

AN ABSTRACT OF THE THESIS OF

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Title: Effects of Therapist Title on Competence As Perceived By

A Psychiatric Sample

Abstract approved:

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A study on how perceptions of a therapist's competence is affected by the therapist's title of address was conducted. The subjects were 82 psychiatric inpatients (58 males and 24 females) at a state mental hospital. The subjects watched a brief videotaped segment of an interchange between a male therapist and a male client. Each of four groups of subjects (consisting of both males and females) saw a copy of the same taped segment, but with a different title labeled on the screen. The first group saw a tape with the therapist titled "Doctor"; the second group saw a tape with the therapist titled "Mister"; the third group saw the tape in which the therapist was identified by name only; and the fourth group of subjects saw a tape with no label on the screen. After viewing the tape, the subjects rated the therapist on 11 Likert-type scales. Ratings were then compared among the four groups and between male and female subjects. Analysis of

the variance on each of the 11 characteristics showed one significant title effect on one characteristic, but it was not a very strong effect. There was no significant effect for the interaction of subject gender and therapist title on the subjects' ratings on any of the 11 therapist qualities. There was a significant effect for subject gender on ratings of two therapist qualities, with females rating the therapist higher overall on these two qualities. These results showed that the therapist's title had no significant bearing on ratings of his competence, but that females rated him higher on two of the 11 qualities than did males.

EFFECTS OF THERAPIST TITLE ON COMPETENCE

AS PERCEIVED BY A
PSYCHIATRIC SAMPLE

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TABLE OF CONTENTS

Chapter	Page
1. INTRODUCTION	1
2. METHOD	26
Subjects	26
Apparatus.	26
Procedure.	29
3. RESULTS.	31
4. DISCUSSION	37
REFERENCES.	40
APPENDICES.	47

CHAPTER 1

INTRODUCTION

Frank (1973) studied the elements common to psychotherapies, and reached the conclusion that effective therapy is a process of social influence. He stated that the therapist exerts his/her influence by creating an atmosphere of trust and faith. One way that a therapist can create this atmosphere is by demonstrating his/her "expertness." In fact, the variable of "expertness," according to Guttman and Haase (1972), has long been viewed as one of the important phenomena in social psychological research.

Expertness has been defined by Spiegel (1976) as the possession of formal experience and training that are evidence of special knowledge. The more qualified the client believes the counselor to be, the greater the probability that the client will perceive the counselor's behavior as helpful.

In fact, perceived counselor expertness has also been defined as "the client's belief that the counselor possesses information and means of interpreting information which allow the client to obtain valid conclusions about and to deal effectively with his problems" (Strong & Dixon, 1971, p. 562). Strong and Dixon also asserted that perceived expertness has been reported to be influenced by factors in at least three categories: (a) objective evidence of specialized training such as diplomas, certificates, and titles; (b) behavioral evidence of expertness, such as rational and knowledgeable arguments and confidence in

presentation; and (c) reputation as an expert (p. 562). Also, Gurman (1977) reported that perceived counselor competence is affected by the manner of introduction.

Festinger's (1957) theory of cognitive dissonance provides a theoretical basis for organizing attitude-change variables in the research. The theory assumes that individuals strive to maintain consistency among their cognitions and that the existence of non-fitting cognitive elements produces tension which a person tries to reduce. A dissonance-producing situation common to both persuasion and interpretation is one in which a communicator presents a view contrary to the one held by the communicatee. Thus, the person is confronted with a need to reduce the dissonance produced by the presence of two contrary cognitions. A prediction of how he/she will choose to reduce the resultant state of dissonance will be in part a function of the credibility of the communicator, in part a degree of discrepancy between the communicator and the communicatee's positions, and in part, the personal involvement with the communication content (Bergin, 1962).

Expertness is also described as credibility. Credibility has been referred to as the characteristics which convey to an individual the communicator's trustworthiness and expertness with respect to the issue at hand. Research has indicated that the perceived credibility of the counselor is a factor in influencing both client behaviors and attitudes (Atkinson & Carskadden, 1975; Browning, 1966; Schmidt & Strong, 1971; and Strong & Dixon, 1971).

By examining Festinger's theory further in relation to opinion change research, Hoveland, Janis and Kelley (1953) reported that an important component of a communicator's credibility is the extent to which he is perceived to be a source of valid assertions (i.e., his expertness). They reported that the reactions to a communication are significantly affected by cues as to the communicator's intentions, expertness, and trustworthiness. In their study, presentations were judged more favorably when made by a communicator with high credibility than by one with low credibility. Similar studies by Aronson, Turner, and Carlsmith (1963), Bockner and Insko (1966), and Bergin (1962) further supported the hypothesis that communicator credibility is enhanced by a higher degree of perceived expertness.

Corrigan, Dell, Lewis, and Schmidt (1980) conducted a study involving the variables of expertness, attractiveness, and trustworthiness. They reported that reviews of the social psychological research consistently point out that perceived expertness, attractiveness and trustworthiness of a source are important determinants of that source's ability to effect social influence.

Strong (1968) asserted that counseling should be viewed as an interpersonal influence process in which the counselor influences the behavior of the client to the extent to which he or she is perceived as an expert. Strong explained that perceived expertness is influenced by "objective evidence of specialized training such as diplomas, certificates and titles; behavioral evidence of expertness such as rational and

knowledgeable arguments and confidence in presentation; and reputation as an expert" (p. 216).

Corrigan, et al. (1980) reported that research on counselors' perceived expertness has focused on (a) evidential cues to expertness such as training, counselor attire, counseling setting, and counselor sex and race; (b) reputational cues such as counselors' attributed status and experience, and (c) counselors' interview behavior. Thus, in general, it appears that the manipulation of counselors' attributed status and experience via introductions differentially affects their perceived expertness.

Bernstein and Figioli (1983) reported that studies with adult subjects provide a profile of counselors perceived as expert. Besides evidential cues as mentioned previously, counselors are also perceived as expert when introductions indicate professional experience (Spiegel, 1976), a doctorate (Scheid, 1976), status (Claiborn & Schmidt, 1977), and prestige (Atkinson & Carskadden, 1975).

The presence of a title communicated within an introduction has been found to influence reported source credibility also (Hartley, 1969), as well as to influence greater opinion changes within clients (Binderman, Fretz, Scott & Abrams, 1972). It similarly has been reported that information establishing the source's prestige within an introduction has resulted in greater opinion changes for subjects (Browning, 1966; Strong & Schmidt, 1970). Also, strong evidence exists to support the notion that titles or prestige, when combined with expert-like behavior does

cue greater reported counselor credibility and subsequent opinion change (Atkinson & Carskadden, 1975; Strong & Schmidt, 1970).

Heppner and Pew (1977) conducted a study in which results indicated that clients interviewed within the presence of diplomas and awards perceived the counselors as more expert than clients interviewed without visual competence cues.

With regard to introduction, Gelso and Karl (1974) found that students perceived counselors as less competent if the counselors did not include the word "psychologist" in their titles, and that students even rated such counselors as inappropriate for help with personal problems. Gelso and Karl compared students' perceptions of three titles within counseling (high school counselor, college counselor, counseling psychologist) with each other and with the titles of advisor, psychiatrist, and clinical psychologist. Central findings were that more differences emerged among students' perceptions of the three counseling specialties than between counseling psychologists and either clinical psychologists or psychiatrists. Neither of the three counseling specialists were found to be more warm, friendly, and polite than were psychiatrists. Of special interest were the differences between the perceptions of college counselors and counseling psychologists, titles or labels that are often used interchangeably. Counseling psychologists were perceived as more knowledgeable, inquisitive, and analytic, as well as more casual and flighty than were the college counselors. The counseling psychologists were also seen as being more likely sources of help for a variety of concerns than were college

counselors.

Suggested results of this study were that professional personnel at counseling centers should inform their clients that they are counseling psychologists or clinical psychologists when appropriate. This is due to the fact that these titles were found to usually elicit more desirable perceptions of personal characteristics, such as knowledge, and they may increase the likelihood that students will seek help from these centers with a variety of personal concerns.

Heppner and Dixon (1981) found that pre-session introductions, manipulations of titles, and education and vocational levels did not differentially affect student perceptions of counselor expertness. Similar results were found by Claiborn and Schmidt (1977). Their study investigated the effects of pre-session counselor descriptions on viewers' perceptions of the counselor in a videotaped interview. The independent variables were positively stated, written descriptions of the counselor's social power base and status. The dependent measures were subjects' perceptions of the counselor's expertness, attractiveness, and social powerfulness. The introductory description of the expert counselor emphasized her extensive training and experience as a counselor, her reputation as an expert, and her professional interest in the field of counseling. The introductory description of the referent counselor stated that she was beginning training as a counselor and had no experience otherwise, that she and the client had similar attitudes and feelings toward issues relevant

to the client's problem, and that the counselor and the client were from similar backgrounds. The status manipulation varied the title, educational and vocational levels of the counselor described. The high-status counselor was referred to as "Dr. (last name)," as a psychologist with a Ph.D., and as a consultant doing post-doctoral work in counseling. The low-status counselor was introduced without a title preceding the first and last name, as having an undergraduate standing, and doing volunteer work at a community agency. The low-status expert condition produced significantly higher ratings of expertness than the high-status expert condition. These findings were supported by Sprafkin (1970). Counselors introduced as college juniors in this study, precipitated as much opinion change as counselors introduced as Ph.D.s with national recognition. Sprafkin explained that the research suggests that the more credible the communicator, the more likely the recipient will be to interpret the message in the manner advocated by the communicator. In this study, the expert counselor was introduced as having a B.S., M.S., and a doctorate. The inexperienced was introduced as a "counselor." Results indicated that the subjects responded to their perceived agreement with the counselor for learning word definitions regardless of expertise.

Binderman, Fretz, Scott, and Abrams (1972) produced somewhat conflicting results. In their study, a counselor identified as either having a Ph.D. or as being a practicum student gave subjects test interpretations in which the amount of direction of discrepancy from subjects' self-estimates on the traits were

also manipulated. The Ph.D. counselor elicited more change than the novice when discrepancy was greatest.

In Strong and Schmidt's (1970) study, expert behavior produced greater attitude change only when reinforced by an expert introduction. They tested variables of expertness in their research and found that the client's perception of the counselor's expertness was one of the factors moderating the degree to which the client will change his/her views to those of the counselor instead of discrediting the counselor. They tested this by studying the counselor influence on the client's need for achievement, and concluded that the subjects who received counseling under the expert condition (introduced as Dr.) showed significantly greater changes in need for achievement than those subjects under the non-expert (introduced as first and last name) condition; and that the interviewers were differentially effective. In terms of informational influence and the change in attitudes, it appears that opinions and attitudes are more greatly influenced by experts than non-experts. Strong and Schmidt also reported that a number of studies have demonstrated that expertness, as portrayed by title, diplomas, awards, or reputation, moderate the degree of opinion change obtained from influence attempts. Heppner and Dixon (1978) similarly reported that interviewers portraying an expert role are more influential than those in an inexpert role.

Beutler, Johnson, Neville, and Jobe (1975) found that psychiatric patients' ratings of their therapists' credibility

were not related to attitude change. They reported that since psychotherapy seems to parallel in many respects the process of interpersonal persuasion, it seems appropriate to determine if psychotherapy outcome can be facilitated through manipulation of variables found to increase interpersonal influence. Their findings affirmed that therapist credibility affects therapy outcome.

Strong and Dixon (1971) found in their second experiment that counselors introduced as expert showed no difference in influence when they portrayed attractive and unattractive counselor roles. The influence power of the attractive interviewer was the same whether he/she was introduced as expert or inexperienced, and the introduction made little difference in the subjects' perceptual reactions. The results suggested that an expert counselor's attractiveness does not affect his/her ability to influence clients in a short interview. Counselors introduced as inexperienced differed in influence when they portrayed these roles. The conclusion was that counselors' perceived expertness masked the effects of attractiveness.

In the attractive role, the interviewer introduced himself by his first and last name (no title). In the unattractive role, the interviewer did not introduce himself. In the second part of the experiment, the interviewer introduced himself as "Dr." and had "Dr." on a nameplate on the desk representing an expert. The interviewer did not have these when representing an inexperienced.

Only one adjective (non-critical) reflected the expert-

in-expert introduction manipulation on the adjective checklist at both post-test and follow-up. None of the differences due to introduction, interviewer, or interactions approached statistical significance.

Several investigations have examined the combined effects of using titles in conjunction with prestigious information in the initial description or introduction of the counselor. One finding appeared quite consistently in studies that combined titles with prestigious information. That is, when the same counselor is introduced with expert credentials as opposed to inexperienced credentials, the counselor is viewed as being more expert (Atkinson & Carskadden, 1975; Claiborn & Schmidt, 1977; Greenberg, 1969; Jackson & Pepinsky, 1972; Scheid, 1976; Spiegel, 1976; Strong & Schmidt, 1970). Scheid found that the status of the counselor only had a significant effect on two variables. They were perceptions of counselor competence and counselor comfort. Status did not seem to influence perceptions of the counselor in general.

In short, it seems there is considerable evidence indicating that certain stimuli do cue a client's perception of counselor expertness. The certain stimuli include such things as titles, diplomas, awards, and prestigious introduction.

Heppner and Dixon (1981) reported that two studies done by themselves in 1978 found that when all three sources of expertness (i.e., counselor behavior, titles, and prestigious introductions) were combined, the interviewer was seen as more

expert. Merluzzi (1977) produced the same results in his study using the same three sources of expertness (counselor behavior, titles, and prestigious introductions).

Browning (1966) studied the effects of therapist perceived expertness (prestige) on client acceptance of interpretations in therapy. He found that clients were more likely to accept a larger number of discrepant interpretations in therapy when they were produced by a high-prestige therapist than when they were produced by a low-prestige therapist. He also found that information establishing the source's prestige within an introduction resulted in greater opinion changes for subjects. In other words, Browning found that when counselors were given the title "Ph.D. psychologist," they were perceived by subjects as high-status individuals.

Only Hartley (1969) treated perceived counselor credibility as the dependent variable with a high- versus a low-prestige introduction serving as the independent variable. With fifth grade students as subjects, perceived counselor credibility was related directly to the level of prestige assigned the counselor in an introduction. He conducted a study dealing with the term "source credibility" which referred to the perceived expertness and trustworthiness of the counselor and the related prestige and status associated with his title, position, experience, qualifications, appearance, sex, and age. There were high- and low-credibility groups with a counselor being a positive credibility source in the former and a negative or neutral credibility source in the latter. Under the high-credibility

conditions the counselor was introduced as a highly qualified and experienced professional counselor with the inclusion of positive personal attributes. Under the low-credibility conditions he was introduced as a graduate student with limited experience and qualifications without mention of personal attributes. The conclusions were that significant differences can and were produced in the perceived credibility of the counselor through the use of varied source credibility, counseling interaction results in significant changes in the perceived credibility of the counselor, and changes during counseling in the perceived credibility of the counselor can occur at the same rate and in the same positive increasing direction under varied source credibility.

Greenberg (1969) found that an experienced versus inexperienced introduction significantly affected counselors' influence only in interaction with a warm versus a cold introduction. He reported that the literature shows that pre-therapy expectancies or manipulations can affect the therapy relationship. Greenberg did an analogue study that endeavored to show that information given prior to a subject's exposure to a therapy session can change his perception of that session and render him more open and receptive to the therapist's influence attempts. The therapist in the study was labeled "warm" and the other therapist was labeled "experienced." Greenberg found that pre-session information concerning a counselor's warmth and degree of experience strongly influenced subjects' reactions to the

counselor whose session they heard on audiotape. The findings supported the idea that pre-meeting information can affect the therapy relationship and that the patient's perception of the therapist is important to facilitate influence.

Westman (1978) also conducted a study involving pre-session information. In his study, a counseling analogue methodology was used to test the effects of both pre-session information and role behaviors in a factorial design which crossed peer and professional introductions with expert and referent behaviors. Subjects were given differential information regarding the background, experience and status of the counselor just prior to viewing a 20-minute videotape of a simulated career counseling session. The counselor in the tape behaved in an expert or referent manner. Measures of subjects' perceptions of counselor attributes, counseling effectiveness, and receptivity to influence were taken immediately following the showing of the videotape. Differential perceptions of the counselor appeared as a function of variations in introductions, role and the interaction between them. It was found that counselors given peer introductions were judged as being more helpful than those given professional introductions. Also, referent roles were found to affect significantly more receptivity to influence than did expert roles. Similarly, peer introductions produced more receptivity to influence than professional introductions.

Strong and Dixon (1971) manipulated pre-session information regarding the interviewer's expertness. They found this to

affect the relationship between interviewer attractiveness and influence ability, as well as subjects' impressions of the interviewer.

Scheid (1976) manipulated pre-session information regarding the status of the counselor given to subjects who watched the counselor in a staged, videotaped session. Results indicated that the counselor was perceived to be more competent and more comfortable when the information indicated high status than when it indicated low status. Scheid also reported literature suggesting that a counselor's ability to influence a person may be as contingent upon who he/she is perceived to be as it is upon his/her behavior. In his study, he reported that even in the face of clearly perceived nonfacilitative or destructive counselor behavior, subjects rated the counselor high on expertness or competence if he had been given a high-status introduction.

High- versus low-credibility introductions can be powerful in influencing subjects' initial perceptions of counselors according to Bernstein and Figioli (1983). Their study included 240 eighth grade subjects who listened to tapes of simulated counseling sessions. The subjects then rated the counselors on an eight-point scale of perceived expertness (unintelligent-intelligent, inexperienced-experienced, unskillful-skillful); perceived attractiveness (unfriendly-friendly, unlikeable-likeable, cold-warm); and perceived trustworthiness (untrustworthy-trustworthy, unreliable-reliable, insincere-sincere). High-credibility introductions included caring,

feelings, doesn't make fun, confidentiality, won't tell, respect, understands students' side of conflict; and the low-credibility introduction included fashionable, enjoys rock music, sports car, and wears designer jeans. Analysis yielded a significant main effect for type of credibility introduction. Participants assigned significantly higher ratings of attractiveness, expertness, trustworthiness, and confidence to counselors presented with a high-credibility introduction than to counselors presented with a low-credibility introduction. On the expertness dimension, counselors with a high-credibility introduction, regardless of gender, were perceived as significantly more expert than counselors with a low-credibility introduction. These findings supported prior conclusions that high- versus low-credibility introductions can be powerful in influencing subjects' initial perceptions of counselors. Specifically, in this study, counselors presented with a high-credibility introduction were perceived as significantly more expert, attractive, trustworthy and confidence-inspiring than counselors who received a low-credibility introduction. Also, cues important to adult subjects in previous research, such as the counselor's experience, Ph.D., number of publications, and apparent disclosure of similar problems, were rated as only moderately important by a pilot group of early adolescents in this study.

Like the female, the male counselor with a high-credibility introduction was also judged significantly more expert than the low-credibility counselor of either gender. Thus, in this study,

perceived expertness was more a function of the credibility introduction than of counselor gender.

Studies by Atkinson and Carskadden (1975) used a high-prestige introduction of Ph.D. and a low-prestige introduction of a first year graduate student with a B.A. in psychology. On the average, subjects who heard the high-prestige introduction rated the counselor higher as someone they would see for counseling than did subjects who heard the low-prestige introduction. They also found that individuals perceive a counselor as a more credible source of assistance if he is introduced as a highly prestigious professional and if he uses a preponderance of highly abstract, psychological jargon than if the counselor is assigned a low level of expertness and uses easy-to-understand layman's language. Also, people are more likely to perceive a counselor as someone they would see for help if the counselor is described as an expert rather than if he is described as a novice. Atkinson and Carskadden concluded that the subjects' preference for the counselor on videotape as someone they would see was affected by the prestige assigned to him in the introduction.

In Spiegel's (1976) study, low-expertness conditions were described as having minimal training and virtually no experience and labeled "counselor's aid" and "peer counselors." High-expertness included extensive training and experience and the title "Ph.D." and "peer counselor" that is a senior student majoring in psychology.

Analyses indicated that the credentials of the counselors in the high-expertness conditions led subjects to perceive them as more experienced and better trained than the counselors in the low-expertness conditions. This confirmed the effectiveness of the expertness manipulation. Also, the low-similarity counselors known as the "counseling aid" and the Ph.D. were perceived as having more experience and training than their high-similarity counterparts known as the untrained and highly trained "peer counselors."

The results of this study demonstrated that attributed expertness was far more effective than attributed similarity in facilitating perceptions of high counselor competence regardless of the nature of the client's presenting problem. These findings suggested that expert credentials are an essential component of perceived counselors' competence.

Patton's (1969) study implied that perhaps the effects of counselor expertise seemed to lessen the predicted effects of negative attraction by inducing the subject to change more because he was confronted by a credible, even though disliked, communicator. These results indicated that in a situation where one participant is seen as possessing more expertise than the other, more change will occur perhaps because the participant with less expertise is confronted by a credible, even though disliked, communicator. Schmidt and Strong (1971) obtained similar results in their study of attractiveness as an influence in counseling. They found that in both the experimental and

control group, the interviewers in either role only needed to express their opinions. These results seem accounted for by noting that in both roles, the interviewers were presented as experts (Ph.D. psychologists). Disregarding whether the subjects liked the psychologist, he was a credible expert source of opinion.

Results from a study done by Schmidt and Strong (1970) confirmed that a treatment in which expert behavior was presented with an expert introduction, it was perceived more positively than a treatment in which inexpert behavior was presented with an inexpert introduction. Introductory status has significant effects upon perceiving the counselor as competent, effective and expert. They also found that when an "expert" communicates information discrepant from a recipient's viewpoint, the recipient tends to change his opinion more than when an "inexpert" person communicates the same information. They concluded that if expertness is a factor in interpersonal influence, then certainly it is expertness as perceived by the person to be influenced.

Counselor credibility has been tested in studies (e.g., Binderman, et al. 1972) with regard to how counselor credibility and test results discrepant with clients' self-concepts affect clients' acceptance of the test results. Test interpreters were rated along with test administrators. The test interpreter identified himself as a Ph.D. and as a counselor in the counseling center. The low-credibility test interpreter

identified himself as a psychologist practicum student in the counseling center. The only variable manipulated was the label the interpreter assigned himself during the introductions. Results indicated that only the title of the person need be varied to obtain credibility effects.

As for title and preferences, Simon (1973) conducted a study that investigated age, sex, and title of the therapist as determinants of patients' preferences. These variables can and are assessed in the first visit. In general, it was found that "psychologists" and "psychiatrists" were preferred to "behavioral consultants," "emotional counselors," and "psychoanalysts," who were in turn, preferred to "social workers."

Brooks (1974) conducted an experiment that reexamined the effects of client sex and counselor sex on self-disclosure in a controlled analogue situation. A third variable, status of the interviewer, was also included. Before the interview the subject read a paragraph calling one interviewer "Dr." and one interviewer "Mr.". The paragraph included positive factors describing "Dr." and a less positive description of "Mr.". The receptionist also stated that "Dr." was really good while "Mr." was alright. "Dr." had a nice office, "Mr." had a low-status office. The interviewer experience was rated higher in the high-status condition compared to the low-status condition. The analysis of variance showed no significant main effects, indicating that overall, neither subject sex, interviewer sex, nor interviewer status affected self-disclosure. Subjects

interacted significantly with both interviewer sex and interviewer status. Male subjects disclosed more in the higher-status than the lower-status conditions while the females disclosed more in the low-status than high-status conditions. The male subjects also disclosed significantly less than all other combinations of subject sex and interviewer status. Both interviewer sex and status did affect male and female disclosure differentially. High- as opposed to low-status male interviewers elicited greater self-disclosure from both male and female subjects, while the status of female interviewers did not affect subject disclosure.

Alperin (1982) conducted a study that tested the effects of a mental health practitioner's professional affiliation (psychiatry, clinical psychology, and social work), gender, and warmth on clients' perceptions of the professional's expertness, and social attractiveness and the relationship between these perceptions and the influence the mental health practitioner has on client attitude change. Subjects listened to a taped psychotherapy session and then rated the practitioner according to their perceptions of the practitioner's expertness and attractiveness on the Counselor Rating Form. A Persuasibility Questionnaire, which measured the practitioner's influence on subjects' attitudes was also done. Overall results indicated that the more expert and attractive the mental health professionals were perceived to be, the more influence they had in changing the subjects' attitudes.

Merluzzi, Banikiotes, and Missbach (1978) reported that perceived characteristics that contribute to the persuasiveness of a message include expertness, attractiveness, and trustworthiness. Merluzzi et al. conducted a study that tested the effects of counselor experience (expert or non-expert), disclosure level (high or low), and counselor sex (male or female) on the perceived counselor characteristics of expertness, attractiveness, and trustworthiness. The more expert counselor was introduced in writing as a Ph.D. with experience and research, while the inexperienced counselor was introduced as a B.A. without experience or research. Low-disclosing experts were rated high on expertness and rated least attractive. However, high-disclosing experts were highest in attractiveness followed by high-disclosing non-experts.

Zomostomy, Corrigan, and Eggert (1981) tested differences in perceived expertness, attractiveness and trustworthiness based on client sex, counselor sex, and counselor education level with regard to significance. Subjects' ratings of pre- versus post-doctoral counselors differed significantly for expertness and trustworthiness. Post-doctoral counselors were rated higher and showed less variability in ratings.

Janesh (1982) also conducted a study to investigate the effects of the client's perception of a psychotherapist's expertness on the therapy process. Psychotherapeutic expertness was defined as the perception of the therapist as a source of valid assertions.

Eighty adult psychotherapy clients who were receiving group psychotherapy served as subjects. They viewed one of four experimental videotapes of a psychotherapeutic session between a confederate male therapist and a confederate female client. Presence or absence of objective evidence and presence or absence of expert nonverbal behaviors were manipulated on tapes, while the verbal interaction was held constant. Subsequent to viewing the tapes, the subjects completed a Therapist Credibility Adjective Checklist. Subjects who viewed videotapes with the presence of objective evidence of expertness judged the therapist without the objective evidence. Subjects who viewed the videotapes where the therapist displayed expert nonverbal behaviors judged the therapist to be significantly more credible than the therapist without the expert nonverbal behaviors. There was no significant difference in the credibility ratings between the males and females.

It was concluded that sex of the client does not have an effect on perceptions of psychotherapeutic expertness. It was also concluded that both objective evidence and expert nonverbal behaviors significantly enhance client perceptions of psychotherapeutic expertness.

Guttman and Haase (1972) reported that students, during brief vocational counseling, preferred counselors seen as low in "expertness" to counselors seen as high in "expertness." In this study, part of the experimental manipulation used to produce high- and low-expertness was the title of the counselor, in

particular, "graduate student" for the low group, and "staff member" for the high group.

Trautt (1982) conducted research concerned with professional title as a potential therapeugenic factor and the ways in which title interacts with fee charging. The findings of this study related to title indicated that the title "psychiatrist" resulted in subjects being more willing to recommend him to a friend. The psychiatrist group was rated higher than the counselor group, and significantly higher than the clinical psychologist group. The magnitude of differences among the three groups may have been muted due to the use of the term "doctor" in the description. The majority of subjects in their subjective responses, both oral and written, indicated that the therapist must be highly qualified because he is a doctor. The finding in part supported Simon (1973) in that the title "psychiatrist" was rated the highest of the three titles. Trautt reported that the title "counselor" has gained relative respectability over the years and now may have as much or more influence as the title "clinical psychologist." In addition, he stated that the term "doctor" may be useful in increasing the therapist's credibility, regardless of the specific professional title used.

In considering the effect of fee and title taken together, the results indicated that a clinical psychologist was seen as more dynamic when he charged a higher fee. The counselor and psychiatrist were not rated significantly different on the basis of the fee charged.

Holmes and Post (1985), as part of Post's master's degree thesis, conducted research that studied the effects of therapist title on perceived competence using a college student population. A videotaped segment of a simulated counseling session was shown to four groups of male and female undergraduate college students under four conditions. One group saw the tape with the title "Doctor (the therapist's actual name was used) and Client" superimposed at the bottom of the tape. The second group saw the same tape with "Mr. ___ and Client" used, the third group had the "therapist's actual first name and Client," while the fourth group had no title superimposed on the tape. There were 204 subjects who rated the therapist on 11 variables. Results indicated that there were no significant effects for therapist title, nor for the interaction of subject gender and therapist title, on any of the 11 therapist characteristics used in the study. Men rated the therapist higher on nine of the 11 variables than did women.

In view of these findings, it is significant and surprising that the title "Doctor" and use of a first name did not result in significantly higher ratings. As Holmes and Post reported, these findings may have resulted from the use of college students as subjects. College students are exposed to the title "Doctor" daily. Holmes and Post also asserted that a population of clients would possibly be more affected by titles because the clients would have a great deal more invested in the relationship with the therapist than would college students. This possibility

was also noted by Atkinson and Carskadden (1975).

The statistically significant higher ratings by men needs further investigation as to whether there is a consistent sex difference. Until these issues are clarified and investigated further, title of address merely remains a matter of personal preference by the therapist.

CHAPTER 2

METHOD

Subjects

The subjects for the study consisted of hospitalized, psychiatric inpatients at Osawatomie State Hospital, Osawatomie, Kansas. There were a total of 82 subjects who participated in the study with an N of 21 in two groups and 20 in two groups. There was a total of 58 males and 24 females. The composition of the four groups by age, gender, and sample size is shown in Table 1.

The selection of subjects was based on the patients' willingness to volunteer. The volunteers each signed a consent form developed to meet the necessary criteria established by Osawatomie State Hospital's Research Review Committee as stated in Procedures RS-1.1. (See Appendix A). In exchange for participation in the study, the patients who volunteered received a one dollar (\$1.00) bill each. Diagnoses of the subjects who volunteered for participation were not controlled.

Apparatus

The questionnaire developed by Post (1985) was employed. The instrument consisted of 11 seven-point Likert-type scales. (See Appendix B).

Each item on the questionnaire addressed a quality of the therapist. The qualities measured, in order, included: Formality, Ability to Help, Willingness to Help, Trustworthiness,

Table 1

Group Composition by Sex, Age, and Number

Group	Sex	<u>n</u>	Mean Age
1 ("Dr.")	male	13	34.15
	female	7	40.00
	combined	20	37.08
2 ("Mr.")	male	15	35.47
	female	6	32.67
	combined	21	34.07
3 (name only)	male	17	31.76
	female	3	31.67
	combined	20	31.72
4 (no caption)	male	13	34.77
	female	8	39.00
	combined	21	36.89
Total		82	34.94

Warmth, Genuineness, Understanding, and Concern. The last three items asked the subject how comfortable he/she would feel with the therapist, how willing he/she would be to follow the therapist's advice, and how likely he/she would be to consult this therapist if the need should arise. The above characteristics were chosen on the basis of a survey of the existing literature.

To control for unnecessary variance, the same videotape produced for the Post experiment was used in the present study. This tape was produced in the Instructional Media Center's studio at Emporia State University. The participants in the taped session were males. The "therapist" was a practicing Ph.D. clinical psychologist in his mid-thirties; the "client" was a 25 year-old graduate student at the time the tape was made in clinical psychology at Emporia State University. No script was used. The two participants were instructed to spontaneously enact a "therapy" session. The "therapist" essentially responded to the "client's" verbalizations by asking further questions or by making neutral affirmations. The entire session lasted 18 minutes, however, only a five minute segment was used in this study. After the session was taped, three copies of the tape were made in the studio. Each of the three copies was made with a caption placed at the bottom of the screen. One copy read "Dr. Timothy Sippola and 'Client;" a second read "Mr. Timothy Sippola and 'Client;" and the third read "Timothy Sippola and 'Client." The fourth tape had no title superimposed on the

bottom. The real name of the "therapist" was used so that, in the event of his being recognized, no deception would be involved. The videotape was in color and was shown on a 19-inch TV screen.

Procedure

The four groups were randomly assigned to the four experimental conditions, yielding one group per condition. A number between one and four was arbitrarily assigned to each group. Using a table of random numbers, the first group of subjects was assigned to one condition (Group 1), the next to another condition (Group 2), and so on. Group 1 was assigned the "Doctor" tape; Group 2 the "Mister" tape; Group 3 the name-only tape; and Group 4 the no-caption tape.

The experiment was conducted by showing the assigned tape to each of the groups individually over a one-day period. In the experiment, the following instructions were read to each group:

You are going to participate in the evaluation of a psychotherapist's performance. You will see a brief segment of a therapy session with this therapist. After viewing the tape, you will be asked to complete a short questionnaire.

The subjects were then shown the first five minutes of the tape. (This segment was chosen by Post's thesis committee as showing an optimum of interaction.) After the videotaped segment was presented, the TV was turned off, and the questionnaires were distributed. Upon receiving the questionnaires, the subjects

were instructed to put their age, sex, and treatment modality (group therapy, individual therapy, and/or medication therapy) on the first page. Then the following instructions were read:

This questionnaire consists of 11 items.

Each item concerns itself with one aspect of the therapist's performance. The possible responses for each item range from one to seven, or from low to high. You are to rate the therapist on each item by circling the appropriate number. Respond to each item according to your impressions of the therapist's performance.

When the questionnaires were completed, they were collected, and each participant was given a one dollar bill.

After all experimental sessions were completed, the scores were compiled by group and by sex. The raw data were entered into a computer program, and analyzed by a 2 X 4 (subject gender x therapist title) analysis of variance for each of the 11 questionnaire items, i.e. there were 11 analyses of variance. A Newman-Keuls post-hoc test was conducted for specific comparison.

The independent variables in the study were subject gender and therapist title. The dependent measure was the rating given by subjects on each of the 11 questionnaire items.

CHAPTER 3

RESULTS

The independent variables in the present study were subject gender and therapist title. The dependent measure was the rating given by subjects on each of the 11 questionnaire items. The data were analyzed using a 2 X 4 (subject gender X therapist title) analysis of variance (ANOVA) for unequal group sizes. The mean ratings and standard deviations for each item by subject gender and title are shown in Table 2. A separate ANOVA was performed for each of the 11 questionnaire items. The results of each of these analyses are summarized below.

On Item 1 (Formality), there was no significant effect for therapist title, $F = .740$, $p > .05$, for subject gender, $F = 1.726$, $p > .05$, or for the interaction, $F = 1.102$, $p > .05$.

On Item 2 (Ability to Help), there was no significant effect for therapist title, $F = 2.257$, $p > .05$, or for the interaction, $F = .070$, $p > .05$. A significant gender effect, $F = 5.439$, $p < .05$, indicated that females had significantly higher ratings, regardless of title.

On Item 3 (Willingness to Help), there was no significant effect for therapist title, $F = 2.473$, $p > .05$, for subject gender, $F = 3.514$, $p > .05$, or for the interaction, $F = .655$, $p > .05$.

On Item 4 (Trustworthiness), there was no significant effect for therapist title, $F = .846$, $p > .05$, for subject gender, $F = .970$, $p > .05$, or for the interaction, $F = 1.244$, $p > .05$.

Table 2

Mean Ratings and Standard Deviations For Each Item by Subject
Gender and Title

Question No.	Title	<u>Male*</u>		<u>Female**</u>	
		Mean Score	S.D.	Mean Score	S.D.
1	"Dr."	4.46	2.07	6.00	2.24
	"Mr."	4.27	2.40	4.00	2.53
	name only	4.94	1.95	4.67	2.08
	no caption	3.46	2.22	5.38	1.85
2	"Dr."	5.31	1.60	6.86	.38
	"Mr."	4.07	2.25	5.00	2.76
	name only	5.29	1.99	6.33	.58
	no caption	4.15	2.12	5.38	2.20
3	"Dr."	5.15	1.77	7.00	.00
	"Mr."	4.60	2.20	4.50	2.51
	name only	5.59	1.77	6.67	.58
	no caption	4.62	2.06	5.50	2.33
4.	"Dr."	5.23	1.69	6.00	2.24
	"Mr."	5.13	2.33	3.83	2.71
	name only	4.71	2.37	6.33	1.15
	no caption	4.31	2.53	5.50	2.27

Table 2 (cont.)

Question No.	Title	<u>Male*</u>		<u>Female**</u>	
		Mean Score	S.D.	Mean Score	S.D.
5	"Dr."	5.00	1.58	6.71	.76
	"Mr."	4.53	1.96	5.50	1.97
	name only	4.06	2.19	6.00	1.73
	no caption	3.69	2.32	4.88	2.64
6	"Dr."	5.46	1.27	6.86	.38
	"Mr."	4.33	2.38	5.17	2.32
	name only	4.88	2.34	5.33	.58
	no caption	4.23	2.20	5.50	2.33
7	"Dr."	5.38	1.39	5.86	2.19
	"Mr."	4.73	2.46	6.00	1.55
	name only	5.24	1.95	6.00	1.00
	no caption	4.69	2.21	5.50	2.78
8	"Dr."	5.62	1.33	6.43	.79
	"Mr."	4.67	2.29	4.33	2.66
	name only	5.35	1.90	6.33	1.15
	no caption	3.62	2.29	5.13	2.64

Table 2 (cont.)

Question No.	Title	<u>Male*</u>		<u>Female**</u>	
		Mean Score	S.D.	Mean Score	S.D.
9	"Dr."	5.54	1.51	6.71	.76
	"Mr."	4.80	2.43	4.67	2.73
	name only	4.88	2.06	6.00	1.73
	no caption	4.46	2.47	5.00	2.83
10	"Dr."	4.92	1.66	6.00	2.24
	"Mr."	5.20	2.37	5.00	3.10
	name only	5.18	1.94	6.33	.58
	no caption	3.85	2.12	4.75	2.25
11	"Dr."	5.62	2.06	5.14	2.34
	"Mr."	5.07	2.55	4.50	2.81
	name only	5.35	2.15	6.67	.58
	no caption	3.54	2.60	5.50	2.33

*n = 58**n = 24

On Item 5 (Warmth), there was no significant effect for therapist title, $F = 1.541$, $p > .05$, or for the interaction, $F = .192$, $p > .05$. As on Item 2, a significant gender effect, $F = 7.852$, $p < .05$, indicated that female ratings were higher, regardless of title.

On Item 6 (Genuineness), there was no significant effect for therapist title, $F = 1.504$, $p > .05$, or for the interaction, $F = .169$, $p > .05$, or for subject gender, $F = 3.543$, $p = .06$.

Item 7 (Understanding), showed no significant effect for therapist title, $F = .217$, $p > .05$, or for the interaction, $F = .094$, $p > .05$, or for subject gender, $F = 2.387$, $p > .05$.

On Item 8 (Concern), there was a significant difference for therapist title, $F = 2.792$, $p < .05$. The tentativeness of this effect was reflected via Newman-Keuls test which failed to detect specific between-group effects. Speculatively, one might suggest that the "Mister" and "No Name" titles were less desirable than the two other titles employed. There was no significant effect for subject gender, $F = 2.037$, $p > .05$, or for interaction, $F = .556$, $p > .05$.

On Item 9 (Comfort), there was no significant effect for therapist title, $F = 1.430$, $p > .05$, or for subject gender, $F = 1.456$, $p > .05$, or for interaction, $F = .298$, $p > .05$.

On Item 10 (Willingness of Subject to Follow Therapist's Advice), there was no significant effect for therapist title, $F = 1.322$, $p > .05$, for subject gender, $F = 1.795$, $p > .05$, or for the interaction, $F = .332$, $p > .05$.

On Item 11 (Likelihood of Subject to Consult Therapist), there was no significant effect for therapist title, $F = 1.221$, $p > .05$, for subject gender, $F = .866$, $p > .05$, or for the interaction, $F = 1.124$, $p > .05$.

In summary, there was no significant effect for the interaction of subject gender and therapist title on the subjects' ratings on any of the 11 therapist qualities. There was one significant title effect on Question 8 (Concern), where $p < .05$. A Newman-Keuls post-hoc test was conducted for specific comparison which failed to detect specific between-group effects. There was a significant effect for subject gender on ratings of two therapist qualities: Ability to Help and Warmth ($p < .05$ on both qualities). Females rated the therapist higher overall on these qualities. On nine of the characteristics, there were no significant effects for subject gender: Formality, Willingness to Help, Trustworthiness, Understanding, Concern, Comfort, Willingness of Subject to Follow Therapist's Advice, Genuineness, and Likelihood of Subject to Consult Therapist ($p > .05$ on eight characteristics, and $p = .06$ on Genuineness).

DISCUSSION

The data from the present study indicate that the therapist's title had a significant effect on how subjects evaluated his abilities on only one characteristic (Concern). There were also significant effects for subject gender on two therapist qualities, with females rating the therapist higher overall than males on two qualities: Ability to Help and Warmth. Females rated the characteristic of Ability to Help higher than the characteristic Warmth. On Ability to Help and Warmth, the females rated the therapist labeled as "Dr." highest of the four groups.

With regard to the therapist's title, the present results were somewhat surprising, especially after a review of Post's (1985) study. Subjects in Post's study, all college students, produced results showing no significant effect with regard to therapist title. He suggested, among other possibilities, that perhaps college students were unaffected by the therapist's title since they were not seeking therapy, and therefore, the therapist's title was of no real consequence to them.

Based on theories from social psychology and on previous research, it was expected in the present study that there would be differences in how the therapist was perceived by use of a title. More specifically, it was expected that the therapist labeled as "Doctor" would be seen as more formal, capable, and having more knowledge for dealing with people and their problems, especially by patients in a mental hospital setting. Speculating from this

study, one might assume that title had an impact on only one question in this study on the subjects' ratings because the subjects, being mental hospital inpatients, may have had feelings of anger and/or resentment toward doctors in general.

Ten characteristics out of 11 showed no title effect, which is hardly supportive of titles being important. One significant result could be attributed to sampling error.

With regard to the Post (1985) data, with regard to gender, Post found that males rated the therapist higher on nine of 11 characteristics. The present data show that females rated the therapist higher on two qualities (Ability to Help and Warmth). This finding is difficult to explain because there is no existing conclusive information from previous literature. One may speculate that females rated the therapist higher because of his style or his soft-spoken voice, which made him appear warm, or because he was male. Also, small n 's, especially for females in the "name only" group, probably affected results.

In summary, it must be added that previous research in this area is sparse. The present results are inconsistent and inconclusive with Post's thesis. In general, the present ratings are higher for both males and females than the ratings found in Post's study.

There are numerous possibilities for further research in this area. One change that could be implemented would be to change the sex of the therapist from male to female. Another possibility would be to vary the age of the therapist. These

variations may yield some valuable information in this area.

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APPENDIX A

OSAWATOMIE STATE HOSPITAL
Osawatomie, Kansas

CONSENT FOR RESEARCH PROJECTS

I certify that I have both read and had orally explained a description of the research project entitled Effects of Therapist Title On Competence As Perceived By A Psychiatric Population and that the following points were covered in full:

1. a description of alternative treatment services I may receive which may be as helpful to me as the experimental treatment;
2. a complete explanation of the procedures to be followed, especially those that are experimental in nature. In the event procedures were not discussed, I was given a full explanation of how the experimental results would be jeopardized by my having such knowledge;
3. a description of potential discomforts and risks;
4. a description of possible benefits to myself or to medical/psychological science to be expected;
5. my right to confidentiality and privacy will not be compromised. My performance record will be held in strictest confidence by the experimenters and I will not be identifiable by name or other attributes in any written report made public. I understand that refusal to participate or a decision to withdraw from the experimental program will not alter my right to appropriate treatment services. Further, I may withdraw from the project at any time without reprisal.

I have read this consent, and it has been explained orally to me by Teresa L. Reed. I understand the research project, and I willingly agree to participate.

Date

Signature of participant

Date

Signature of individual describing project

APPENDIX B

DEMOGRAPHICS QUESTIONNAIRE

AGE: _____

SEX: _____ Male _____ FEMALE

TREATMENT MODALITIES: Please place an X by the type of
therapy that you receive.

_____ Individual Therapy

_____ Group Therapy

_____ Medications

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 Genuine							Very 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
Understanding

Very
Understanding

1 2 3 4 5 6 7

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

Not At All
Concerned

Very
Concerned

1 2 3 4 5 6 7

9. How comfortable would you feel with this therapist?

Very
Uncomfortable

Very
Comfortable

1 2 3 4 5 6 7

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

Very
Unwilling

Very
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
Unlikely

Very
Likely

1 2 3 4 5 6 7