." or "I expect my counselor to..." to also measure preferences of respondents. Following administration of the EAC, participants were asked to respond to an identical set of items which began with the stems "I want to..." and "I want my counselor to..." In this way, Tinsley and Benton were able to ascertain that clients generally have stronger preferences about counseling than they have expectations for the same domain of items.

Mutually Exclusive Versus Overlapping Concepts

Although Tinsley (1992) elaborated the notion that expectations about counseling are distinguishable from

preferences for counseling, that does not eliminate the possibility that the two constructs may possess overlapping content. That is to say that it is possible that an individual's expectations and preferences can overlap and may not be orthogonal. For example, a client may have a preference for the counselor to be an empathic listener and also expects the counselor to be an empathic listener; that person's expectations and preferences would be the same.

It appears however, that in many cases clients do in fact possess expectations for counseling that differ considerably from their preferences. For example, Tinsley and Benton (1978) found results indicating that students in university counseling centers generally want more from counseling than they expect to receive. Specifically, clients' preferences to see an experienced counselor, to understand the purpose of interventions, to take psychological tests, and to do assignments outside of sessions, exceeded their expectations for these conditions. Galassi, Crace, Martin, James, and Wallace (1992), though they disagreed on terminology, also discovered that clients often have clear ideas about what they both want and expect from counseling; however, they noted that students typically do not expect to get all that they want or prefer. Tinsley (1992) also produced similar results suggesting a consistent

finding that clients appear to have strong ideas both of what they want and expect, but their expectations are consistently lower than their preferences.

Tinsley and Benton (1978) were able to establish this phenomenon by demonstrating that clients' preference for working on assignments outside of the counseling interviews was significantly greater than their expectations for being given outside assignments. In a slight variation on this study, Galassi et al. (1992) replicated these findings that clients generally preferred to be given assignments to complete outside of counseling but they did not know what to expect (a finding that was translated into lower expectations than preferences for completing outside assignments).

However, it is not always the case that clients have stronger preferences than expectations. Tinsley and Benton (1978) also found that clients had stronger expectations to discuss their present concern than they had a preference to do so. Galassi et al. (1992) found two areas in which clients consistently had higher counseling related expectations than preferences. First, they found that clients had a stronger expectation to engage in behaviors that would earn them the label "good" clients, such as being self-disclosing with the counselor, than was their stated preference. Second, Galassi et al. (1992) found that clients

possessed much stronger expectations than preferences for self-exploration.

These results suggest there are instances when clients have stronger preferences than expectations, but there are also cases when the situation is reversed and clients' expectations exceed their preferences for events or conditions related to counseling. The research to be presented in the next section also further illustrates the distinction between the constructs expectations and preferences.

Counseling Experience and Expectations and Preferences

In 1976, S. B. Dremen and A. Dolev published a study in which they had investigated the relation between preferences and expectations concerning services offered at a university counseling center. Participants in the study consisted of 100 university students, all of whom reported having never experienced psychological counseling. Dremen and Dolev (1976) hypothesized that a discrepancy would exist between the non-client's expectations and their preferences and that this discrepancy would have implications for those individuals' willingness to seek future counseling services. Results from this study found the discrepancy between expectations and preferences as described in the literature,

especially concerning the level of counselor activity. The non-clients preferred the counselor to be significantly more active during sessions than they expected.

In a follow up study, Dremen (1977) continued to investigate the relationship between expectations and preferences for counseling, again hypothesizing a difference in university students' expectations and preferences. In this study, however, Dremen included a sample of "clients," those who had requested counseling, and compared results obtained with clients from the non-client study conducted earlier. Participants included 100 students seeking counseling services at a university counseling center. Results from this study replicated the finding that preferences for counseling typically exceed an individual's expectations for counseling, regardless of whether or not one was a client or completely naive to counseling. However, for the group of "clients," their expectations and preferences were found to be consistently more congruent than those from the "non-client" group.

As a result of these studies, Dremen (1977) concluded that an individual's willingness to seek counseling services is indeed significant in that the discrepancy between pre-counseling expectations and preferences is subsequently diminished. Despite the finding that counseling preferences

were still considerably greater than expectations for counseling, clients apparently adjust either their expectations or preferences or both so that they are more congruent and overlapping.

Lagana (1995) was also able to demonstrate the ability of counseling experience to predict expectations about counseling. Lagana administered Tinsley's (1982) Expectations About Counseling scale to 57 retired professors who were divided by age into categories of 75 years and younger and older than 76 years of age. The significant finding of this study was that Lagana was able to demonstrate that individuals in either age group reporting experience with counseling differed in predicted expectations from those who reported no history of counseling experience. Those persons who had experienced counseling had higher expectations for counseling than those who did not have counseling exposure. Although Lagana's study did not attempt to produce changes in expectations about counseling by manipulation of prior counseling experience, these results are among the first to demonstrate any kind of effect for prior experience as a predictor for expectations about counseling. Consequently, it seems possible that with properly designed manipulations, investigators may be able to

demonstrate a manipulation of expectations about counseling as a function of prior counseling experience.

Implications of Expectations and Preferences for Counselors

VandeCreek and Angstadt (1985) investigated the effects of client preferences and anticipations (anticipations referring to what Tinsley would label expectations) in relation to counselor self disclosure. Participants included 120 female undergraduate students who reported no prior counseling experience. Those persons were divided into groups of high or low preference for counselor self-disclosure. Following the presentation of a videotaped counseling vignette in which counselor self-disclosure was either absent or present, participants were asked to make favorability ratings of the observed counselor.

As predicted, VandeCreek and Angstadt found that participants who had both high preferences and expectations for counselor self-disclosure, when self-disclosure was present, gave higher favorability ratings to the observed counselor than participants who had high preferences and expectations but who observed a non-disclosing counselor. Oddly, VandeCreek and Angstadt also found that participants who reported low preferences and expectations for counselor self-disclosure, and who witnessed a non-disclosing

counselor, reported the lowest counselor favorability ratings despite the apparent confirmation of their preferences and expectations. These anomalous results were addressed by the investigators' hypothesis that self-disclosure in counseling may be a more potent variable than either expectations or preferences. Results from this study, however, demonstrate the importance of providing counseling which meets the high expectations and preferences of clients. The study suggests that when counselors fail to meet those standards, they may be viewed less favorably than counselors who confirm clients' lofty expectations and preferences.

Expectations and Premature Termination from Counseling

Counselor expectations and preferences may affect the delivery of counseling services, and may be related to important clinical issues such as client persistence or early termination. Research in this area has provided an incomplete view of the consequences to the counseling process and to the client, from counseling's not meeting a client's expectations or preferences. One specific area that has received significant research attention is the effect of expectations and preferences on early or premature termination from counseling.

Hardin, Subich, and Holvey (1988) conducted an analysis of expectation about counseling scores obtained for a group of actual clients who completed counseling and compared them to scores from a group of clients who had terminated therapy without counselor agreement and after completing only one session. Even with controls for gender and type of presenting problem, the results of the study failed to demonstrate significant differences in precounseling expectations for the appropriate termination group versus the premature termination group. These results would perhaps suggest that there is little relation between expectations about counseling and premature termination from counseling. However, contrary evidence does exist.

Hynan (1990) asked 31 university counseling center clients to identify reasons for termination of counseling and to rate their experience in counseling. He discovered that those terminating therapy early tended to report situational constraints, but more importantly listed discomfort with services as a primary reason for ending treatment. Those persons described as later terminators consistently cited perceived improvement in the presenting issue and attributed improvement to therapy.

Although not explicitly stated in the article, it is logical to conclude that the report of participants'

discomfort with counseling may be translated to mean that these respondents failed to have their preferences for counseling met. Thus, individuals unable to have their preferences for counseling met may be more likely to terminate counseling services earlier than those who perceive their preferences are being met.

It is also interesting to note that the later terminating individuals in this study also reported beliefs that their therapists respected them more as clients, that their therapists had a high degree of warmth, and that their therapists exhibited high degrees of competency. These reported beliefs by individuals with greater counseling experience also coincide closely with reported expectations about counseling. In other words, with increases in counseling experience, the more expectations and preferences begin to converge.

Although discussion of the convergence of expectations and preferences was not addressed specifically in Hynan's (1990) study, these results suggest that it may be possible to create a situation such that expectations begin to approximate preferences following counseling experience. Hynan's results indicated that the more exposure clients have with counseling, the more likely they are to experience congruent expectations and preferences for counseling.

However, these results were reported in a non-experimental study which did not involve manipulation of counseling experience. Thus it seems at least possible that client expectations about counseling can be manipulated by selective exposure to the kind of counseling experiences that clients receive.

There does exist substantial support for the conclusion that clients' expectations about counseling have a direct influence on their decision to remain in counseling (Tinsley, Bowman, and Ray, 1988). Despite studies such as Hardin et al. (1985) that found no relation between expectations and premature termination, Borghi (1968), Overall and Aronson (1963), and Sandler (1975) have all obtained results leading them to conclude that clients' decisions to terminate counseling following the initial interview is largely a function of the discrepancy between their expectations and what actually happens during the counseling process (Tinsley, Bowman, and Ray, 1988).

Expectations, Prior Experience and Ethical Judgments

In a study similar to the one being proposed here, Vas (1995) attempted to ascertain if and how expectations about counseling influenced ethical judgments of counselor behavior through use of statistical approaches such as regression and

path analysis. While gender and sex-role orientation were significant predictors for expectations about counseling, none of the other predictor variables, such as prior counseling experience and level of moral reasoning, directly predicted the ethical judgment factors used in the study.

However, subsequent analyses indicated that when expectations about counseling were entered into a regression equation as a solitary predictor variable, it became a significant predictor for ethical judgments under specific circumstances. Specifically, for those individuals who reported not having prior psychological counseling experience, the level of expectations about counseling significantly predicted the degree of ethical judgments made about specific counselor behaviors on an ethical factor relating to the preservation of confidentiality, guarding a person's privacy and confidence, and the counselor's responsibility to protect the client and others from harm.

These results are intriguing primarily because the literature on expectations about counseling suggests that prior counseling experience has little impact on a person's expectations. Data from Vas (1995), however, suggests that prior counseling experience may indeed be relevant, not only to expectations about counseling, but to other important

areas as well (e.g., ethical judgments of counselor behavior).

The literature on expectations about counseling suggests that prior experience has little or no influence on measures of expectations (Galassi et al., 1992, Hardin & Subich, 1985, Johnson, 1990, Subich & Coursol, 1985, Tinsley, 1992). Tinsley (1992) found these results not surprising, and hypothesized that clients as well as non-clients watch television, read the newspaper and books, and are consequently exposed to the same public image of counseling and therapists. While present data seemingly supports this possible conclusion, researchers in the area of counseling expectations have overlooked two key issues.

First, researchers have not tried to directly effect differences in expectations about counseling by systematically varying prior counseling experiences. In addition, researchers have also overlooked the impact of client's or potential client's perceptions of the positive or negative nature of the prior counseling experience on expectations about counseling. Consequently, the present study proposes to address directly whether counseling expectations and preferences can be manipulated.

Manipulations of Expectations About Counseling

Tinsley, Bowman, and Ray (1988) discuss the usefulness and effectiveness of manipulations designed to produce changes in an individual's expectations about counseling. Tinsley and his colleagues concluded from this review that expectations about counseling could indeed be manipulated and that the use of complicated experimental interventions appeared both unnecessary and unfruitful.

When examining the modalities employed in effecting changes in expectations about counseling, Tinsley et al. (1988) observed that videotaped interventions were most likely to produce changes in expectations while results from strictly verbal interventions were questionable. Moreover, the effectiveness of printed documents was thought to be largely weak. Consequently, according to the implications of Tinsley, Bowman, and Ray (1988), any researcher hoping to manipulate expectations about counseling should consider the use of direct audiotaped or videotaped manipulations.

More importantly however, Tinsley, Bowman and Ray (1988) also admitted that experience in actual counseling may indeed have an impact on clients' expectancies. They state that they are not sure whether the observed changes in expectancies are a direct result of the counseling experience

or if they are due, at least in part, to confounding other variables investigators failed to control.

Purpose and Hypotheses

The purpose of this analogue study was to manipulate participants' expectations and preferences about counseling by vicarious exposure to either a positive or negative counseling experience portrayed through videotapes. By manipulating expectations and preferences, this study attempted to demonstrate that expectations can be altered to be more consistent with preferences, thus narrowing the difference in respondents' ratings of the two constructs. In addition, the study addressed the potential influence of vicarious counseling experience on ethical judgments of counselor behaviors. Specifically, the study assessed whether expectations about counseling can be influenced by vicarious counseling experiences, and also whether ethical judgments of counselor behavior can be modified as a result in this manipulation.

Data provided by Tinsley et al. (1992) indicated that prior to counseling, students generally held higher preferences than expectations for counseling (i.e., they want more from counseling than they expect to receive). The findings of Tinsley et al. (1992) revealed that either

clients are perpetually disappointed by counseling, or more likely, that cognitive and attitudinal changes occurred during the course of counseling and led the clients to minimize the discrepancy between their expectations and preferences. Therefore, a central hypothesis of this study is that for those individuals who report a relatively positive reaction to a vicarious counseling experience, expectations about counseling will increase to more closely approximate their reported preferences. Conversely, individuals who report relatively negative reactions to a vicarious counseling experience will either experience no differences in counseling expectations or will experience a decrease in expectations for counseling.

Primary and Secondary Questions Addressed
by the Present Study

Of primary importance to this study was the question, "Does vicarious exposure to a perceived positive or negative counseling experience influence subsequent expectations and preferences about counseling?" This question was addressed by the following hypotheses. First, consistent with the literature, it was hypothesized that individuals will demonstrate greater preferences than expectations for counseling. Second, it was hypothesized that individuals who

are exposed to a positive vicarious counseling experience will have enhanced expectations for counseling, ones which more closely approximate their preferences for counseling. Conversely, participants exposed to a negative vicarious counseling experience were hypothesized to retain a greater disparity between counseling expectations and preferences.

In addition, it is recognized that prior exposure to counseling, especially direct participation in the process, may influence both counseling preferences and expectations. Thus, a secondary exploratory question addressed by this study was, "Does prior counseling experience interact with vicarious exposure to either a perceived positive or negative counseling experience to influence subsequent expectations and preferences about counseling?"

Since this study involved a manipulation of vicarious counseling experience through simulated positive and negative video exposures to counseling, and since both conditions involved videotape presentations of client-perceived ethical concerns about maintaining confidentiality, additional secondary questions emerged. These additional areas of interest focused on respondent perceptions of counselor ethical behaviors, as well as willingness to seek psychological help, following exposure to the videotapes. Thus, two additional exploratory questions were addressed by

this study. First, "Does exposure to perceived vicarious positive or negative counseling experiences influence ethical ratings of counselor behaviors?" Second, "Does exposure to perceived vicarious positive or negative counseling experiences influence willingness to seek counseling or psychological help?"

Study Design

The questions and hypotheses posed by this investigation were addressed in an analogue study in which participants were randomly assigned either to view one of two videotaped, simulated, and manipulated counseling vignettes, or to a control group. Participants' vicarious counseling experiences, resulting from exposure to one of the two vignette exposed groups, served as the active manipulations of counseling expectations and preferences.

The study was conceptualized as a two group (contrasting video vignettes) post-test only design with an accompanying third or control group, a videotape exposure to information about counseling, followed by a counseling role play illustrating client-centered techniques. The two vignette exposures (active treatments) were designed to present credible but contrasting counseling outcomes, that is, to expose participants to either a vicarious positive outcome

counseling experience or a vicarious negative outcome experience. For those participants in the positive or negative condition, all dependent variable questionnaire measures were collected after tape exposure (a post-test only design). For control group participants, all questionnaire measures were collected before control tape exposure. Hence, the control group served as a non-exposed baseline comparison for the study's measures. Participants in this group were not exposed to any manipulation, or any counseling-related video, prior to completing the questionnaires associated with this study.

METHODS

Participants

The participants for this study were 143 female students from the general psychology research participant pool at Iowa State University. Recruitment of participants followed the guidelines of the University and Department of Psychology. Each participant received one point of extra course credit for their voluntary involvement in the study. This study was reviewed and approved by the Department of Psychology and the Iowa State University Human Participants (Subjects) In Research Committees. Please see Appendix G for a copy of the approval form.

Instruments

In order to determine the influence of counseling experience on an individual's expectations about counseling and their ethical judgments of counselor behaviors, a series of six brief questionnaires and a recorded videotape were presented to the participants. The questionnaires include the Expectations About Counseling - Brief Form (EAC-B, Appendix A), Preferences About Counseling (PAC, Appendix B), a modified form of the original Ethics and Practice Questionnaire (EPQ, Appendix C), the Attitudes Toward Seeking

Professional Psychological Help Scale (ATSPPH, Appendix D), a response to the videotape questionnaire (Appendix E) and a prior counseling experience questionnaire (Demographic Information, Appendix F).

The recorded videotapes contained two separate presentations (videotaped vignettes) of a volunteer role-playing a client in a hypothetical clinical situation. One recording presented a generally positive counseling outcome and the second recording presented a generally negative counseling outcome.

Expectations About Counseling (EAC-B)

Expectations about counseling were measured using the Expectations About Counseling - Brief Form (Tinsley, 1982, see Appendix A). The Expectations About Counseling - Brief Form (EAC-B) was created by H. E. A. Tinsley in 1982 based on the original Expectations About Counseling scale (Tinsley and Harris, 1976) designed to measure students' expectations about the counseling process and the individual counselor (Tinsley, Workman, & Kass, 1980). The EAC-B contains 66 items answered on a 7-point Likert scale with response options ranging from *Not True* to *Definitely True*.

The EAC-B contains 17 subscales which measure expectancies in four more general categories: Client

Attitudes and Behaviors (responsibility, motivation, and openness); Counselor Attitudes and Behaviors (acceptance, confrontations, genuineness, directiveness, empathy, self-disclosure, and nurturance); Counselor Characteristics (attractiveness, expertness, trustworthiness, and tolerance); and Counseling Process and Outcome (immediacy, concreteness, and outcome). This four factor structure of the EAC and the EAC-B has been consistently replicated in several studies conducted by Tinsley and his colleagues (Hayes and Tinsley, 1989; Tinsley and Westcot, 1990; Tinsley, Workman, and Kass, 1980; and Tinsley, Holt, Hinson, and Tinsley, 1991).

Data from secondary analyses of six investigations indicated that the EAC-B yields scores that correlated $\geq .83$ to the original EAC (Hayes & Tinsley, 1989). Tinsley (1982) reported that responses of 446 undergraduate students yielded internal consistency reliabilities for the 17 scales ranging from .69 to .82 with a median reliability of .82. Tinsley (1982) further reported two-month interval test-retest reliability ratings for the EAC-B scales ranging from .47 to .87 with a median reliability of .71, with all but the responsibility scale achieving a test-retest reliability of .60 or higher.

Preferences About Counseling (PAC)

Preferences for counseling were also be measured using a modified version of Tinsley's (1982) EAC-B (see Appendix B). In place of the question stems "I expect to" or "I expect my counselor to" are the new stems "I want to" and "I want my counselor to." Also included was a statement directing the respondents to note the differential definitions of the two terms expectations and preferences to ensure that the distinction was clear.

Although the articles published by Tinsley and others do not provide any of the statistical measures of reliability and validity for this method of evaluating preferences, Tinsley and Benton (1978) utilized the same method for distinguishing preferences and expectations on the original full EAC scale. It is reasonable to expect that because the preferences and expectations scales contain identical content except for the sentence stems, that they would yield similar factor structures as well as reliability and validity estimates. This study included these results as part of the statistical analysis conducted following completion of data collection.

Ethics and Practice Questionnaire (EPQ)

Measurement of participants' ethical judgments of counselor behavior were obtained through the administration of a modified form of the Ethics and Practice Questionnaire (Schwabach, 1991, see Appendix C). The original Ethics and Practice Questionnaire (EPQ) consisted of 57 items answered on a 5-point Likert scale. The possible answers about a specific behavior's ethical acceptability ranged from *Never* to *Very Often*. For each item, respondents were presented with a specific counselor behavior and asked to rate how ethical the behavior was and to guess how often it is practiced. The counselor behaviors on the EPQ were generated from a set of stimuli used in two surveys of psychologists' ethical knowledge (Pope et al, 1987, 1988; Hillerbrand & Claiborn, 1988). The principal components factor analysis followed by VARIMAX rotations conducted by Schwabach determined that the items elicit ethical judgments related to five factors including dual relations, informed consent, sexuality, disclosure, and duty to warn.

A modified version of the EPQ was constructed and implemented in an earlier study examining the influence of expectations about counseling on ethical judgments of counselor behavior (Vas, 1995). Vas (1995) eliminated the practice portion of the questionnaire and reduced the number

of items from the original 57 to 15 by selecting the three items from each of the five factors that had the highest overall factor loading score and item total correlation. Each item on the revised scale was presented four times for each possible client/counselor gender combination (e.g., male counselor with female client, etc.) yielding a final 60-item questionnaire.

For the present study, the EPQ underwent yet another modification. Results from Vas (1995) suggest that there is little predictive power for either prior counseling experience or expectations about counseling for items relating to the dual relations or sexuality factors mentioned above. However, expectations about counseling did significantly predict ethical judgments of counselor behavior for items contained within the informed consent, disclosure, and duty to warn factors when the respondents reported having had no prior counseling experience. Consequently, the current version of the EPQ eliminated all items from the dual relations and sexuality factors and re-instated previously deleted items from the informed consent, disclosure and duty to warn factors generating a final 17 item questionnaire. Following the selection of the 17 items, a random numbers table was used to order the items for each of the individual items on the questionnaire.

Attitudes Toward Seeking Professional Psychological Help

Measurement of participants' attitudes toward seeking counseling were obtained with the Attitudes Toward Seeking Professional Psychological Help Scale (ATSPPH, see Appendix D). The original ATSPPH scale developed by Fischer and Turner (1970) consists of 29 Likert type items reflecting participants' attitudes toward seeking professional counseling for psychological issues. The ATSPPH scale contains four factor-analytically derived subscales: recognition of personal need for psychotherapeutic help, tolerance of the stigma associated with psychiatric help, interpersonal openness regarding one's problem, and confidence in mental health professionals.

Fischer and Turner (1970) reported the overall alpha coefficient for the scale to be .83. The four subscale alpha coefficients ranged from .62 to .74. Test-retest reliability estimates ranged from .73 to .89 for testing intervals ranging from five days to two months. In a recent study involving the ATSPPH scale, Price (1994) calculated alpha coefficients for the entire scale to be .86. Price also determined that a three factor solution may be more appropriate in some instances than a four factor solution originally suggested by Fischer and Turner. In particular,

Price noted that the three factor solution was appropriate when working with non-Anglo populations (Price, 1994).

Following changes made by Price (1994) the ATSPPH in this study has been modified to remove sexist language (e.g., "his" or "he" became "his or her" and "he or she," respectively). Terms such as "counselor," "counseling," and "counseling center" have replaced "psychiatrist," "psychiatric treatment," and "mental hospital," respectively, according to changes suggested by Sanchez and Atkinson (1983).

The response items have also been modified slightly in an attempt to minimize any ambiguity in potential choices. The responses originally consisting of "Disagreement," "Probable Disagreement," "Probable Agreement," and "Agreement" have been modified to "Strongly Disagree," "Disagree," "Agree," and "Strongly Agree." These modifications are also consistent with changes implemented in the Price (1994) study mentioned above. Additional changes to the factor structure of the ATSPPH are reviewed in the following results and discussion sections.

Response to Counseling Videotapes Questionnaire (RVQ)

Following the presentation of the videotaped counseling segments, participants in each of the three experimental

groups received a 13-item questionnaire (see Appendix E) asking them to provide reactions to the counseling vignette. These items were created to be pertinent to the videotapes used in this study; they were intended to assess the degree to which the participants were able to identify with the videotaped clients.

In addition to assessing similarity between participants and the videotaped client, questionnaire items ascertained the participants' degree of agreement with the counselor's decisions, respondents' perceptions of the degree to which the client improved, whether the client's experience was perceived primarily as positive or negative, and also the perceived need for continued counseling. This questionnaire served as a manipulation check. Specifically, it served to assess the degree to which the videotaped vignettes achieved the intended goal of providing participants with exposure to a positive or negative vicarious counseling experience.

Demographic Information Questionnaire (DIQ)

A brief 3 item questionnaire (see Appendix F) was designed to ascertain if participants in the study reported any prior experience with psychological counseling. Participants were provided with a definition of psychological counseling and were asked if they had ever participated in

counseling that specifically met the requirements of that definition. Participants were also asked to provide their age and their sex.

Videotaped Counseling Vignettes

Positive and Negative Conditions

A detailed, segment-by-segment description of the taped counseling vignettes and the control tape is provided in Appendix H. The appendix also delineates the essential and critical differences between the positive and negative videotaped vignettes and specifies the distinctions between these two simulated, vicarious counseling stimuli and the control videotape. Both the positive and negative counseling videotapes began with a brief (four to five minute) introductory interview of a female, third year graduate student in the Counseling Psychology Program role playing a client who was seeking counseling for the first time at a university counseling center. The role of the counselor was played by a fourth year, female graduate student in the Counseling Psychology Program, an individual who was approximately ten years older than the role played client. Females were chosen for both roles to help ensure that participants in the study could relate to the client and the vignette as much as possible.

During the interview, the participants (observers) learned that the client was reporting symptoms including fatigue, loss of concentration, and mild sleep and appetite disturbance stemming from difficulties the individual was having in her current romantic relationship. The client then briefly described some conflict involving her partner and continued to report that she was also having difficulty completing school work and other requirements during this episode. During the introduction of the client, the participants also observed the counselor's brief description of the nature of counseling and the limits of confidentiality.

The second portion of the tape, a segment of approximately 7 minutes, informed the participants that they were seeing a section of a later session between the counselor and the client in which the situation had grown distressing and more severe for the client. The client described how events had transpired to make her situation worse and she described how she began to feel "out of control" and "desperate." Agreeing that immediate action needed to be taken, the counselor reminded the client of the limits of confidentiality and disclosure and proceeded to inform her that the situation had become critical and that certain actions were to be taken. The counselor revealed to

the client that the number of sessions would be increased from one session per week to two or three per week.

Additionally, the counselor also informed the client that she would be consulting with the senior clinical team for additional support to ensure the client's safety.

The final portion of the tape, a segment of approximately six minutes, was the only portion of this manipulation that was different for participants randomly assigned to either the "positive" or "negative" counseling experience condition. Participants in the "positive" experience group viewed the last section of tape in which the counselor and client are again in a session four or five weeks following the crisis. In this condition, the client reported being very pleased with the outcome of the counseling experience and grateful for the counselor's intervention. Additionally, the client reported that the majority of the symptoms of her depression had subsided and that she was feeling significantly better than she did when she began counseling.

Participants in the "negative" condition viewed the final section of tape in which the counselor and client were also in a session four to five weeks following the crisis. The client in this segment instead reported being very upset with the counselor for her decisions and actions to consult

with colleagues, and also shared her disappointment with the progress and outcomes of counseling. In addition, the client reported that the symptoms of her depression remained just as strong as before counseling began, and that in addition, she was embarrassed by the counselor's decision to discuss her situation with someone else (in this case referring to the clinical team).

The manipulation presented to both the positive and negative conditions was identical except for the final stage of the tape. The final section of tape was made so that the experience of the client in the positive condition would be perceived as largely positive and beneficial, and the experience of the client in the negative condition would be perceived as largely negative and not at all beneficial.

Overall, the videotaped presentations for both the positive and negative conditions were approximately 20 minutes in length leaving the participants ample time to complete the questionnaires mentioned above. The primary goal for the taped manipulations was to establish a realistic and believable situation that students in a university setting could readily identify, and one which allowed a clear demonstration of a positive and a negative counseling experience.

The client's presenting problem and the actions taken by the counselor are identical in both conditions. The primary manipulations resulting from the videotapes were the client's positive or negative perception of counseling and a positive or negative evaluation of the benefits of counseling.

Control Condition

A third group of participants were also exposed to a brief videotaped counseling vignette only after they had completed the questionnaires associated with the study. However in this condition, there was no crisis situation requiring specific counselor actions and there was no evaluation of the effectiveness of counseling by the client. In this condition, participants saw a brief introduction to the nature of counseling by the principle investigator followed by a counseling role play conducted by the same two female graduate students who role played the client and counselor in the positive and negative conditions above.

The role play in the control condition featured the client discussing the same type of relationship problem as portrayed in the other videotapes and with some of the same symptoms only her case was presented as much less severe. The goal of the control condition videotape was to present a counseling vignette that was believable without the positive

or negative evaluative components of the other two videotape conditions. Before the presentation of the videotape, participants in the control condition were asked to respond to the same set of questionnaires as the participants in the positive and negative groups.

Variables

Independent Variables

The primary independent variable of interest in this study is the experimental condition, exposure to videotaped vicarious counseling experience designed to portray a positive, negative, or neutral (control) counseling scenario. The additional independent variable of interest in this study is the participants' report of past counseling experience (presence or absence of counseling).

Dependent Variables

The primary dependent or criterion variables in this study are the participants' expectations and preferences about counseling, the EAC-B and PAC (Appendix A and B, respectively). Participants' attitudes towards seeking professional psychological help, the ATSPPH (Appendix D), also provide an additional attitudinal dimension which may be influenced by the primary independent variables. Ethical

judgments of counselor behavior related to the informed consent, disclosure, and duty to warn factors contained within the Ethics and Practice Questionnaire (EPQ, Appendix C) also served as a secondary dependent variable in this study.

Procedure

Data was collected from the Introductory Psychology research pool at Iowa State University. Volunteer participants were randomly assigned to one of three conditions upon their arrival to the research site. Data for each of these groups was collected in small blocks, approximately 10 to 12 students per block, at various classroom sites on campus. Upon arriving at the research site, each participant received extra credit cards and was provided with instructions for their participation. Each participant was also given an informed consent form which described the nature of the study and requested their voluntary participation (see Appendix A, Expectations About Counseling - Brief form, Instructions, and Appendix I, Informed Consent Form).

Control Condition

Following collection of the signed consent forms, participants in this group watched the control videotape demonstrating a "typical counseling interaction." Following the videotape, they were given a questionnaire packet containing the RVQ, EAC-B, PAC, EPQ, ATSPPH, and DIQ. There were two forms of the questionnaire packet in which the EAC-B and the PAC were alternated to minimize any effects from their order. This was necessary because the content of the items was identical except for the wording of preferences versus expectations for all the items on these two questionnaires. At the conclusion of the study, as the participants returned their completed packets, they received a debriefing statement explaining the purpose of the study as well as information about the Student Counseling Services should any questions arise from their participation in this study.

Positive and Negative Conditions

Procedures for disseminating extra credit vouchers for these two groups followed those listed above for Group 1. Following collection of signed consent forms, participants assigned to the positive group saw the videotaped manipulation of the positive counseling vignette while those

assigned to the negative group saw the negative counseling vignette. At the conclusion of the videotapes, packets containing the RVQ, EAC-B, PAC, ATSPPH, EPQ, and DIQ questionnaires were distributed for the participants to complete. The questionnaire packets were again arranged in two formats allowing the order of the EAC-B and the PAC to be alternated to minimize order effects. At the conclusion of the study, as the participants returned their completed packets, they received a debriefing statement explaining the purpose of the study as well as information about the Student Counseling Services should any questions arise from their participation in this study.

Statistical Analyses

The primary analysis for this study was a mixed factorial 3 (experimental condition: positive, negative, or control) X 2 (presence or absence of prior counseling experience) MANOVA with experimental condition and prior counseling experience as between subjects factors and a comparison of preferences versus expectations based on the eight factors from the EAC-B and PAC scales as the within subjects factor. This design allowed for analysis of any differences between expectations and preferences as a result of both the experimental condition and prior counseling

experience. In addition to expectations and preferences, a one-way ANOVA was also conducted to determine the impact of the manipulation on participants' attitudes towards seeking professional psychological help. The secondary analyses for testing the effects of the experimental condition and prior counseling experience on ethical judgments of counselor behavior were also conducted with two one-way ANOVAs.

RESULTS

Participant Characteristics

The sample consisted of 145 female participants recruited from the Psychology Department research subject pool. All of the participants in the sample were females enrolled in undergraduate psychology courses who volunteered to participate. The mean age of the participants in this sample was 19.3 with a range of 16 to 33. The 33 year old participant was the only person whose age fell outside the range of 16 to 25. Of the 145 persons in the sample, 90 (62.1%) were freshmen and 26 (17.9%) were sophomore students. The remaining 39 students in the sample were either beyond the second year in college ($n = 17$, 11.7%) or declined to provide this information to the experimenters ($n = 12$, 8.3%).

Participants in this study were randomly assigned to either one of two experimental groups or a control group. Due to a procedural error in the assignment of participants to groups, the sample sizes of these groups were uneven. Forty-one participants (28.3% of the sample) were assigned to the "positive experience" condition, 70 participants (48.3% of the sample) were assigned to the "negative experience" condition, and the remaining 34 participants (23.4% of the sample) were assigned to the "control" condition. All

subsequent data analyses are based on the full sample size of 145 participants with an effort to control for unequal sample sizes where possible.

Because the effect of prior or current experience with psychological counseling is central to the questions posed in this study, it is important to note the number of participants in the study with past or current counseling experience. Of the 145 participants in the study, 55 persons (37.9%) acknowledged either prior or current experience with psychological counseling while 90 persons (62.1%) reported no prior counseling experience. Please refer to Table 1 for a delineation of participants in the study who reported prior experience with psychological counseling by condition.

A 3 X 2 chi-square test was conducted to determine if the observed frequencies for participants reporting prior counseling experience, versus those reporting no prior counseling, were significantly different from the expected frequencies across the three experimental conditions. Results depicted in Table 1 indicate that the observed frequencies were not significantly different from expected frequencies, $\chi^2(2) = 1.501, p > .05$.

Table 1. Prior experience with psychological counseling by experimental condition.

Experimental Condition	Experienced Counseling	
	YES	NO
Positive	13	28
Negative	30	40
Control	12	22
Totals	55 (37.9%)	90 (62.1%)

Note. Data in parentheses indicate total percentages of the sample either reporting or denying prior experience with psychological counseling.

$$\chi^2(2) = 1.501, p > .05$$

Means and Standard Deviations

Expectations About Counseling

Means and standard deviations were calculated for each of the 18 subscales and for each of the four factors on the EAC-B. Facilitative conditions was the factor with the highest overall mean ($M = 5.68$, $SD = .86$) and counselor expertise was the factor with the lowest overall mean ($M = 4.63$, $SD = 1.09$). The other factors in the study yielded the following means: nurturance ($M = 4.91$, $SD = .97$) and personal commitment ($M = 5.29$, $SD = .82$). Please refer to Table 2 for the means and standard deviations of the four main factors and 18 subscales of the EAC-B.

Preferences About Counseling

Means and standard deviations were also calculated for each of the 18 subscales and for each of the four factors on the PAC. The factor and subscale constructions for the PAC are the same as those for the EAC-B. Facilitative conditions was again the factor with the highest overall mean ($M = 6.11$, $SD = .69$) counselor expertise was again the factor with the lowest overall mean ($M = 4.63$, $SD = 1.04$). The other preference factors yielded the following means: nurturance ($M = 5.64$, $SD = .81$) and personal commitment ($M = 5.79$, $SD =$

Table 2. Means and standard deviations for the EAC-B and PAC subscales and factor scores.

EAC-B and PAC Subscales

<u>Subscale</u>	<u>EAC-B</u>		<u>PAC</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
Acceptance	5.60	1.27	6.24	0.92
Attractiveness	4.55	1.38	6.16	0.90
Concreteness	5.59	0.98	5.89	0.98
Confrontation	5.30	1.21	5.63	1.12
Directiveness	4.39	1.29	4.82	1.24
Empathy	3.99	1.50	4.61	1.54
Expertise	5.51	1.08	5.96	0.99
Genuineness	6.27	0.89	6.56	0.69
Immediacy	5.27	0.96	5.61	0.99
Motivation	4.88	1.42	4.70	1.48
Nurturance	5.89	0.98	6.19	0.94
Openness	5.60	1.16	6.10	0.95
Outcome	5.40	1.07	6.15	0.79
Realism	3.20	0.72	3.62	0.71
Responsibility	5.74	0.87	5.91	0.87
Self-Disclosure	3.60	1.58	3.97	1.62
Tolerance	5.17	1.24	5.83	1.01
Trustworthiness	6.12	0.95	6.50	0.75

Table 2. (continued)

EAC-B and PAC Factors

<u>Factor</u>	<u>EAC-B</u>		<u>PAC</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
Counselor Expertise	4.63	1.09	4.63	0.98
Facilitative Conditions	5.68	0.86	6.11	0.69
Nurturance	4.91	0.97	5.64	0.81
Personal Commitment	5.29	0.82	5.79	0.73

.73). Please refer to Table 2 for the means and standard deviations of the four main factors and 18 subscales of the PAC.

Ethical Judgments

Means and standard deviations were calculated for each of the three factors pertaining to participants' ethical ratings of counselor behavior. The three factors for this study were adopted from Schwabach's (1991) Ethics and Practice Questionnaire (EPQ). The original EPQ consisted of five factors; however, two of the factors were deleted from this study based on Vas' (1995) study which found no relation between those factors and expectations about counseling. The remaining three factors for this study were informed consent ($M = 4.02$, $SD = .63$), duty to warn ($M = 1.43$, $SD = .49$), and confidentiality and disclosure ($M = 4.20$, $SD = .80$).

Reliabilities and Scale Intercorrelations

Expectations About Counseling-Brief Form (EAC-B)

The internal consistency reliability for the four factors and 18 subscales of the EAC-B were calculated with Cronbach's coefficient alpha. The obtained alpha coefficients for the EAC-B factors are displayed in Table 3 along with the intercorrelations of the four factors. The

Table 3. Intercorrelations and reliability coefficients (alpha) for the Expectations About Counseling-Brief Form (EAC-B).

	CE	FC	N	PC
CE	(.78)			
FC	.61**	(.87)		
N	.63**	.82**	(.71)	
PC	.55**	.75**	.67**	(.85)

Note. Data in parentheses indicate the obtained reliability coefficient alpha for each factor.

Scale codes: CE = counselor expertise, FC = facilitative conditions, N = nurturance, PC = personal commitment.

*p < .05, **p < .01

internal consistencies obtained for the 18 subscales ranged from .66 to .85 which are generally consistent with reliability estimates reported by Tinsley (1982). Table 4 displays the obtained alpha coefficients for the EAC-B subscales.

Preferences About Counseling (PAC)

Internal consistencies for the Preferences About Counseling (PAC) questionnaire were also calculated. The internal consistencies obtained for the 18 subscales (see Table 4) ranged from .61 to .85 and like those obtained for the EAC-B, are consistent with alpha coefficients obtained by Tinsley (1982). Table 5 displays the obtained alpha coefficients for the four factors as well as the intercorrelations of the factors on the PAC. Table 6 also displays the zero order correlations between the eight factors of the PAC and the EAC-B.

Ethics and Practice Questionnaire (EPQ)

Cronbach's alpha was also computed for the Ethics and Practice Questionnaire (EPQ) and the three factors employed in this study. The reliability coefficients obtained were calculated on the 17 individual items on the questionnaire. The overall internal consistency for the EPQ was .50. The

Table 4. Reliability coefficients (alpha) for each subscale from the Expectations About Counseling-Brief Form (EAC-B) and the Preferences About Counseling (PAC) scale.

	<u>EAC-B</u>	<u>PAC</u>
<u>Subscale</u>	<u>Coefficient Alpha</u>	<u>Coefficient Alpha</u>
Acceptance	.85	.84
Attractiveness	.82	.74
Concreteness	.76	.83
Confrontation	.80	.84
Directiveness	.66	.62
Empathy	.80	.80
Expertise	.75	.67
Genuineness	.76	.74
Immediacy	.68	.70
Motivation	.75	.81
Nurturance	.75	.81
Openness	.80	.74
Outcome	.76	.66
Realism	.67	.61
Responsibility	.68	.69
Self-Disclosure	.82	.85
Tolerance	.75	.70
Trustworthiness	.80	.74

Table 5. Intercorrelations and reliability coefficients (alpha) for the Preferences About Counseling (PAC) scale.

	CE	FC	N	PC
CE	(.73)			
FC	.62**	(.84)		
N	.62**	.77**	(.67)	
PC	.52**	.79**	.58**	(.84)

Note. Data in parentheses indicate the obtained reliability coefficient alpha for each factor.

Scale codes: CE = counselor expertise, FC = facilitative conditions, N = nurturance, PC = personal commitment.

*p < .05, **p < .01

Table 6. Zero order correlations between the four factors on the EAC-B and PAC.

<u>EAC-B Factors</u>	<u>PAC Factors</u>			
	CE	FC	N	PC
CE	.69**	.41**	.38**	.33**
FC	.45**	.67**	.57**	.57**
N	.50**	.56**	.66**	.42**
PC	.49**	.61**	.47**	.66**

Note. EAC-B and PAC scale codes: CE = counselor expertise, FC = facilitative conditions, N = nurturance, and PC = personal commitment.

**p < .01.

internal consistency coefficients for the three factors were informed consent (.74), duty to warn (.74), and confidentiality and disclosure (.59).

Reactions to the Videotape

Each participant was asked to give their impressions of the videotaped counseling session presented to them. For participants in the positive and negative experimental conditions, the videotape was presented first and reactions to the video were collected after exposure to the tapes. Participants in the control condition first received the questionnaire packet, minus the reaction to videotape items, followed by the control condition video. The reaction to the videotape was presented last to participants in the control condition after the control condition video had been played.

Participants were asked to provide information pertaining to how similar they viewed themselves to the client in the videotape, how much the client gained from the experience, whether the experience was positive or negative, level of agreement with the counselor's decisions, and recommendations for continued counseling. A total of 15 items were presented to participants in the "positive" and "negative" conditions; however, only 11 items were presented to the control group because the content of four of the items

referred directly to elements of the "positive" or "negative" videotape that were omitted from the control videotape. Responses ranged from 1 ("Not at all") to 4 ("Very Much") for each of the 15 items. Table 7 displays the means and standard deviations across the three experimental conditions for all 15 items.

Similarity to Client

Three of the fifteen items presented were relevant to the participants' perceptions of similarity to the client and how typical they believed the observed counseling session to be. When asked "How similar are you to the client in the videotape?" mean responses for each group were 1.65 (negative), 1.83 (positive), and 2.24 (control) indicating a generally low level of personal identification with the videotaped clients. Participants in the control group were significantly more likely to identify with their client than participants in either the positive or negative groups, $F(2,141) = 7.23, p < .001$.

Participants in the control group were also significantly more likely than their counterparts in the "positive" and "negative" groups to endorse similar reactions to counseling and counselor behavior, $F(2,142) = 11.37, p < .001$. Analysis of the means from each group suggests the

Table 7. Means and standard deviations by experimental condition for reactions to videotaped counseling sessions.

	<u>Positive</u>		<u>Negative</u>		<u>Control</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
1. How similar are you to the client in the videotape?	1.83	0.70	1.65	0.70	2.24	0.82
2. How similar do you think your reactions would be to those of the client you just saw?	2.24	0.77	2.09	0.68	2.79	0.73
3. To what extent do you think these counseling sessions represent a "typical" counseling experience?	2.83	0.74	2.69	0.63	2.94	0.42
4. How much do you think the client improved from the beginning of counseling?	3.61	0.67	1.31	0.50	*	*
5. How much do you think the client benefited from her counseling experience?	3.63	0.70	1.50	0.58	2.35	0.77
6. How much do you think counseling helped the client with her crisis?	3.49	0.75	1.61	0.57	*	*

Table 7. (continued)

	<u>Positive</u>		<u>Negative</u>		<u>Control</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
7. How much do you think the counselor helped the client improve?	3.12	0.81	1.56	0.53	2.09	0.67
8. Do you agree with the counselor's decision to increase the number of sessions?	3.56	0.71	3.17	0.83	*	*
9. Do you agree with the counselor's decision to consult with the treatment team about the client?	3.46	0.71	3.37	0.75	*	*
10. How much do you feel counseling was a positive experience for the client?	3.56	0.71	1.70	0.68	2.79	0.73
11. How much do you feel counseling was a negative experience for the client?	1.29	0.60	2.84	0.91	1.68	0.77
12. How much would you recommend that this client continue in counseling with this counselor for this problem?	2.48	0.75	2.04	0.82	2.50	0.83

Table 7. (continued)

	<u>Positive</u>		<u>Negative</u>		<u>Control</u>	
	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>	<u>Mean</u>	<u>SD</u>
13. How likely would this client be to seek future counseling with this counselor?	3.45	0.64	1.63	0.66	2.68	0.73
14. How satisfied is this client with the counseling she has received?	3.76	0.42	1.09	0.23	2.76	0.65
15. How much do you feel this client needed counseling?	3.58	0.55	3.41	0.81	2.50	0.75

* The questionnaire for the control group did not include these items as they are specific to the content contained in the videotape segments shown to the participants in the positive and negative experimental groups.

participants were slightly more willing to identify having similar reactions to counseling than similarity to the client: negative (2.09), positive (2.24), and control (2.79). When asked if they believed the videotape they saw represented a "typical" counseling experience, participants in all three conditions rated the experiences as "pretty much" typical with no significant differences between any of the three groups. Means for this item ranged from 2.69 to 2.94.

Client Gains

Four of the fifteen items presented were specifically directed toward eliciting participants' estimates of improvement or gains made by the client in each videotape. However, only two of these four items were presented to the control group. Because the positive and negative videotapes included an element of time (e.g., multiple sessions) and a crisis situation which were not presented in the control videotape, participants in these groups were asked questions about improvement over time and resolution of the crisis which were not applicable to the control group. For the first of these items, participants in the positive group ($M = 3.61$) reported significantly more improvement since the beginning of counseling than did participants in the negative

group ($M = 1.31$), $F(1,109) = 426.21$, $p < .001$. For the second item, participants in the positive group ($M = 3.49$) reported that counseling helped significantly more with the crisis than did participants in the negative group ($M = 1.61$), $F(1,109) = 220.67$, $p < .001$.

Participants in all three groups were asked how much they believed the client benefited from the counseling experience. Participants in the control group ($M = 2.35$) reported significantly more benefit than participants in the negative group ($M = 1.50$) and participants in the positive group ($M = 3.63$) reported significantly more benefit than participants in both the control and negative groups, $F(2,142) = 133.31$, $p < .001$. Post hoc multiple range tests for least significant differences were conducted with each ANOVA to confirm significant differences between each group mean.

All three groups were also asked how much they believed the counselor helped the client improve. As before, participants in the control group ($M = 2.09$) reported the counselor helped significantly more than the negative group ($M = 1.56$) and participants in the positive group ($M = 3.12$) reported the counselor helped significantly more than participants in both the control and the negative groups, $F(2,142) = 74.49$, $p < .001$. Overall, the impressions of each

group indicated that participants in the positive group perceived greater client benefit, client gains, and counselor helpfulness than participants in either the negative or control groups.

Counselor Decisions

Participants in the positive and negative groups were asked to provide ratings of agreement with the two of the counselor's decisions. In both videotapes, the counselor made decisions to increase the frequency of counseling sessions and to consult with a treatment team about the client's situation. Although participants in the positive group ($M = 3.56$) agreed with the counselor's decision to increase the frequency of sessions significantly more than participants in the negative group ($M = 3.17$), $F(1,109) = 6.29$, $p < .05$, the level of both group means indicated that participants in both groups generally agreed with the decision to increase session frequency.

When asked about agreement with the counselor's decision to consult with a treatment team, no significant differences were obtained between the positive ($M = 3.46$) and negative ($M = 3.37$) groups, $F(1,109) = .41$, $p = .52$. Again, both group means suggest a generally high level of agreement with the

counselor's decision to consult with the treatment team about the client's situation.

Positive Versus Negative Experience

Two of the fifteen items presented asked participants in each of the three groups to provide ratings of the entire counseling experience. In one question participants were asked if counseling was a positive experience for the client and the other question asked if counseling was a negative experience for the client. When asked if the counseling experience was positive, participants in the positive group ($M = 3.56$) were significantly more likely to rate the experience as positive than participants in both the control group ($M = 2.79$) and the negative group ($M = 1.70$), $F(2,142) = 97.48$, $p < .001$. The post hoc analysis also showed that the mean for the control group was significantly greater than the mean for the negative group.

When asked if the counseling experience was negative for the client, participants in the negative group ($M = 2.84$) were significantly more likely to rate the experience as negative than participants in both the control group ($M = 1.68$) and the positive group ($M = 1.29$), $F(2,142) = 55.52$, $p < .001$. The post hoc analysis again confirmed that the mean for the control group was also significantly greater than the

mean for the positive group. These post hoc analyses confirm that participants in the positive group viewed the counseling experience as positive for the client while participants in the negative group viewed the counseling experience as negative for the client. These tests also confirm that the control videotape was consistently rated between the positive and negative groups relative to client experience with counseling.

Future Recommendations and Considerations

The final four items asked participants in the three groups how strongly they agreed with recommendations for further counseling and asked the respondent to estimate the client's perception of benefit from counseling. When asked if they believed the client was satisfied with the counseling, significant differences were obtained between each of the three groups with participants in the positive group ($M = 3.78$) reporting the highest level of client satisfaction, $F(2,141) = 522.18, p < .001$. Participants in the control group ($M = 2.76$) reported the next highest level of satisfaction with counseling and participants in the negative group ($M = 1.09$) reported the lowest level of satisfaction with counseling.

The next item asked participants how much they would recommend that the client continue in counseling with the same counselor for the same problem. For this item, significant differences were found between the positive group ($M = 2.48$) and the negative group ($M = 2.04$) and between the control group ($M = 2.50$) and the negative group, $F(2,141) = 5.47$, $p < .01$. No significant differences were found between participants' ratings in the positive and control groups.

Participants were then asked to rate the likelihood that the client they viewed would seek future counseling with the same counselor. Results for this item mirror those above for perceived client satisfaction with significant differences between each of the three groups, $F(2,141) = 97.76$, $p < .001$. Again, participants in the positive ($M = 3.45$) group believed the client was most likely to continue with the same counselor followed next by the control group ($M = 2.68$) and by the negative group ($M = 1.63$).

Last, participants were asked how much they believed the client they viewed needed counseling. Significant differences were obtained for participant ratings in both the positive group ($M = 3.58$) and negative group ($M = 3.41$) versus the control group ($M = 2.50$), $F(2,141) = 23.64$, $p < .001$. No significant differences were obtained between the ratings provided by participants in the positive and negative

groups. Analysis of the means indicates that participants in all groups identified at least a moderate need for counseling with the participants in the groups containing a "crisis situation" identifying a much stronger need for counseling.

Primary Analyses

Effect of Videotape on Expectations and Preferences

A mixed factorial 3 (experimental condition) X 2 (presence or absence of prior counseling experience) MANOVA with experimental condition and prior counseling experience as between subjects factors, and a comparison of expectations versus preferences based on the eight factors from the EAC-B and PAC scales as the within subjects factor, was conducted. It was hypothesized that as a result of exposure to the videotaped counseling sessions, participants in the experimental conditions would have different expectations and preferences about counseling. Specifically, it was hypothesized that participants in the positive experimental condition would have greater expectations about counseling than their counterparts in the negative experience condition. Prior counseling experience was also included as a variable to determine if participants with counseling experience would have greater expectations and preferences than those without counseling experience.

The between subjects significance tests revealed that neither the main effect for experimental condition or for prior counseling experience was significant [$F(2,130) = .31$, $p = .73$; $F(1,130) = .49$, $p = .48$; respectively]. Also, the interaction between the main effects for experimental condition and prior experience was not significant, $F(2,130) = 1.04$, $p = .37$. These data indicate there was no effect of experimental condition, or condition in interaction with prior counseling experience, on the participants' expectations and preferences about counseling.

Expectations Versus Preferences

It was also hypothesized that participants' overall preferences about counseling would be significantly greater than their overall expectations about counseling, a finding consistent with previous literature. It was also hypothesized that following exposure to the counseling videotapes, participants' expectations and preferences would be the same in the positive exposure group, but that in the negative exposure group participants' expectations would remain significantly lower than their preferences.

The results from the prior MANOVA also determined if participants' preferences about counseling were indeed greater than their expectations. The a priori contrast of

interest for this MANOVA was the comparison between the four factor scores on the PAC versus the same four factor scores on the EAC-B. Results from the MANOVA do indeed indicate significantly greater preferences than expectations for the entire sample, $F(7,124) = 65.16, p < .001$. These data appear to support the hypothesis that preferences are significantly greater than expectations.

This MANOVA test also provided information regarding the hypothesis that expectations and preferences would be different depending on the condition to which a person was assigned. To test this hypothesis, it was important to examine the experimental condition by within subjects interaction. Results from the MANOVA were marginally significant, $F(14,248) = 1.69, p = .057$. Analysis of the a priori contrasts specified in the MANOVA model indicated that this marginally significant result was driven by contrasts other than the contrast of interest. That is, the contrast for the four expectation factors versus the four preference factors in the univariate analyses was not significant, $F(2,130) = .60, p = .55$. The one contrast that was significant in the univariate analyses was not interpretable as the factors were combined in a non-meaningful relationship.

An additional 3 X 2 MANOVA was conducted with the four factors from the EAC-B as the only dependent variables. Since the primary hypothesis of the study was that expectations would differ across the three experimental conditions and preferences would remain fairly static, this MANOVA was conducted only on the expectation factors. Results from this MANOVA replicate the findings from the MANOVA discussed above with no significant main effects for experimental condition or prior experience and no interaction between the two.

Follow-up Investigations

One drawback to using a MANOVA test is that the MANOVA assigns unequal weights to each variable in order to maximize the likelihood of achieving a significant result for each orthogonal contrast. As a result, it is impossible to know definitively whether one factor is honestly different from another. The results do indicate that a weighted representation of one factor may be different from a weighted representation of another; however, the true one-to-one relationship between factors requires additional analyses to determine if actual differences exist.

In this study, the results from the primary MANOVA discussed above indicate that participant preferences are

significantly greater than expectations for the four variables in that contrast. Because of this factor weighting issue, additional analyses were required to ascertain whether this relationship, expressed preferences greater than expressed expectations, is consistent for each of the four factors from the EAC-B and the PAC. Consequently, four additional MANOVA tests were conducted to determine if preferences were actually greater than expectations for each of the four factors (counselor expertise, facilitative conditions, nurturance, and personal commitment).

Four separate 3 X 2 MANOVAs were conducted, in essence a test of differences between preferences and expectations performed separately on each of the respective four EAC-B and PAC factors. For each MANOVA, experimental condition was the between subjects variable with the comparison of preferences versus expectations for each factor as the within subjects factor. Because there were only two factor score comparisons for the within subjects factor in these analyses, they were not subject to the issue of differing weights. The contrasts for these MANOVAs were simply one factor versus another with equal weights.

The results, as depicted by the presentation of means by factor in Table 8, indicated that preferences were significantly greater than expectations for three of the four

Table 8. Group means and standard deviations for Expectations and Preferences About Counseling (EAC-B and PAC) by experimental condition.

<u>Factors</u>	<u>Experimental Condition</u>				
	Positive	Negative	Control	Total	
CE	Expect	4.51 (1.18)	4.76 (0.99)	4.51 (1.16)	4.63 (1.09)
	Prefer	4.71 (0.96)	4.68 (0.94)	4.42 (1.08)	4.63 (0.98)
FC	Expect	5.67 (0.87)	5.69 (0.85)	5.66 (0.90)	5.68 (0.86)
	Prefer	6.11 (0.67)	6.15 (0.62)	6.03 (0.85)	6.11 (0.69)
N	Expect	5.01 (0.97)	4.87 (0.97)	4.87 (0.98)	4.91 (0.97)
	Prefer	5.70 (0.67)	5.67 (0.82)	5.50 (0.93)	5.64 (0.81)
PC	Expect	5.34 (0.94)	5.22 (0.69)	5.37 (0.92)	5.29 (0.82)
	Prefer	5.90 (0.69)	5.80 (0.63)	5.63 (0.93)	5.79 (0.73)

Note. EAC-B and PAC scale codes: CE = counselor expertise, FC = facilitative conditions, N = nurturance, PC = personal commitment.

Data in parentheses indicate the standard deviations for each factor.

factors. Those results were as follows: facilitative conditions, $F(1,134) = 55.45$, $p < .001$; nurturance, $F(1,135) = 115.46$, $p < .001$; and personal commitment, $F(1,134) = 67.42$, $p < .001$. The only factor in which preferences were not significantly greater than expectations was counselor expertise, $F(1,136) = .04$, $p = .85$. These data therefore suggest that the participants' preferences about counseling were significantly greater than their expectations about counseling except when it came to ratings of the expertise of the counselor. It appears that participants' level of expectation and preference for an expert counselor were the same. For the other factors, participants clearly possess stronger preferences for those conditions than they would expect to receive when seeking counseling.

This same series of four separate 3 X 2 MANOVA's also addressed the second hypothesis that preferences and expectations would differ by condition. In each case, the interaction between experimental condition and the within subjects variable (e.g., counselor expertise) would determine if preferences and expectations differed in relation to each other as a result of which group a participant was assigned. Only one of the four interactions between experimental condition and within subjects variables yielded even marginally significant results, $F(2,134) = 2.98$, $p = .054$,

for the personal commitment factor. The other three interactions were not significant: counselor expertise, $F(2,136) = 1.95, p = .15$; facilitative conditions, $F(2,134) = .14, p = .87$; and nurturance, $F(2,135) = .77, p = .46$.

The last three factors clearly suggest that there was no interaction between the experimental condition participants were assigned to and their resulting expectations versus preferences. A closer analysis of the group means (see Table 8) for the one factor, personal commitment, that did produce a marginally significant result, indicated that the differences occurred between the positive group versus the control group and the negative group versus the control group. Thus, there was no relative difference in expectations versus preferences in a positive versus negative comparison for that factor. Consequently, interpretation of this marginal result was not attempted.

Analysis of differences between expectations and preferences

To further determine if there were any effects of experimental condition or prior counseling experience on the magnitude of the differences between expectations and preferences, analyses of the difference scores for each of the four main factors were conducted. Four two-way 3(experimental condition) X 2(presence or absence of prior

experience) simple factorial ANOVAs were conducted with difference scores serving as the dependent variable in each analysis. The difference scores were calculated by subtracting each participant's overall score for expectations from the overall score for preferences on each of the four main factors (e.g., preferences for counselor expertise minus expectations for counselor expertise).

Results from the counselor expertise variable yielded the only significant main effect for any of the difference scores and there were no significant interactions obtained. The results indicated that there was a main effect for prior counseling experience on the magnitude of the difference scores obtained between expectations and preferences for counselor expertise, $F(1,133) = 5.51, p = .02$.

Examination of the mean difference scores for those with prior counseling experience (-.11) and those without prior counseling experience (.18) supports the earlier finding that preferences are not significantly greater than expectations for the counselor expertise factor. They also suggest that this finding is being driven by the prior experience variable. Individuals without prior counseling experience (62.1% of the sample) on average actually had higher expectations than they had preferences for counselor expertise.

Relation Between Similarity to Client and Expectations

One hypothesis for the lack of significant results generated by the experimental manipulation was that the participants in the positive and negative groups did not identify closely with client portrayed in the videotapes. To test this hypothesis, a series of correlations was run to determine if the strength of the relationship between perceived similarity to the client (item number one from the RVQ) and the four factors from the EAC-B was different across the three experimental condition groups. Similar correlations were also calculated to examine the strength of the relationship between perceived similarity and the four factors from the PAC. The correlation matrices obtained for both expectations and preferences are displayed in Table 9.

The results from these correlations indicate that there was no apparent relationship between perceived similarity to the client and expectations about counseling for participants in either the positive or negative group. A slight negative relationship pattern did emerge from the control group data which suggests that expectations tended to decrease as perceived similarity to the client increased. However, it is important to note that none of the correlations obtained in these analyses were statistically significant. A similar pattern of results were also obtained for correlations

Table 9. Correlations between scores on perceived similarity to client and expectations and preferences about counseling by experimental condition.

<u>EAC-B Factor</u>	<u>Experimental condition</u>		
	Positive	Negative	Control
CE	.04	-.01	-.29
FC	-.02	-.06	-.18
N	-.09	-.10	-.14
PC	.06	.03	-.32

<u>PAC Factor</u>	Positive	Negative	Control
CE	.17	.11	-.16
FC	.06	.07	-.08
N	-.11	.02	-.04
PC	.14	.10	-.09

Note. EAC-B and PAC scale codes: CE = counselor expertise, FC = facilitative conditions, N = nurturance, and PC = personal commitment.

All correlations were calculated with a .05 significance level. None of the correlations above were statistically significant.

between perceived similarity to the client and preferences about counseling across the three experimental groups. Based on these results, the hypothesis that participants' inability to identify with the client was primarily responsible for the lack of significant findings in the primary analyses was unsubstantiated.

Ethical Judgments of Counselor Behavior

Independent t-tests were conducted to determine if there were significant differences on each of the three ethical judgment factors when comparisons were made between those who had and those who had not experienced counseling. For informed consent, $t(138) = .25$, $p = .81$, the means for those with and without prior experience were nearly identical. For duty to warn, $t(137) = 1.27$, $p = .21$, participants without prior experience rated the behaviors as somewhat but not significantly more ethical. For confidentiality and disclosure, $t(140) = .53$, $p = .60$, participants with prior experience rated the behaviors as somewhat but not significantly more ethical than those without prior counseling. Thus, none of the t-tests yielded significant results for the effect of prior counseling experience on ethical judgments of counselor behavior.

Three one-way ANOVAs were also conducted to determine if there was any affect for experimental condition on participants' ethical ratings of counselor behavior. Only the ANOVA for the confidentiality and disclosure factor yielded significant results $F(2,139) = 17.36, p < .001$. Post hoc analyses verified that the both the positive and negative group means were significantly greater than the control group means which indicate that participants in the two experimental manipulation groups were generally more accepting of counselor behaviors on the dimension of maintaining confidentiality. No significant results were obtained for the duty to warn factor [$F(2,136) = .35, p = .71$] or the informed consent factor [$F(2,137) = 2.46, p = .09$].

Attitudes Toward Seeking Professional Psychological Help

A one-way ANOVA with Levene's Test for Homogeneity of Variance was conducted to determine if the experimental condition group means for the composite ATSPPH scores were significantly different. A significant finding would indicate that exposure to the experimental stimuli could have had an impact on participants' attitudes towards seeking professional help for their problems. However, the results of the ANOVA were not significant, $F(2,127) = 1.94, p = .15$.

The respective means and standard deviations for the composite ATSPPH score by condition are: positive ($M = 2.36$, $SD = .17$), negative ($M = 2.43$, $SD = .19$), and control ($M = 2.43$, $SD = .18$). Similar to the results previously obtained, this analysis also suggests that attitudes toward seeking professional help for personal problems did not differ as a result of the experimental condition to which a person was assigned.

DISCUSSION

The primary purpose of this study was to determine the impact of vicarious exposure to counseling on expectations and preferences about counseling. In particular, this study attempted to demonstrate the differential impact, if any, of vicarious exposure to a positive versus a negative counseling experience on expectations and preferences about counseling. Also of interest was whether and how participants' prior experience with psychological counseling would affect their counseling expectations and preferences.

A secondary goal of the study was to determine the relative effects of positive versus negative exposure to counseling on participants' ethical judgments of counselor behavior. It was hypothesized that participants in the positive condition would have significantly higher ratings of the ethicality of counselor actions compared to participants in the negative condition. Similar to attitudes toward seeking professional psychological help, ethical judgment of counselor behavior was added as another variable which might be likely to vary depending on the condition one was assigned to.

In addition, participants' attitudes toward seeking professional psychological help were included to provide

another indicator of the potential differential impact of exposure to a positive or negative counseling experience. It was hypothesized that participants' attitudes toward seeking professional help would vary similarly to expectations and preferences as a result of the experimental condition participants were assigned.

Expectations and Preferences About Counseling

The central hypothesis for this study was that participants in the positive condition would have greater expectations than participants in the negative condition. Results from the primary MANOVA indicated that there was no significant effect for experimental condition on expectations about counseling. The MANOVA also indicated that prior experience with counseling had no effect on expectations or preferences about counseling. These findings are consistent with the majority of the research in this area adding further support to the conclusion that prior experience with counseling does not have an influence on expectations about counseling. However, there are some key considerations about the design of this particular study which may have contributed to the lack of significant results. These will be addressed in the future research considerations section.

The primary MANOVA also provided results pertinent to the second hypothesis that expectations and preferences in the positive group would be more similar than expectations and preferences in the negative group. Specifically, it was believed that preferences for the two groups would remain relatively similar but that expectations for the positive group would be elevated to more closely resemble preferences. Literature in this area has suggested that preferences are consistently higher than expectations (i.e., one prefers to get more out of counseling than one actually expects). When anticipating how positive versus negative counseling experiences might interact with expectations and preferences, it was hypothesized that a positive experience would be likely to raise expectations and a negative experience would be likely to lower them. In either case, it was believed that expectations would shift whereas preferences would remain relatively stable.

Results from the primary MANOVA were consistent with previous research in that preferences were found to be greater than expectations for at least for three of the four factors. The only factor in which this was not found was counselor expertise. The most plausible interpretation of this finding would seem to be that potential and actual clients may be less willing to accept any disparity between

what they prefer and what they expect in their counselor. That is, the participants in this study both preferred and expected a well-trained, qualified, and skilled counselor. For the other three factors, facilitative conditions, nurturance, and personal commitment, potential and actual clients may be more accepting of a potential disparity between what they prefer counseling to be and what they expect counseling to be.

Reactions to Videotaped Counseling Sessions

One major criticism of research in the area of attempted manipulations of counseling expectations is the lack of manipulation checks for the experimental stimuli. The questions posed to the participants in this study about their reactions to the experimental videotape were used to verify how effectively the manipulation achieved its intended goals. Results from the manipulation checks illustrated that participants in the positive group rated the counseling experience much more favorably than participants in the negative group. The positive group consistently reported greater improvement, benefit, crisis resolution, and counselor assistance than the negative group. The positive group also recommended much more strongly than the negative

group that the client stay in counseling and that the client would be more likely to seek counseling in the future. Finally, positive group participants rated the client's satisfaction with counseling significantly higher than negative group participants.

These results consistently suggest that the videotapes accomplished their primary goal which was to create a counseling analogue scenario with both strong positive and strong negative components. Had significant results been generated in the primary analyses, this manipulation check would have provided additional support that differences in expectations and preferences about counseling were due to the positive or negative nature of the counseling experience. Although the manipulation check found participants in the positive and negative groups were unable to identify with the client as strongly as participants in the control group, correlational data clearly indicated no significant relationship existed between perceived similarity with the client and expectations about counseling across the three experimental conditions. Thus, the potential hypothesis that participants' inability to closely identify with the client interfered with obtaining significant results was not supported by the data.

Attitudes Toward Seeking Professional Psychological Help

This measure of participants' attitudes toward seeking psychological assistance for personal issues, the ATSPPH, was added to explore whether manipulations of counseling expectancies and preferences would also influence the likelihood of seeking psychological help. This study hypothesized that assignment to a vicarious positive or negative counseling experience would effect differences in respondents' attitudes about willingness to seek counseling. Unfortunately, the experimental videotape manipulation appeared to have no statistically significant impact on attitudes toward seeking psychological counseling.

Had an effect for the experimental condition been discovered, it would have been possible to conclude that exposure to counseling does have an impact on the way people view psychological counseling regardless of differences in expectations or preferences. That no significant results were obtained for the experimental condition lends additional support to conclusions drawn by previous researchers in this field who have consistently demonstrated no relationship exists between exposure to counseling and expectations about counseling.

Ethical Judgments of Counselor Behavior

A secondary goal of this study was to determine if prior experience with psychological counseling or exposure to the experimental videotapes had any influence on a variable other than expectations about counseling. Ethical judgments of counselor behavior was selected for this purpose because these judgments can be viewed as attitudes about the counseling experience. Asking participants to judge the relative "rightness" or "wrongness" of various behaviors was designed to assess their attitudes of acceptable counselor behavior. Similar to the results from expectations about counseling and attitudes toward seeking professional psychological help, results for this variable yielded no differences across the three experimental videotape groups. Also, no significant differences were found when comparing participants with actual prior counseling experience versus those without counseling experience.

Limitations of the Study

One of the features of this study involved the question of, "Are there differences in expectations and preferences about counseling based on participants' previous experience with counseling?" Data from this study do appear to support the conclusion that prior experience with counseling does not

produce different expectations or preferences about counseling.

The primary question this study posed was "What, if any, would be the differential impact of vicarious exposure to a positive experience versus a vicarious exposure to a negative counseling experience on expectations and preferences about counseling?" The hypothesis was that exposure to a positive counseling experience would generate significantly greater expectations about counseling than exposure to a negative counseling experience.

Focusing solely on the results obtained in this study, the likely conclusion would be that exposure to either a positive or a negative counseling experience has no influence on expectations or preferences, even minimally. However, some limitations of this study need to be considered in interpreting its results. For example, the camera angle used in production of the videotapes did not allow either the client's or the counselor's faces to be seen clearly.

Because the camera was mounted above the actors, it was difficult to see the emotional expressions on their faces. Only one, wall-mounted video camera was available for use during production of the videotapes which greatly limited the options for multiple shots from multiple locations. Had there been more flexibility available to the researchers, a

much greater effort could have been made to increase the kind and number of shots which could have then illustrated the effects of the counseling process on the client much more thoroughly. As they were produced, however, the true analogue qualities of the videotaped manipulations may have been impaired by the camera restrictions.

Another potential limitation to the current study was the manner in which the data was collected. Because participants signed up for the experiment in small blocks, there could be context effects present that the researchers were unable to control for. It is possible that participants were paying closer attention to each others' reactions during the videotapes than attending to how each person individually was reacting to the manipulation being presented. This possibility may be even more likely considering the sensitive nature of the information being presented in each of the videotaped conditions. Had data been collected so that each participant was in a room by herself, these context effects could have been greatly diminished.

The possibility of producing different expectations about counseling by exposure to varied counseling experiences led directly to the third question posed by this study. It was asked, "If expectations could be manipulated by exposure to a certain kinds of counseling experiences, would

preferences about counseling also be affected by these experiences?" Consistent with previous research in this area, it was hypothesized that preferences would be consistently greater than expectations and that preferences would not differ as a result of exposure to any counseling experience.

It was assumed that if exposure to the videotaped counseling sessions had any impact, they would cause expectations in the positive group to increase to more closely resemble the preferences of that group. It was also assumed that expectations in the negative group would either remain the same or become even more disparate compared to the preferences of that group. Data obtained clearly supported the conclusions from previous research that preferences about counseling are indeed consistently greater than expectations about counseling. However, the data did not provide any evidence that expectations and preferences significantly differ based on exposure to the videotaped counseling sessions.

The overall conclusion appears to be that this study was not successful in demonstrating differences in expectations about counseling based on either prior counseling experience or exposure to positive or negative videotaped counseling sessions. Because of the limitations present in this study,

however, it appears premature to conclude that expectations about counseling are not in part influenced by the type and amount of counseling a person may have experienced. There are several adjustments to the design of this study that may increase the probability of detecting differences in expectations about counseling as a result of the experimental manipulation.

Future Research Considerations

Despite the different reactions to the videotaped presentations of counseling sessions, results from the MANOVAs consistently indicate that prior counseling experience by itself and in interaction with exposure to the videotaped counseling sessions had no effect on participants' expectations and preferences about counseling. However, to conclude that prior experience and exposure to videotaped vignettes do not affect expectations or preferences based solely on these data may be premature, as in this study the only data collected about prior counseling was presence or absence of the experience. Further delineation of the duration of counseling and a retrospective rating of degree of satisfaction with counseling, for those who experienced it, would have been quite useful. These additional data might have enabled the investigator to create a more complete

and sensitive interaction term. Further review of the design of this study and results from the manipulation check suggest areas for improving the present study

Although Tinsley (1982) has initially recommended that the EAC-B not be used with actual counseling clients until additional validation studies have been completed, the implementation of research using actual counseling clients may be the most effective means of directly assessing expectations and preferences for counseling. However, it is important to consider that the design of any study with actual counseling clients would by necessity be limited by design and ethical considerations. It would be entirely unethical deliberately to assign individuals seeking professional psychological assistance for a real problem to a negative counseling experience.

One could collect and analyze data on expectations and preferences employing actual clients as research participants, but the logistics might make it difficult to gather a large enough sample to measure any effects adequately. In addition, the frequency of clients who are likely to report marked negative experiences in counseling (e.g., as was shown in the negative condition videotape) is likely relatively low. Clients who have negative experiences in counseling likely prematurely terminate the process, and

may also be much less willing to participate in a research study about counseling, thus making it even more difficult to collect this data. Consequently, studies of positive versus negative counseling experiences using actual clients are presented with several important obstacles. Thus, analogue studies such as the present one may be useful as a means of preliminary exploration of the topic.

One potential approach might be to combine the best features of an analogue study with studies using actual clients. One could collect and analyze data from actual clients inquiring about the positive versus negative aspects of their counseling experiences. This data, even with the presence of selection biases, could prove useful in determining how actual client experiences influence expectations and preferences about counseling. This information could then be used to construct salient, relevant, and realistic videotaped counseling interactions to be used in further analogue studies.

Future analogue studies of expectations about counseling would also be well advised to ensure that the content of the videotape counseling vignettes correspond highly with the content of the items on the measure of expectations and preferences. It may have been the case in this study that the 66 items on the EAC-B and PAC did not sufficiently

overlap with the content of the videotape. If this hypothesis were accurate, the likelihood of obtaining any measurable differences with these instruments based on exposure to the videotape would be diminished.

Another concern pertaining to the EAC-B for this study relates to the obtained means for both expectations and preferences. Although Howard Tinsley has only published dated means for a subset of the EAC subscales (Tinsley & Benton, 1978), the means obtained in this study varied by a wide enough margin to cause some concern when compared with Tinsley's dated (1978) data. Obtained means for this study varied across a range of +/- .1 to 1.6 for expectations and +/- .2 to 1.4 for preferences on a seven point Likert type scale. However, current data (Egisdóttir & Gerstein, 2000) based on American college students' EAC-B factor scores is quite consistent (almost identical means and standard deviations) with the data from the present study. In addition, the obtained reliability coefficients for the factors and subscales were extremely similar for those obtained by Tinsley and others in multiple studies.

It was also hypothesized that expectations and preferences would be more similar in the positive group than in the negative group, although this finding was not supported by the data in the present design. The control

group served as the baseline comparison to determine if either preferences or expectations differed following the presentation of the videotape. Had expectations or preferences differed significantly from those of the control group, it may have been possible to draw the conclusion that exposure to the videotape was responsible for the resulting differences. Perhaps a more powerful design would have been to administer the expectation and preference scales before the videotape and again following the videotape, that is to use a pre-test post-test design. This might have allowed the experimenter to determine more accurately if differences in expectations or preferences occurred.

Besides issues relating to design, other factors beyond those included in this study may need to be considered. For example, Schaub and Tokar (1999) found that respondents' results on the EAC-B could be classified into separate categories based on cluster analysis of three of the four main factors. Schaub and Tokar then demonstrated that these obtained clusters differed significantly on the Big Five (Costa & McCrae, 1987) personality variables as measured by the NEO Five Factor Inventory (Costa & McCrae, 1989). Ultimately, they developed a classification of respondents based on these clusters and identified them as Realistic, Skeptical, Idealistic, Dependent, and Pessimistic.

Schaub and Tokar suggest that future attempts to measure expectations about counseling should consider personality differences of respondents along the Big Five personality dimensions as identified by clusters of responses to the EAC-B. It may be that the videotaped vignettes of positive and negative counseling situations in the present study did produce differences in expectations about counseling for one or more of the clusters identified by Schaub and Tokar. However, this possibility seems unlikely given the results obtained.

The extent to which the Big Five personality dimensions apply to the current study remains unknown. However, Schaub and Tokar raise an intriguing notion that expectations about counseling can be directly linked to personality dimensions. Future replications of this study may wish to consider including a dimensional personality based cluster analysis of expectations and preferences about counseling to explore whether these clusters, as well as expectations and preferences, are influenced by positive or negative exposure to counseling.

Conclusions

Assuming that the results from this study are accurate, the logical conclusion from these data would be that

expectations about counseling do not appear to be affected by vicarious exposure to positive and negative counseling situations. Thus, one could conclude that expectations about counseling are relatively impervious to efforts to directly manipulate them. Implications from these results might lead one to further conclude that efforts to educate potential clients about the nature of psychotherapy would likely have either minimal or no effects whatsoever on their expectations about the therapeutic process. Psychologists and counselors would still be well advised to pay attention to their clients' expectations about counseling following years of research findings suggesting links between unmet expectations and negative therapeutic outcomes (e.g., pre-mature termination, resistance to interventions). However, these data indicate that there may be little that can be done to actually influence a person's expectations for counseling.

APPENDIX A

EXPECTATIONS ABOUT COUNSELING - BRIEF FORM

Instructions

Pretend that you are about to see a counseling psychologist for your first interview. We would like to know just what you **EXPECT** counseling will be like. On the following pages are statements about counseling. In each instance you are to indicate what you **EXPECT** counseling to be like. The rating scale we would like you to use is printed at the top of each page. Your ratings of the statements are to be recorded to the left of each individual item directly on the questionnaire packet provided. For each statement, select the number corresponding to the number which most accurately reflects your **expectations**.

Please note that **EXPECTATIONS** are what you actually think counseling will be like and **PREFERENCES** are what you would prefer counseling be like. In this case, we are asking you about what you **EXPECT** counseling to be like.

Your responses will be kept in strictest confidence. Your answers will be combined with the answers of others like yourself and reported only in the form of group averages. Your participation, however, is voluntary. If you do not wish to participate in this research, just hand the questionnaire and unmarked answer sheets back to the person in charge and pick up your extra-credit voucher.

When you are ready to begin, answer each question as quickly and as accurately as possible. Finish each page before going to the next.

1	2	3	4	5	6	7
Not True	Slightly True	Somewhat True	Fairly True	Quite True	Very True	Definitely True

I EXPECT TO...

- _____ 1. Take psychological tests.
- _____ 2. Like the counselor.
- _____ 3. See a counselor in training.
- _____ 4. Gain some experience in new ways of solving problems within the counseling process.
- _____ 5. Openly express my emotions regarding myself and my problems.

I EXPECT TO...

- _____ 6. Understand the purpose of what happens in the interview.
- _____ 7. Do assignments outside the counseling interviews.
- _____ 8. Take responsibility for making my own decisions.
- _____ 9. Talk about my present concerns.
- _____ 10. Get practice in relating openly and honestly to another person within the counseling relationship.

I EXPECT TO...

- _____ 11. Enjoy my interviews with the counselor.
- _____ 12. Practice some of the things I need to learn in the counseling relationship.
- _____ 13. Get a better understanding of myself and others.
- _____ 14. Stay in counseling for at least a few weeks, even if at first I am not sure it will help.
- _____ 15. See the counselor for more than three interviews.

I EXPECT TO...

- _____ 16. Never need counseling again.
- _____ 17. Enjoy being with the counselor.
- _____ 18. Stay in counseling even though it may be painful or unpleasant at times.
- _____ 19. Contribute as much as I can in terms of expressing my feelings and discussing them.
- _____ 20. See the counselor for only one interview.

I EXPECT TO...

- _____ 21. Go to counseling only if I have a very serious problem.
- _____ 22. Find that the counseling relationship will help the counselor and me identify problems on which I need to work.
- _____ 23. Become better able to help myself in the future.
- _____ 24. Find that my problem will be solved once and for all in counseling.
- _____ 25. Feel safe enough with the counselor to really say how I feel.

1	2	3	4	5	6	7
Not True	Slightly True	Somewhat True	Fairly True	Quite True	Very True	Definitely True

I EXPECT TO...

- 26. See an experienced counselor.
- 27. Find that all I need to do is to answer the counselor's questions.
- 28. Improve my relationships with others.
- 29. Ask the counselor to explain what he or she means whenever I do not understand something that is said.
- 30. Work on my concerns outside the counseling interviews.
- 31. Find that the interview is not the place to bring up personal problems.

THE FOLLOWING QUESTIONS CONCERN YOUR EXPECTATIONS ABOUT THE COUNSELOR

I EXPECT THE COUNSELOR TO...

- 32. Explain what's wrong.
- 33. Help me identify and label my feelings so I can better understand them.
- 34. Tell me what to do.
- 35. Know how I feel even when I cannot say quite often what I mean.

I EXPECT THE COUNSELOR TO...

- 36. Know how to help me.
- 37. Help me identify particular situations where I have problems.
- 38. Give encouragement and reassurance.
- 39. Help me to know how I am feeling by putting my feelings into words for me.
- 40. Be a "real" person not just a person doing a job.

I EXPECT THE COUNSELOR TO...

- 41. Help me discover what particular aspects of my behavior are relevant to my problems.
- 42. Inspire confidence and trust.
- 43. Frequently offer me advice.
- 44. Be honest with me.
- 45. Be someone who can be counted on.

I EXPECT THE COUNSELOR TO...

- 46. Be friendly and warm towards me.
- 47. Help me solve my problems.
- 48. Discuss his or her own attitudes and relate them to my problem.
- 49. Give me support.
- 50. Decide what treatment plan is best.

1	2	3	4	5	6	7
Not True	Slightly True	Somewhat True	Fairly True	Quite True	Very True	Definitely True

I EXPECT THE COUNSELOR TO...

- 51. Know how I feel at times, without my having to speak.
- 52. Do most of the talking.
- 53. Respect me as a person.
- 54. Discuss his or her experiences and relate them to my problems.
- 55. Praise me when I show improvement.

I EXPECT THE COUNSELOR TO...

- 56. Make me face up to the differences between what I say and how I behave.
- 57. Talk freely about himself or herself.
- 58. Have no trouble getting along with people.
- 59. Like me.
- 60. Be someone I can really trust.

I EXPECT THE COUNSELOR TO...

- 61. Like me in spite of the bad things that he or she knows about me.
- 62. Make me face up to the differences between how I see myself and how I am seen by others.
- 63. Be someone who is calm and easygoing.
- 64. Point out to me the differences between what I am and what I want to be.
- 65. Just give me information.
- 66. Get along well in the world.

APPENDIX B

PREFERENCES ABOUT COUNSELING - BRIEF FORM

Instructions

As directed above for expectations, pretend that you are about to see a counseling psychologist for your first interview. We would like to know just what you **WANT** counseling to be like. On the following pages are statements about counseling. In each instance you are to indicate what you **WANT** counseling to be like. The rating scale we would like you to use is printed at the top of each page. Your ratings of the statements are to be recorded to the left of each individual item directly on the questionnaire packet provided. For each statement, select the number corresponding to the number which most accurately reflects your **desires or preferences**.

Please note that **PREFERENCES** are what you would like counseling to be like and **EXPECTATIONS** are what you think it will actually be like. In this case, we are asking you about what you prefer counseling to be like.

Your responses will be kept in strictest confidence. Your answers will be combined with the answers of others like yourself and reported only in the form of group averages. Your participation, however, is voluntary. If you do not wish to participate in this research, just hand the questionnaire and unmarked answer sheets back to the person in charge and pick up your extra-credit voucher.

1	2	3	4	5	6	7
Not True	Slightly True	Somewhat True	Fairly True	Quite True	Very True	Definitely True

I WANT TO...

- 1. Take psychological tests.
- 2. Like the counselor.
- 3. See a counselor in training.
- 4. Gain some experience in new ways of solving problems within the counseling process.
- 5. Openly express my emotions regarding myself and my problems.

I WANT TO...

- 6. Understand the purpose of what happens in the interview.
- 7. Do assignments outside the counseling interviews.
- 8. Take responsibility for making my own decisions.
- 9. Talk about my present concerns.
- 10. Get practice in relating openly and honestly to another person within the counseling relationship.

I WANT TO...

- 11. Enjoy my interviews with the counselor.
- 12. Practice some of the things I need to learn in the counseling relationship.
- 13. Get a better understanding of myself and others.
- 14. Stay in counseling for at least a few weeks, even if at first I am not sure it will help.
- 15. See the counselor for more than three interviews.

I WANT TO...

- 16. Never need counseling again.
- 17. Enjoy being with the counselor.
- 18. Stay in counseling even though it may be painful or unpleasant at times.
- 19. Contribute as much as I can in terms of expressing my feelings and discussing them.
- 20. See the counselor for only one interview.

I WANT TO...

- 21. Go to counseling only if I have a very serious problem.
- 22. Find that the counseling relationship will help the counselor and me identify problems on which I need to work.
- 23. Become better able to help myself in the future.
- 24. Find that my problem will be solved once and for all in counseling.
- 25. Feel safe enough with the counselor to really say how I feel.

1	2	3	4	5	6	7
Not True	Slightly True	Somewhat True	Fairly True	Quite True	Very True	Definitely True

I WANT TO...

- 26. See an experienced counselor.
- 27. Find that all I need to do is to answer the counselor's questions.
- 28. Improve my relationships with others.
- 29. Ask the counselor to explain what he or she means whenever I do not understand something that is said.
- 30. Work on my concerns outside the counseling interviews.
- 31. Find that the interview is not the place to bring up personal problems.

THE FOLLOWING QUESTIONS CONCERN YOUR PREFERENCES ABOUT THE COUNSELOR

I WANT THE COUNSELOR TO...

- 32. Explain what's wrong.
- 33. Help me identify and label my feelings so I can better understand them.
- 34. Tell me what to do.
- 35. Know how I feel even when I cannot say quite often what I mean.

I WANT THE COUNSELOR TO...

- 36. Know how to help me.
- 37. Help me identify particular situations where I have problems.
- 38. Give encouragement and reassurance.
- 39. Help me to know how I am feeling by putting my feelings into words for me.
- 40. Be a "real" person not just a person doing a job.

I WANT THE COUNSELOR TO...

- 41. Help me discover what particular aspects of my behavior are relevant to my problems.
- 42. Inspire confidence and trust.
- 43. Frequently offer me advice.
- 44. Be honest with me.
- 45. Be someone who can be counted on.

I WANT THE COUNSELOR TO...

- 46. Be friendly and warm towards me.
- 47. Help me solve my problems.
- 48. Discuss his or her own attitudes and relate them to my problem.
- 49. Give me support.
- 50. Decide what treatment plan is best.

1	2	3	4	5	6	7
Not True	Slightly True	Somewhat True	Fairly True	Quite True	Very True	Definitely True

I WANT THE COUNSELOR TO...

- 51. Know how I feel at times, without my having to speak.
- 52. Do most of the talking.
- 53. Respect me as a person.
- 54. Discuss his or her experiences and relate them to my problems.
- 55. Praise me when I show improvement.

I WANT THE COUNSELOR TO...

- 56. Make me face up to the differences between what I say and how I behave.
- 57. Talk freely about himself or herself.
- 58. Have no trouble getting along with people.
- 59. Like me.
- 60. Be someone I can really trust.

I WANT THE COUNSELOR TO...

- 61. Like me in spite of the bad things that he or she knows about me.
- 62. Make me face up to the differences between how I see myself and how I am seen by others.
- 63. Be someone who is calm and easygoing.
- 64. Point out to me the differences between what I am and what I want to be.
- 65. Just give me information.
- 66. Get along well in the world.

APPENDIX C

ETHICS AND PRACTICE QUESTIONNAIRE

The following questionnaire is composed of a series of statements that describe behaviors of counselors or psychotherapists. For each question, you are asked to make a rating of whether YOU consider the practice ethical. In other words, for each situation, you will be required to make an ethical judgment that represents your opinion of whether the behavior is correct according to your standards, what you believe OUGHT to be standards that apply to counseling and psychotherapy.

For each question, you will use the following answer scale to indicate your responses:

1	2	3	4	5
NEVER	RARELY	SOMETIMES	OFTEN	VERY-OFTEN

Let's say for example, you were presented the following counselor behavior...

Becoming social friends with a client _____

Breaking confidentiality if a client is suicidal _____

Please show your ethical judgment by marking your answer directly in the blank provided in the questionnaire packet. Please mark only ONE number in each blank. You will be required to make ethical judgments about each of the following behaviors.

Please provide your judgment of how ethical are the following behaviors

1	2	3	4	5
NEVER	RARELY	SOMETIMES	OFTEN	VERY OFTEN
A	B	C	D	E

- 1) At the beginning of counseling: being informed of the approach the therapist uses _____
- 2) Allowing a student's supervisor access to their records without permission _____
- 3) At the beginning of counseling: being told of the alternatives to counseling or therapy _____
- 4) At the beginning of counseling: being told of the risks associated with counseling/therapy _____
- 5) Breaking confidentiality if a client is homicidal _____
- 6) At the beginning of counseling: being told of the counselor's rate of success _____
- 7) At the beginning of counseling: being told the expected length of counseling _____
- 8) Breaking confidentiality if the client is suicidal _____
- 9) Breaking confidentiality to report child abuse _____
- 10) At the beginning of counseling: being told of the therapist's training and title _____
- 11) Disclose what a client talked about when the client's family wants to check on progress _____
- 12) Disclosure what a client talked about when the client threatens to harm themselves or others _____
- 13) At the beginning of counseling: discussing the limits to confidentiality in counseling _____
- 14) Disclose to others what a client talked about after the therapist and client terminate their
relationship _____
- 15) In couple or marital therapy, the therapist exposes a "secret" affair of one partner to the other _____
- 16) Allowing family members access to a client's records without permission _____
- 17) Discussing a client (by name) with friends _____

APPENDIX D

ATTITUDES TOWARD SEEKING PROFESSIONAL PSYCHOLOGICAL HELP

The following are a number of statements pertaining to psychology and counseling issues. Read each statement carefully and indicate your agreement or disagreement using the following scale. Circle the number that corresponds to your response. Please express your frank opinion in responding to each statement, as you honestly feel or believe.

1 = Strongly Disagree

2 = Disagree

3 = Agree

4 = Strongly Agree

1 = Strongly Disagree

2 = Disagree

3 = Agree

4 = Strongly Agree

- 1 2 3 4 1. Although there are clinics for people with mental troubles, I would not have much faith in them.
- 1 2 3 4 2. If a good friend asked my advice about a mental problem, I might recommend that he or she see a counselor.
- 1 2 3 4 3. I would feel uneasy going to a counselor because of what some people might think.
- 1 2 3 4 4. A person with a strong character can get over mental conflicts by himself or herself, and would have little need of a counselor.
- 1 2 3 4 5. There are times when I have felt completely lost and would have welcomed professional advice for a personal or emotional problem.
- 1 2 3 4 6. Considering the time and expense involved in psychotherapy, it would have doubtful value for a person like me.
- 1 2 3 4 7. I would willingly confide intimate matters to an appropriate person if I thought it might help me or a member of my family.
- 1 2 3 4 8. I would rather live with certain mental conflicts than go through the ordeal of getting counseling.
- 1 2 3 4 9. Emotional difficulties, like many things, tend to work out by themselves.
- 1 2 3 4 10. There are certain problems that should not be discussed outside of one's immediate family.
- 1 2 3 4 11. A person with a serious emotional disturbance would probably feel most secure in a good counseling center.
- 1 2 3 4 12. If I believed I was having a mental breakdown, my first inclination would be to get professional attention.
- 1 2 3 4 13. Keeping one's mind on a job is a good solution for avoiding personal worries and concerns.
- 1 2 3 4 14. Having been a counseling patient is a blot on a person's life.
- 1 2 3 4 15. I would rather be advised by a close friend than by a psychologist, even for an emotional problem.

1 = Strongly Disagree

2 = Disagree

3 = Agree

4 = Strongly Agree

- 1 2 3 4 16. A person with an emotional problem is not likely to solve it alone; he or she is likely to solve it with professional help.
- 1 2 3 4 17. I resent a person –professionally trained – who wants to know about my personal difficulties.
- 1 2 3 4 18. I would want to get counseling if I was worried or upset for a long period of time.
- 1 2 3 4 19. The idea of talking about problems with a psychologist strikes me as a poor way to get rid of emotional conflicts.
- 1 2 3 4 20. Having been mentally ill carries with it a burden of shame.
- 1 2 3 4 21. There are experiences in my life I would not share with anyone.
- 1 2 3 4 22. It is probably best not to know everything about oneself.
- 1 2 3 4 23. If I were experiencing a serious emotional crisis at this point in my life, I would be confident that I could find relief in psychotherapy.
- 1 2 3 4 24. There is something admirable in the attitude of a person who is willing to cope with his or her conflicts and fears without resorting to professional help.
- 1 2 3 4 25. At some future time I might want to have psychological counseling.
- 1 2 3 4 26. A person should work out his or her own problems; getting psychological counseling would be a last resort.
- 1 2 3 4 27. Had I received treatment in a counseling center, I would not feel that it had to be “covered up”.
- 1 2 3 4 28. If I thought I needed counseling, I would get it no matter who knew about it.
- 1 2 3 4 29. It is difficult to talk about personal affairs with highly educated people such as doctors, teachers, and clergymen.

APPENDIX E

RESPONSE TO VIDEOTAPE

Now that you have seen the videotape of counseling, we would like you to answer some questions concerning your impressions of the client, the counselor and of counseling in general. Please mark your responses in the blank beside each individual question.

1	2	3	4
Not at All	Very Little	Pretty Much	Very Much

- _____ 1. How much were you able to identify with the client in the videotape?
- _____ 2. How closely do you think your reactions would be similar to those of the client you just witnessed?
- _____ 3. To what extent do you think the counseling scenario you witnessed represents a "normal" counseling experience?
- _____ 4. How much did the client improve from the beginning of counseling?
- _____ 5. How much did the client benefit from her counseling experience?
- _____ 6. How much did counseling help the client with her crisis?
- _____ 7. How much did the counselor help the client improve?
- _____ 8. Do you agree with the counselor's decision to increase the number of sessions?
- _____ 9. Do you agree with the counselor's decision to break confidentiality to consult with the treatment team about the client?
- _____ 10. How much do you feel the whole counseling experience for the client was a positive one?
- _____ 11. How much do you feel the whole counseling experience for the client was a negative one?
- _____ 12. Would you recommend that this client continue in counseling for this problem?
- _____ 13. Do you think this client would be likely to seek counseling again in the future should the need arise?

APPENDIX F

DEMOGRAPHIC INFORMATION

PLEASE READ THE FOLLOWING STATEMENT ABOUT COUNSELING AND RESPOND TO THE FOLLOWING ITEMS.

*** For the purposes of these questions, counseling refers to seeking the services of a counselor, psychologist, psychiatrist/physician, social worker, or clergy person, or combinations of these resources, for help with adjustment, personal, relationship, job or school related problems, concerns, stressors, or decisions. This definition of counseling does not include seeking or receiving academic information or advice about course selection from instructors or academic advisors.

1) HAVE YOU EVER HAD ANY EXPERIENCE IN COUNSELING? YES NO

2) AGE _____

3) SEX: MALE FEMALE

APPENDIX G

HUMAN SUBJECTS IN RESEARCH APPROVAL FORM

Information for Review of Research Involving Human Subjects
Iowa State University
(Please type and use the attached instructions for completing this form)

#59

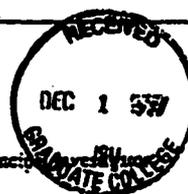
1. Title of Project Attitudes About Counseling

2. I agree to provide the proper surveillance of this project to insure that the rights and welfare of the human subjects are protected. I will report any adverse reactions to the committee. Additions to or changes in research procedures after the project has been approved will be submitted to the committee for review. I agree to request renewal of approval for any project continuing more than one year.

Corey J. Vas 8/5/97 [Signature]
Type Name of Principal Investigator Date Signature of Principal Investigator

Psychology (Counseling) W112 Lagomarcino Hall
Department Campus Address

(505) 523-2635
Phone Number to Report Revisions



3. Signatures of other investigators
[Signature] 9/24/97 Major Professor
Date Relationship to Principal Investigator
Revisions completed 11/24/97
[Signature]

4. Principal Investigator(s) (check all that apply)
 Faculty Staff Graduate Student Undergraduate Student

5. Project (check all that apply)
 Research Thesis or dissertation Class project Independent Study (490, 590, Honors project)

6. Number of subjects (complete all that apply)
___ # Adults, non-students 150 # ISU students ___ # minors under 14 ___ other (explain)
___ # minors 14 - 17

7. Brief description of proposed research involving human subjects: (See instructions, Item 7. Use an additional page if needed.)

See Attachment A

(Please do not send research, thesis, or dissertation proposals.)

8. Informed Consent: Signed informed consent will be obtained. (Attach a copy of your form.)
 Modified informed consent will be obtained. (See instructions, item 8.)
 Not applicable to this project.

Last Name of Principal Investigator VAS

#59

Checklist for Attachments and Time Schedule

The following are attached (please check):

12. Letter or written statement to subjects indicating clearly:

- a) purpose of the research
- b) the use of any identifier codes (names, #s), how they will be used, and when they will be removed (see Item 17)
- c) an estimate of time needed for participation in the research and the place
- d) if applicable, location of the research activity
- e) how you will ensure confidentiality
- f) in a longitudinal study, note when and how you will contact subjects later
- g) participation is voluntary; nonparticipation will not affect evaluations of the subject

13. Consent form (if applicable)

14. Letter of approval for research from cooperating organizations or institutions (if applicable)

15. Data-gathering instruments

16. Anticipated dates for contact with subjects:

First Contact	Last Contact
<u>December 9, 1997</u>	<u>May 15, 1998</u>
<small>Month / Day / Year</small>	<small>Month / Day / Year</small>

17. If applicable: anticipated date that identifiers will be removed from completed survey instruments and/or audio or visual tapes will be erased:

N/A

Month / Day / Year

18. Signature of Departmental Executive Officer: Douglas Epperson Date: 9/29/97 Department or Administrative Unit: Psychology

(By Dan Reed)

19. Decision of the University Human Subjects Review Committee:

Project Approved Project Not Approved No Action Required

Patricia M. Keith 12/4/97 pmKeith

Name of Committee Chairperson Date Signature of Committee Chairperson

APPENDIX H

DESCRIPTIONS OF VIDEOTAPED COUNSELING VIGNETTES
AND CONTROL GROUP TAPESegment 1. The Intake

- The counselor and client cover the client's presenting issue.
 - * Relationship issues with client and her partner
 - * Client reports difficulty with sleep, appetite, fatigue, concentration, and mild anhedonia.
- The counselor briefly describes counseling and nature of limits to confidentiality.
 - * Counselor describes client-centered focus of therapy briefly.
 - * Counselor describes reasons for disclosure of confidential information outside of the counseling relationship (e.g., duty to warn of threat of harm to self or others).

Segment 2. The Crisis Session (5th meeting between client and counselor).

- The client describes how matters have become worse and is now feeling "out of control".
- The counselor agrees that matters are serious and describes actions that will be taken for benefit of the client:
 - * Counselor states number of sessions will increase from one time per week to 2-3 times per week until crisis is over.
 - * Counselor states that consultation with senior clinical team is necessary to ensure safety of client. Counselor plans to discuss case with clinical team at the next staff meeting.

Segment 3. The Outcome (10th session and Primary Experimental Manipulation Phase).

- In the positive case, the client and counselor are back to the normal weekly session and are discussing the outcome of the crisis and the counselor's actions. In the negative case, the client and counselor are still meeting 3 times per week.
- In both cases, it is the client's subjective report of the experience that is positive or negative.

Positive Condition

- The client reports that her symptoms have improved dramatically and reports being grateful for the interventions taken by the counselor. The client is satisfied with the whole of the experience and recognizes the improvement in both her symptoms and her situation.
- The client reports feeling that the counselor acted in the client's best interest at all times.
- The client ends with a specific statement in which she unequivocally labels the experience a positive one.

Negative Condition

- The client reports that her symptoms have not improved at all and that she resents the counselor for taking the actions she did. The client reports being totally dissatisfied with the entire counseling experience and reports little or no improvement in her symptoms.
- The client reports embarrassment and humiliation due to the disclosure of information to the clinical team and states she does not believe the counselor was acting in her best interests.
- The client ends with a specific statement in which she unequivocally labels the experience a negative one.

Control Group Tape

The control tape begins with an introduction by the primary investigator explaining that the segment of videotape demonstrates client-centered therapy. This videotape is set up as an educational experience for the participants, demonstrating some of the basic techniques of counseling. The videotape shows a 7 minute clip of a counseling role play with no manipulation of either a positive or negative experience. This videotape was shown following the questionnaires instead of before as in the manipulation conditions. The videotape is intended as instructional in nature and its purpose is to balance the length of participation time across the three conditions. It also serves a manipulation check to determine how participants might respond to a more "neutral" counseling interaction.

APPENDIX I

INFORMED CONSENT FORM

This study, in which you are a voluntary participant, is one which assesses how people feel about counseling. As a participant in this study, you will have the opportunity to watch a videotape of a counselor and client engaged in counseling sessions. In some instances, the videotape will precede a brief questionnaire packet, in others the videotape will be played following the questionnaires. The questionnaires will ask you to provide information about your perceptions about counseling. In addition, you will be asked to provide judgments about the ethical nature of specific counselor actions.

You will also be asked to anonymously respond to items such as your age and whether or not you have participated in the counseling process either presently or in the past. However, you will not be asked to participate in counseling and will not be asked about the nature or content of any past or present counseling participation.

Consent Agreement

I have read the above description. By signing this form, I acknowledge that I am aware of the following points and volunteer to participate in this study.

1. I can withdraw from this study at any time without penalty.
2. All information gathered in this study will remain anonymous.
3. My name or social security number will not be requested on any of the study questionnaires.
4. The researchers anticipate either no or very little cognitive discomfort associated with evaluating the counseling setting and specific counselor actions. This slight potential for discomfort is not likely to last or negatively affect me.
5. My participation in this study should take about 1 hour.
6. I will be accorded participation credit, applicable to my psychology course, via the Psychology Department's participation pool rules.
7. Participation in this study does not alter my eligibility to seek, to receive, or to continue to receive free professional counseling or psychological services at the ISU Student Counseling Service. As a student, I am entitled to the services of this campus agency located on the third floor of the Student Services Building.

I agree to participate in this study.

_____ (signature)

_____ (date)

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