

AN ABSTRACT OF THE THESIS OF

Christopher R. Herbaugh for the Master of Science

in Psychology presented on August 9, 1991

Title: Effect of Therapist Note-taking

on Perceived Competence

Abstract approved: Cooper B Holmes

A study was conducted to assess the effect of therapist note-taking on competence as perceived by others. The participants were 69 college undergraduates (22 men and 47 women) enrolled in a course in developmental psychology at a small, midwestern university. Two groups of subjects each viewed 1 of 2 5-minute videotapes in which a client and therapist interact. The tapes were identical, except that one contained several shots of the therapist taking notes during the therapy session. The first group of subjects viewed the version in which the therapist does not take notes; the second group viewed the tape in which the therapist takes notes. After viewing the videotape, subjects rated the therapist on 11 Likert-type scales which reflect a

therapist's competence and credibility. A separate analysis of variance (ANOVA) was performed for each of the 11 measures, and in each case no effect was found for the variable of therapist note-taking.

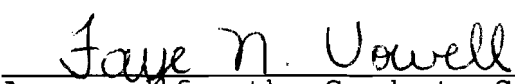
EFFECT OF THERAPIST NOTE-TAKING
ON PERCEIVED COMPETENCE

A Thesis
Presented to
the Division of
Psychology and Special Education
Emporia State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

by
Christopher Ryan Herbaugh
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Approved for the Major Division


Approved for the Graduate Council

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CHAPTER I

INTRODUCTION

Szasz (1973) stated that psychotherapy is "the name we give to a particular kind of personal influence: by means of communications, one person, identified as 'the psychotherapist,' exerts an ostensibly therapeutic influence on another, identified as 'the patient'" (p. 121). The process of psychotherapy is one that has been studied in-depth for decades and theories abound as to which techniques yield the best results, i.e., the recovery of the patient. Although specific styles and theoretical orientations differ, all psychotherapy involves two or more persons in a certain setting, and both the person and the specific setting contain a number of variables that can affect the therapeutic process. Bloom, Weigel and Trautt (1977) refer to these variables as "therapeugenic factors", and they can range anywhere from office decor to the gender of the client. These are factors not associated with any single type of therapy, yet they influence the process of psychotherapy to varying degrees.

Strong (1968) proposed that successful counseling involves two specific criteria, they are: (a) the counselor's gaining influence over the client, and (b) using this power to implement change in the client's behavior. Therapeugenic factors can be viewed as an important

determinant in the ability of a therapist to gain influence over the client, which is the most crucial element according to the model. The present experimenter used Strong's model as the theoretical framework of the study, assuming the importance of first gaining influence over the client so that positive change may result.

Review Of The Literature

Many therapeutic factors have been studied by researchers over the last two decades in order to assess their effects (if any) on the client's view of the therapist. Investigators have focused on such variables as therapists presented as experts (e.g., Spiegel, 1976; Strong & Schmidt, 1970a), trustworthiness (e.g., Strong & Schmidt, 1970b), pre-session therapist information (e.g., Greenberg, 1969), gender (e.g., Lee, Hallberg, Jones & Haase, 1980), race (e.g., Watkins, Terrell & Miller, 1989), marital status (e.g., Simons & Helms, 1976), therapist tone of voice (e.g., Blanck, Rosenthal, Vannicelli & Lee, 1986), smoking (e.g., Schneider, 1984), office variables (e.g., Amira & Abramowitz, 1979; Heppner & Pew, 1977), therapist attire (e.g., Amira & Abramowitz, 1979), and therapist title (e.g., Holmes & Kixmiller, 1989; Holmes & Post 1986; Reed & Holmes, 1989). The results of these and other studies aver that certain therapeutic factors do indeed influence the attitude of the client, thus affecting the ability of the therapist to gain influence over the client. While it may not be surprising to

discover that variables such as pre-session information and expertness affect the client's perception of the therapist (e.g., Greenburg, 1969; Spiegel, 1976; Strong & Schmidt, 1970a), the more subtle factors such as tone of voice and therapist smoking are also evident as being influential (e.g., Blanck, Rosenthal, Vannicelli & Lee, 1986; Schneider, 1984).

While the majority of studies on therapeutogenic factors have pertained to those that are virtually uncontrollable (e.g., gender) or are a matter of preference on the part of the therapist (e.g., therapist title), there is a distinct body of research dealing with specific therapist behaviors. Greenspoon (1955) demonstrated that a therapist could influence the elicitation of a certain type of words by the use of minimal encouragers ("Mm-hm" and "Huh-uh"). Since that time other investigators have shown that verbal factors such as the therapists' tone of voice are effective in influencing the client (e.g., Blanck et al., 1986).

One therapeutogenic factor that has received little attention is note-taking. The taking of notes during the regular therapy session is a common element, and the taking of notes in other settings (e.g., college classrooms) has been shown to be an effective tool to help jog the memory and aid in the retrieval of important facts (Hult, Cohn & Potter, 1984; Shrager & Mayer, 1989). Therapists disagree on whether note-taking affects the therapeutic process. Sullivan (1954)

contended that note-taking hindered the therapists' ability to truly gain an understanding of what the client is saying and may also lead the client in that the content of the client's speech could be reinforced by the note-taking. Sullivan however was of the opinion that note-taking was not likely to influence the responding of schizophrenics during the psychiatric interview due to the schizophrenic's low rate of responding in complete sentences or thoughts which would leave the client virtually unaware of this behavior.

Weinberg (1984) described jotting down quick notes during the session as the ideal situation. He stated that not only would this be helpful in remembering details about the client, it could also be used by the therapist to make note of his or her own actions or to write down instructions for themselves, such as "Be quiet when you feel the impulse to give advice" (p. 49).

Using psychiatric patients, Gottlieb, Fischhoff and Lamont (1979) found that note-taking could influence the direction of speech and thoughts of the interviewee. However, this effect was not seen with those determined to be highly anxious. The experimenters hypothesized that this was due to the highly anxious patients' constricted focus of attention which lead them to miss subtle non-verbal cues given by the interviewer. This belief is congruent with that of Sullivan's, that the more severely disturbed individuals who are less cognizant of their surroundings are not likely

to be influenced by the note-taking behavior of the therapist.

Only one previous study has examined the effect of note-taking on a client's perception of the therapist's overall competence and effectiveness (Hickling, Hickling, Sison & Radetsky, 1984). Seventeen social work graduate students viewed a videotape of a therapy session in which the therapist actively took notes, and a second group of social work graduate students viewed an identical session without the note-taking. Students then rated the therapist on 10 measures which were categorized into three characteristics: (a) therapist effectiveness, (b) client perceptions, and (c) total therapeutic impact. The results indicated that the non-note-taking therapist was rated significantly higher on all of the three categories. However the generalizability of the results to an actual therapeutic session is questionable due to the fact that the subjects had a mean of 4.18 years of previous experience as health care givers. It is assumed that after a relatively short period of time one develops his or her own style of therapy which would include whether or not to take notes during the session. The bias of the subjects must have influenced the ratings to a degree which is unknown.

In order to assess the influence of note-taking on a client's perception of the therapist a sample more representative of an actual client population is needed. The

present study assessed the effect of note-taking using undergraduate college students. This is assumed to better insure generalizability to the population of potential clients.

CHAPTER 2

METHOD

Subjects

The participants for the study were 69 undergraduate college students (22 men and 47 women) enrolled in two separate developmental psychology courses at Emporia State University, a small, midwestern university. All students in each of the 2 sections participated in the study. However, because three of the participants were graduate students, their completed questionnaires were not used in the statistical analysis. The composition of the 2 groups by age, gender, and number of students in each group is shown in Table 1.

Apparatus

A videotaped therapy session of 12 minutes was produced in the Instructional Media Center's studio at Emporia State University. A Ph.D. therapist and a graduate student (both male) improvised the session in which the client discussed relatively minor problems of adjustment. For the actual study only the first 5 minutes of the tape were used. Two copies of the tape were produced and were identical, with one exception. One copy of the videotaped therapy session contained several shots (full body and hands only) of the therapist taking notes. These shots were inserted afterward in appropriate situations in which a therapist might take

Table 1

Group Composition by Sex, Age, and Number

Group	Sex	n	M Age	SD
1	men	12	19.42	.66
(Non-note-taking)	women	23	19.43	1.38
	total	35	19.43	1.13
2	men	10	22.30	4.38
(Note-taking)	women	24	22.67	5.22
	total	34	22.56	5.00
Total		69	20.97	3.94

notes in a real life situation. The second copy contained no instances of therapist note-taking.

The Therapist Rating Scale developed by Holmes and Post (1986) was employed. The questionnaire consists of 11, seven-point Likert-type scales which reflect a person's view of the therapist. The therapist qualities measured by the instrument are: Formality, Ability to Help, Willingness to Help, Trustworthiness, Warmth, Genuineness, Understanding, and Concern. The last three items ask the subject how comfortable he or she would feel with the therapist, how willing he or she would be to follow the therapist's advice, and how likely he or she would be to consult the therapist if the need arose. The therapist characteristics rated in the questionnaire were chosen on the basis of a survey of the existing literature on therapeugenic factors. In addition, students responded to demographic questions of age, gender, class standing, and whether or not they recognized the therapist who is a professor at Emporia State University. A copy of the Therapist Rating Scale can be found in Appendix B.

Procedure

Students were assigned to their experimental group according to the class section in which they were enrolled. Those students in the morning section of the course comprised Group #1 (Non-Note-Taking), and those enrolled in the afternoon section of the course comprised Group #2 (Note-Taking).

All participants viewed the tapes on the same day, and the procedure for each group was identical, with the exception of which videotape was shown. Students entered their classrooms and were seated as was normal. They were told they would be participating in a study dealing with client-therapist interactions which would involve viewing a brief videotaped therapy session and would then complete a questionnaire. The experimenter then distributed the Informed Consent Forms for the students to complete (see Appendix A). After collecting these forms the assigned videotape was played on a color television at the front of the classroom. After the group had viewed the vignette the television was turned off, and the questionnaires were distributed. The experimenter explained how to complete the questionnaire and then collected them when all students had finished filling them out. The experimenter then passed out the proper Debriefing Sheet to each participant and explained the true nature of the experiment more fully. Group #1 received a copy of the Debriefing Sheet found in Appendix C; Group #2 received a copy of the Debriefing Sheet found in Appendix D.

Statistical Design

The scores were compiled by group and analyzed by a one-way analysis of variance (ANOVA) computer program for unequal group sizes. Each of the 11 therapist characteristics were analyzed in this manner. In all, there were 11 ANOVA's used in the analysis of the data.

CHAPTER 3

RESULTS

The independent variable in the present study was therapist note-taking. The dependent measure was the rating given by the subjects on each of the 11 items on the Therapist Rating Scale. The data were analyzed by a one-way ANOVA computer program for unequal group sizes. A separate ANOVA was performed for each of the 11 therapist characteristics measured by the instrument. The mean ratings and standard deviations for each item note-taking condition are shown in Table 2. The results of the 11 ANOVA's are described below.

On Item 1 (Formality), there was no significant effect for note-taking, $F(1, 67) = .22, p > .01$. On Item 2 (Ability to Help), there was no significant effect for note-taking, $F(1, 67) = .05, p > .01$. On Item 3 (Willingness to Help), there was no significant effect for note-taking, $F(1, 67) = .22, p > .01$. On Item 4 (Trustworthiness), there was no significant effect for note-taking, $F(1, 67) = .06, p > .01$. On Item 5 (Warmth), there was no significant effect for note-taking, $F(1, 67) = 1.54, p > .01$. On Item 6 (Genuineness) there was no significant effect for note-taking, $F(1, 67) = 1.06, p > .01$. On Item 7 (Understanding), there was no significant effect for note-taking, $F(1, 67) = .21, p > .01$. On Item 8

Table 2

Mean Ratings and Standard Deviations for Each Item by
Subject Gender and Note-Taking Variable

Question No.	Note-Taking Condition	M	SD
1	Non-Note-Taking	3.54	1.22
	Note-Taking	3.68	1.15
2	Non-Note-Taking	4.34	1.24
	Note-Taking	4.41	1.21
3	Non-Note-Taking	4.97	1.34
	Note-Taking	4.82	1.27
4	Non-Note-Taking	5.11	1.47
	Note-Taking	5.03	1.36
5	Non-Note-Taking	4.34	1.47
	Note-Taking	3.88	1.61
6	Non-Note-Taking	4.37	1.33
	Note-Taking	4.68	1.12
7	Non-Note-Taking	4.83	1.10
	Note-Taking	4.71	1.14
8	Non-Note-Taking	4.80	1.11
	Note-Taking	4.74	1.31
9	Non-Note-Taking	3.94	1.39
	Note-Taking	3.91	1.44

Table 2 (cont.)

Question No.	Note-Taking Condition	M	<u>SD</u>
10	Non-Note-Taking	4.06	.97
	Note-Taking	4.24	1.26
11	Non-Note-Taking	3.57	1.52
	Note-Taking	3.50	1.60

(Concern), there was no significant effect for note-taking, $F(1, 67) = .05, p > .01$. On Item 9 (Comfort), there was no significant effect for note-taking, $F(1, 67) = .01, p > .01$. On Item 10 (Willingness of Subject to Follow Therapist's Advice), there was no significant effect for note-taking, $F(1, 67) = .44, p > .01$. On Item 11 (Likelihood of Subject to Consult Therapist), there was no significant effect for note-taking, $F(1, 67) = .04, p > .01$. In summary, there was no significant effect for note-taking on any of the 11 therapist qualities measured.

CHAPTER 4

DISCUSSION

The findings from the present study suggest that the student's views of the therapist were unaffected by the presence or absence of note-taking by the therapist. This does not support the findings of Hickling, Hickling, Sison and Radetsky (1984) which indicated that a note-taking therapist was seen as less competent and less effective than a non-note-taking therapist. This was not unexpected, given that the participants used for the present study are distinctly different than those used for the study by Hickling, et al. (1984). Speculatively, one might suggest that it is only the experienced therapist who is critical of the note-taking therapist, and that the client is not as influenced by the behavior. It could be that undergraduate students are so accustomed to note-taking themselves that they view the behavior as appropriate in a variety of situations, including psychotherapy. However, perhaps therapist note-taking does indeed influence a client's perception, but in a way which is not tapped by the Therapist Rating Scale.

In summary, the therapeugenic factor of therapist note-taking was not a significant factor in the ratings given by the students. This suggests that, in the absence of conclusive evidence which indicates otherwise, note-taking is

not a crucial factor and remains a matter of preference by the therapist.

A suggestion for future research would be to use actual therapy clients or psychiatric patients as participants. Using such a population would be ideal in determining the effect of therapist note-taking on the perceptions of clients, if an effect truly exists.

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APPENDIX A

Informed Consent Form

I, Christopher R. Herbaugh, am conducting an experiment which deals with client-therapist interactions. Participation in the study will involve watching a 5-minute videotape and responding to an 11-item questionnaire. There will be no risks involved at any time and you are free to drop out of the experiment at any time. All information will remain strictly confidential and your name will at no time be attached to a score.

I, _____, affirm that I have read and understand the above statement and have had all of my questions answered.

Date: _____

Signature: _____

APPENDIX B

Did you recognize the therapist (Dr. Hurt)? YES NO

Classification: FR SO JR SR Sex: M F Age _____

Therapist Rating Scale

Please respond to the following questions by circling the appropriate response.

1. How formal do you see the therapist?

Very Informal							Very Formal
1	2	3	4	5	6	7	

2. How would you rate the therapist's ability to help someone?

Not At All Capable							Very Capable
1	2	3	4	5	6	7	

3. How would you rate the therapist's willingness to help someone?

Very Unwilling							Very Willing
1	2	3	4	5	6	7	

4. How well could you trust the therapist to keep your discussions with him confidential?

Completely Untrustworthy							Completely Trustworthy
1	2	3	4	5	6	7	

5. How would you rate the therapist's personal warmth?

Very Cold							Very Warm
1	2	3	4	5	6	7	

6. How would you rate the therapist's genuineness or sincerity?

Not At All						Very	
Genuine						Genuine	
1	2	3	4	5	6	7	

7. How would you rate the therapist's understanding of people and their problems?

Not At All						Very	
Understanding						Understanding	
1	2	3	4	5	6	7	

8. How much concern for people do you feel the therapist has?

Not At All						Very	
Concerned						Concerned	
1	2	3	4	5	6	7	

9. How comfortable would you feel with this therapist?

Very						Very	
Uncomfortable						Comfortable	
1	2	3	4	5	6	7	

10. How willing would you be to follow the therapist's advice?

Very						Very	
Unwilling						Willing	
1	2	3	4	5	6	7	

11. How likely would you be to consult this therapist if you felt a need to?

Very						Very	
Unlikely						Likely	
1	2	3	4	5	6	7	

APPENDIX C

Debriefing Sheet

The true purpose of this study was to assess the effect that a therapist's note-taking has on a client's view of the therapist. You viewed a videotape in which the therapist (Dr. Hurt) did not take notes during the brief therapy session. You completed a questionnaire which addressed several therapists characteristics. As a group of undergraduates you were used for the study as you represent a somewhat general population of potential clients.

Please do not discuss the nature of this study with anyone until Thursday, March 7, 1991 (tomorrow) as another group will be participating in the study and prior knowledge of the true nature of the study will bias their opinions. If you wish to know the results of the study or have questions pertaining to the study later on you may contact me. Once again, thank you for your cooperation.

Christopher R. Herbaugh
316/343-7642

APPENDIX D

Debriefing Sheet

The true purpose of this study was to assess the effect that a therapist's note-taking has on a client's view of the therapist. You viewed a videotape in which the therapist (Dr. Hurt) took notes during the brief therapy session. You then completed a questionnaire which addressed several therapist characteristics. As a group of undergraduates you were used for the study as you represent a somewhat general population of potential clients.

If you wish to know the results of the study or have questions pertaining to the study in the future you may contact me. Once again, thank you for your cooperation.

Christopher R. Herbaugh
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Effect of Therapist Note-Taking

on Perceived Competence
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