

AN ABSTRACT OF THE THESIS OF

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Abstract approved: 

There is a commonly held belief in the field of drug and alcohol counseling that a personal history of recovery from an addiction is an important qualification for alcohol and drug abuse counselors. The few studies that have been conducted in this area have produced contradictory results. There is also research to suggest that a therapist's title has an effect on a client's perception of a therapist's competence. This study attempted to clarify the need for disclosure to the client of a counselor's personal substance abuse history and the effect of professional titles, by using a scale developed to elicit perceptions of a therapist's competence from 167 participants in a university setting. The participants were randomly assigned to one of four groups depending on the title and the substance abuse history of the therapist. Results indicated there were no significant effects for therapist history of substance abuse; however, there was a significant effect of therapist title on two items on the therapist rating scale. The results showed that a therapist's history of recovery had no significant impact on ratings of therapist competence. Also, the use of a professional title by a therapist had minimal practical effects on the way the participants rated the therapist on the rating scale.

**EFFECTS OF THERAPIST TITLE AND SUBSTANCE ABUSE HISTORY
ON PERCEIVED COMPETENCE**

A Thesis

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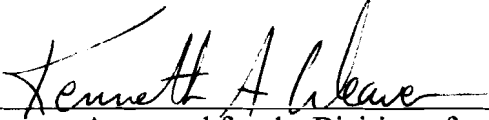
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CHAPTER 1

INTRODUCTION

In the field of alcohol and drug treatment, truly understanding a client may mean “walking a mile in his shoes”; having the same experience promotes understanding. A personal history of recovery from an addiction may be an important qualification for alcoholism and substance abuse counselors (Valle, 1979). The Alcoholics Anonymous model of recovery, according to Valle, suggests that counselors who are themselves recovering are best equipped to treat the chemically dependent client (e.g., “I know what it’s like because I’ve been there myself”). In contrast, aid to the substance abuser may depend only on a positive relationship between the client and the counselor, whatever the orientation, training, background, professional degree or substantial education. Valle (1979) states that the issue of who can most effectively help the alcoholic is one that clouds the field with controversy and emotionalism. Clearly, these therapist variables may affect the therapeutic bond between the client and the therapist. The few studies that have been conducted in this area have produced contradictory results. Therefore, the present study attempted to clarify the impact of a therapist's personal recovery experience on a client’s perception of a therapeutic relationship.

How a therapist or counselor is introduced may influence how that therapist is perceived by the client in a therapeutic relationship. In the present study, perceptions of counselors were investigated to determine whether significant differences existed between perceptions of counselors whose backgrounds differed in the aspects of substance abuse recovery and professional training. More specifically, this study examined the relationship between the title and recovery history given at introduction and how effective the therapist was perceived to be in the initial therapy session. This introduction could be a determining factor in the number of sessions the client decides to attend and to a greater extent the

efficacy of the therapy sessions. The results supplement the training or selection of therapists and add to the general pool of knowledge of therapist variables.

Related Research

Frank (1973) defines therapy as a process of social influence; "the therapist exerts his/her influence by creating an atmosphere of trust and faith" (p. 3). One way that therapists can create this atmosphere is by demonstrating their "expertness."

The variable of expertness, according to Guttman and Hasse (1972), has long been viewed as one of the important phenomenon in social psychological research. Spiegel (1976) defined expertness as "the possession of formal experience and training that are evidence of special knowledge" (p. 436). Strong (1968) asserted that counseling should be viewed as an interpersonal influence process in which counselors influence the behavior of the client to the extent to which they are perceived as an expert. Strong and Dixon (1971) formally defined perceived counselor expertness as "the client's belief that the counselor possesses information and means of interpreting information which allows the client to obtain valid conclusions about and to deal effectively with his problems" (p. 562). Strong and Dixon also stated that perceived expertness is a result of (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. Also, Gurman (1977) stated that "the way a therapist interacts with a patient has much greater impact on the therapist's relationship qualities than the therapist's reputation as an expert" (p. 221).

Corrigan, Dell, Lewis, and Schmidt (1980) reported that the social psychological research consistently demonstrates that perceived expertness, attractiveness, and trustworthiness of a source are important determinants of that source's ability to affect

social influence. They also reported that research on counselors' perceived expertness has focused primarily 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.

The degree to which a counselor is perceived as expert could have an effect on client involvement in the therapy session. This could, in turn, have an effect on a client's rating of the therapeutic alliance, thus influencing his behavior. Coady and Wolgien (1996) in a series of in-depth individual interviews, examined good therapists' perceptions of how they are helpful to clients. The study consisted of eight therapists who were identified by colleagues as effective therapists. Among common factors, the strength of the therapeutic alliance was seen as the most powerful predictive factor for psychotherapy outcome.

Dunkle and Friedlander (1996) studied the level of experience and the selected characteristics of therapists that would predict clients' perceptions of the working alliance with therapists early in treatment. They found that the higher the client's level of self-directed hostility, perceived social support, and degree of comfort with closeness in interpersonal relationships, the more predictive the bond of the working alliance with the therapist was. Experience level was not uniquely predictive of clients' alliance rating on the goal and task components of the alliance. They also stated that relatively more is known about the characteristics of clients that contribute to the working alliance than about the therapists' characteristics. They suggested it is possible that personal characteristics are most important in the early phase of therapy when the therapeutic bond is being formed, whereas in later sessions, the ability to develop goals and work through ruptures in the alliance is more critical.

In an attempt to evaluate the systematic differences between therapists and clients, Eugster and Wampold (1996) studied the process components that predict evaluation of

psychotherapy sessions. They wanted to determine which psychotherapy process components are predictive of a quality session and to identify those aspects of the process that most significantly contribute to positive session evaluation from the patients' and therapists' perspectives. They concluded that patient progress and patient involvement significantly and positively predicted both therapist and patient evaluation of the therapy session. The biggest discrepancy between the two groups was that the therapist session evaluation was best predicted by therapist expertness, whereas patient session evaluation was best predicted by the quality of the therapeutic relationship.

Another factor that contributes to perceived expertness is 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" (Reed & Holmes 1989). The perceived credibility of the counselor is reported in the research to be a factor that positively influences both client behaviors and attitudes (Atkinson & Carskadden, 1975; Browning, 1966; Schmidt & Strong, 1971; Strong & Dixon, 1971).

Hoyt (1996) performed a meta-analytic review of the literature in which he studied perceived therapist expertness, attractiveness, and trustworthiness. He concluded that credibility is strongly related to therapist influence. The author uses the term "credibility" to encompass all three of the characteristics theorized to contribute to the therapists' influence power.

Hovland, Janis, and Kelly (1953) found that participants judged presentations more favorably when made by a communicator with high credibility than one with low credibility. Aronson, Turner, and Carlsmith (1963), Brochner and Insko (1966), and Bergin (1962) also supported the hypothesis that communicator credibility is enhanced by a higher degree of perceived expertness.

Bergin and Garfield (1971) coded the level of therapist experience across 48 studies of general psychotherapy outcome. They reported that 53% of their sample of studies

suggested positive results for experienced therapists, while only 18% of the studies that used inexperienced therapists showed clear improvement. Contrary to Bergin and Garfield's conclusions, Smith and Glass (1977) found no relationship between years of experience of the therapist and therapy outcome. In a study by Durlak (1979), paraprofessionals with no formal experience achieved clinical outcomes equal to or significantly better than those obtained by professionals. Shapiro and Shapiro (1982) correlated estimates of therapist years of experience with size of treatment effect across studies. Like Smith and Glass, no significant overall relationship between years of experience and outcome was found when all patient target problems were considered.

Hattie, Sharpley, and Rogers (1984) conducted a more sophisticated quantitative review of the research evidence and supported Durlak's (1979) claim by finding that clients who seek help from paraprofessionals are more likely to achieve resolution of their problems than those who consult professionals. Berman and Norton (1985) indicated that the Hattie et al. (1984) study was problematic in that the years of professional experience varied among therapists and could not be compared equally. Berman and Norton omitted problematic studies and organized the data to permit valid statistical inference and found that professional and paraprofessional therapists were generally equal in effectiveness.

Although formal training in the delivery of psychotherapy has not always been related to more favorable outcomes, the perception of expertness as manifested through advanced training may alter client's perceptions of the therapist. Heppner and Pew (1977) found that clients interviewed within the presence of diplomas and awards perceived the counselors as more expert than clients interviewed without visual competence cues.

Sprafkin (1970) stated that 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. However, in his study, he found that counselors

introduced as having a bachelors degree precipitated as much opinion change as counselors introduced as PhDs. Sprafkin concluded that participants responded to the counselors equally well, regardless of perceived expert training.

Titles or prestige when combined with expert-like behavior cue greater reported counselor credibility and subsequent opinion change. When the same counselor is introduced with expert as opposed to inexpert credentials, the counselor is consistently viewed as being more expert (Atkinson & Carskadden, 1975).

Scheid (1976) reported 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. He also reported that even in the face of clearly perceived nonfacilitative or destructive counselor behavior, participants rated the counselor high on expertness or competence if he had been given a high-status introduction. In a related study, Heppner and Dixon (1981) similarly reported that interviewers who depict an expert role are more influential than those in an inexpert role.

Strong and Schmidt (1970) confirmed that a treatment in which expert behavior preceded an expert introduction, did exact more positive perceptions than a treatment in which inexpert behavior preceded an inexpert introduction. They also found that when an "expert" communicated information discrepant from a recipient's viewpoint, recipients tended to change their opinion more than when an "inexpert" person communicated the same information.

In a related study, Schmidt and Strong (1971) found that expert behavior produced greater attitude change only when reinforced by an expert introduction. In this study, they concluded that the participants who received counseling under an expert condition (introduced as Dr.) showed a significantly greater need for achievement than the participants under the non-expert condition. Schmidt and Strong also reported that

expertness, as evidenced by title, diplomas, awards, or reputation, increased the degree of opinion change obtained from influence attempts. Browning (1966) and Strong & Schmidt (1970) also found that information establishing the source's prestige within an introduction resulted in a greater degree of positive opinion change for clients.

A title communicated during an introduction increased therapist credibility (Hartley, 1969), and enacted greater client opinion change (Binderman, Fretz, Scott & Abrams, 1972). 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 also stated that the titles usually elicit more desirable perceptions of personal characteristics, such as knowledge, and may increase the likelihood that students will seek help for a variety of personal concerns.

Conversely, Heppner and Dixon (1981) found that pre-session introductions, manipulations of titles, and education and vocation levels did not differentially affect perceptions of counselor expertness. Claiborn and Schmidt (1977), found similar results when they investigated the effects of pre-session counselor descriptions on viewers' perceptions of the counselor in a videotaped interview. 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.

Introductions have also been studied with variables such as titles and behavior. The results of a study by Heppner and Dixon (1981) indicated that when all three sources of expertness (i.e., counselor behavior, titles, and prestigious introductions) were combined, the interviewer was seen as more expert than when one or two alone were employed. Merluzzi, Banikotes, and Missbach (1978) using the same three sources of expertness replicated the results.

Greenberg (1969) found that an experienced versus inexperienced introduction significantly affected counselors' influence only in interaction with a warm versus cold introduction. Also, information given by audio tape prior to a client's exposure to a therapy session can effect the client's perception of that session by rendering the client more open and receptive to a therapist's influence attempts.

Bernstein and Figioli (1983) reported that high versus low credibility introductions can be powerful in influencing the initial perceptions of counselors. In their study, counselors with a high-credibility introduction, regardless of gender, were perceived as more expert than counselors with a low-credibility introduction.

A study by Spiegel (1976) demonstrated that attributed expertness was far more effective than attributed similarity in perceptions of high counselor competence regardless of the nature of the client's presenting problem. Spiegel also stated that counselors are perceived as expert when introductions indicate professional experience. Thus, it appears that counselors' attributed status and experience as displayed through an introduction does affect their perceived expertness.

In a study by Binderman (1972) on counselor credibility, the only variable manipulated was the label that the counselor assigned himself in the introduction (PhD, or practicum student). Results indicated that only the title of the person need be varied in order to obtain credibility effects.

Although there are many studies that show a clear effect for a therapist's title, there are also several studies that seem to contradict these findings. Holmes and Post (1986) studied the effects of therapist title on perceived competence using a college student population. Results indicated no significant effects for therapist title, nor for the interaction of gender and therapist title, on any of the eleven therapist categories used in the study. They concluded that the title of address merely remains a matter of personal preference by the therapist.

Reed and Holmes (1989) studied the effects of therapist's title on perceived competence using an inpatient psychiatric population. Subjects were placed in four groups according to therapist title (Dr., Mr., First and last name only, or no name). Results indicated that there were no significant effects for therapist title, in relation to competence in any of the four groups used in the study.

Other less tangible factors are also involved in influencing client's perceptions. In an experiment by Strong and Dixon (1971), both attractive and unattractive counselors introduced as expert showed equal influence upon the client. Both attractive and unattractive counselors introduced as inexperienced showed differential amounts of influence on the client. The conclusion was that counselors' perceived expertness masked the effects of attractiveness.

Ferris in her dissertation (1990) studied the effects of counselor title on perceived expertness, attractiveness, and trustworthiness using clients with substance use disorders. The study examined persuasion attempts based on professional experience or research and persuasion attempts based on personal experience which included the counselor's recovery from alcoholism. The participants were told in the introduction that the counselor was either a "professional with a Master's degree" or "a recovering alcoholic." Results showed that there were no significant differences regardless of type of introduction; the participants in both groups perceived the counselor as equally expert, attractive, and trustworthy. Recovery from an addiction may not be an important qualifier for counselors who treat individuals with substance abuse disorders.

The literature in the helping professions suggests that what accounts in part for effective helping can be attributed to certain traits or skills of the helper. Also, paraprofessionals can learn to function at levels commensurate with or, in some cases, higher than credentialed professionals and that traditional professional training programs

may not be the only valid method of training drug/alcohol counselors. There is also evidence that no significant difference exists between the non-alcoholic degreed counselor and the recovering counselor if the clients have substance abuse disorders. Hoffman (1979) found that paraprofessionals can learn to function at highly effective levels of helping skills in 20 to 40 hours of training. Valle and Anthony (1977) found that both recovering alcoholism helpers and degreed alcoholism helpers can function effectively in a 30 hour training program if the training was systematically taught and primarily skills included content. Training alcoholism counselors about helping skills was found to be inferior to training specifically how to function at effective levels of helping skills.

Summary

Although there are numerous studies examining therapist competence variables, only a few have focused on the perceptions of clients with substance use disorders. There is evidence to suggest that these perceptions play an important part in the formation of a therapeutic relationship and that they influence the probability of retaining the client in treatment (Goldstein, 1980). Counselors providing drug treatment differ in their personal and professional experiences and in their training. If retention in therapy is partially dependent on the characteristics and behavior of the counselor, the identification of relevant counselor variables becomes an important step in improving the quality of treatment. The few studies that have been conducted on relevant counselor variables have produced mixed results, with several studies finding no difference in the effectiveness of recovering versus non-recovering counselors, or between paraprofessionals and professional counselors. Although it is reasonable to assume that these two groups of counselors differ in the way they interact with clients, there appears to be little published research investigating how clients receiving treatment for substance abuse respond to differences or to information made available about counselors' personal recovery history.

It is still commonly assumed that a counselor who is recovering from substance abuse is better equipped to treat those who are in the process of recovering. However, this commonly held belief has not been consistently supported by research. The aim of this study was to help clarify whether or not there is a basis for the perpetuation of this belief. A secondary aim was to add to the literature on therapist variables.

The first hypothesis of this study was the participants were expected to view the recovering counselor as more competent than the non-recovering counselor. The second hypothesis was that the title of psychologist would be rated higher than name only. The third hypothesis was that a significant difference would be found for perceptions of competence of the therapists introduced as recovered from drug/alcohol abuse with professional title, recovered from drug/alcohol abuse without professional title, non-drug/alcohol abuser with professional title or non-drug/alcohol abuser without professional title.

CHAPTER 2

METHOD

Participants

The sample consisted of 167 participants enrolled at a mid-sized mid-western university. The age range was 18 to 43 with a mean of 19.56 and standard deviation of 2.85. There were 71 (42.5%) men and 96 (57.5%) women. The majority were Caucasian 139 (83.2%), with 9.6 percent (10) being African-American, and the remaining 9 (5.4%) from other ethnic origins.

The participants were recruited from the Division of Psychology and Special Education undergraduate research participant pool. They were awarded extra credit for participating.

According to the demographic survey, 80.8% (135) of the participants indicated they had used drugs or alcohol, while 19.2% (32) reported they had never used any drugs or alcohol. A total of 10 (4.8%) of the participants reported they had been in alcohol or drug treatment at least once prior to the study. Of those participants, three (1.8%) stated that they had been in treatment for one day, two (1.2%) stated that they had been in treatment for two to six days, one (.6%) stated that they had been in treatment for one to three months, one (.6%) stated that they had been in treatment for three to six months, and three (1.8%) stated that they had been in treatment for a longer indeterminate amount of time. Only three (1.8%) of the 167 participants considered themselves a recovering alcohol or drug addict.

Design

The first independent variable in the present study was describing the introduction of the therapist with or without a formal title. The second independent variable was the introduction of the therapist with or without a drug use history. The dependent variable in the present study was the rating given by participants on each of the 11 questionnaire items on the therapist rating survey.

Materials

Videotape. A videotape was created from an actual psychotherapy session that was professionally produced for educational use. The client and therapist in the tape were both men. The therapist was a practicing PhD clinical psychologist in his mid-fifties; the client was a graduate student in his late twenties. No script was used. The therapist utilized a rational-emotive therapy approach. The entire session lasted approximately 30 minutes. A 15 minute segment was chosen from the tape showing an optimum of interaction without any reference as to title or drug use history.

Therapist Rating Scale. The Therapist Rating Scale developed by Holmes and Post (1986) was employed to measure participant response to exposure to the therapy session. The instrument consists of 11 seven-point Likert-type items (see Appendix A). Each item on the questionnaire addresses a specific quality of the therapist. The qualities measured include: Formality, Ability to Help, Willingness to Help, Trustworthiness, Warmth, Genuineness, Understanding, and Concern. The last three items ask participants how comfortable they would be to consult this therapist if the need should arise. The above characteristics contained in Holmes and Post's measure, were chosen for their ability to elicit the most desirable therapist qualities.

Procedure

The participants were randomly assigned to one of four treatment groups, depending on the day the participants volunteered. Each group saw the same video tape preceded by one of four different introductions. The administrator, a 31-year-old White man, was trained in the exact handling of presenting the videotaped therapy segments and administering the rating scale and demographics questionnaires.

One of four separate introductions were read to create four different conditions: (1) the counselor was described with a professional title and as recovering from an alcohol and drug abuse history, (2) the counselor was described with no professional title but with an alcohol/drug abuse history, (3) the counselor was described with a professional title and no alcohol/drug abuse history, and (4) the counselor was described with name only. The same tape was used to hold all variables related to the observed session constant except for the introduction.

Upon arrival at the selected time, the participants were handed the consent form (see Appendix B) and the demographic sheet (see Appendix C). The following instructions were read to Group 1:

You are going to participate in the evaluation of a psychotherapy session. You will see a brief segment of a therapy session with John Smith. After viewing the tape, you will be asked to complete a short questionnaire. John is in counseling for a drug and alcohol abuse problem. John's therapist is James Black, a psychologist, who is also recovering from alcohol and drug abuse, but has not used drugs or alcohol for six years.

The following instructions were read to Group 2:

You are going to participate in the evaluation of a psychotherapy session. You will see a brief segment of a therapy session with John Smith. After viewing the tape, you will be asked to complete a short questionnaire. John is in counseling for a drug and alcohol abuse problem. John is speaking with James Black who is also recovering from alcohol and drug abuse, but has not used drugs or alcohol for six years.

The following instructions were read to Group 3:

You are going to participate in the evaluation of a psychotherapy session. You will see a brief segment of a therapy session with John Smith. After viewing the tape, you will be asked to complete a short questionnaire. John is in counseling for a drug and alcohol abuse problem. John's therapist is James Black, a psychologist at a local mental health center.

The following instructions were read to Group 4:

You are going to participate in the evaluation of a psychotherapy session. You will see a brief segment of a therapy session with John Smith. After viewing the tape, you will be asked to complete a short questionnaire. John is in counseling for a drug and alcohol abuse problem. John is speaking with James Black.

The video taped counseling session was then presented. When finished viewing the tape, the participants were handed a copy of the therapist rating scale. The following instructions were then read:

This questionnaire consists of 11 items. 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.

The participants were then given approximately 15 minutes to complete the therapist rating scale.

CHAPTER 3

RESULTS

The independent variables in the present study were describing the therapist with or without a formal title and with or without a drug use history. The dependent measure was the rating given by participants on each of the 11 questionnaire items. The data were analyzed using a 2 (Title) x 2 (History) between subjects factorial analysis of variance (ANOVA) for unequal group sizes. A separate ANOVA was performed for each of the 11 questionnaire items because the items were considered conceptually independent of one another (Holmes & Post, 1986). The mean ratings and standard deviations for each item by title and history are listed in Table 1.

With regard to Formality, there was a significant effect for title, $F(1,167) = 6.19, p < .05$, indicating the use of the title of counselor was more formal than not using a title. There was no significant effect for history, $F(1,167) = 2.33, p > .05$, or for the interaction, $F(1,167) = 2.03, p > .05$.

For Ability to Help, there was no significance for title, $F(1,167) = 2.53, p > .05$, or history, $F(1,167) = .32, p > .05$. There was also no significance for the interaction, $F(1,167) = .22, p > .05$.

No significant effect for title, $F(1,167) = .72, p > .05$, on the item Willingness to Help was found. There was also no significance for history, $F(1,167) = 3.54, p > .05$, or the interaction, $F(1,167) = .66, p > .05$.

On the variable of Trustworthiness, no significant effect for title, $F(1,167) = 1.24, p > .05$, was found. There was also no significance found for history, $F(1,167) = .70, p > .05$, or for the interaction, $F(1,167) = .79, p > .05$.

Table 1

Mean Ratings and Standard Deviations For Each Questionnaire Item by Title and History

	<u>Title</u>			<u>No Title</u>		
	<u>History</u>	<u>No History</u>	<u>Total</u>	<u>History</u>	<u>No History</u>	<u>Total</u>
Formality	3.85 (1.39)	4.44 (1.33)	4.07 (1.36)	4.62 (1.46)	4.60 (1.39)	4.61 (1.43)
Ability to help	4.25 (1.00)	4.22 (1.14)	4.24 (1.07)	4.60 (1.25)	4.40 (1.13)	4.51 (1.19)
Willingness to help	5.25 (1.08)	4.75 (1.52)	5.06 (1.30)	5.29 (1.24)	5.10 (1.03)	5.21 (1.14)
Trustworthiness	5.00 (1.53)	5.36 (1.43)	5.14 (1.48)	5.40 (1.48)	5.37 (1.03)	5.39 (1.26)
Warmth	4.28 (1.12)	3.92 (1.43)	4.15 (1.28)	4.55 (.45)	4.53 (1.17)	4.54 (.81)
Genuineness	4.45 (1.18)	4.42 (1.19)	4.44 (1.19)	4.36 (1.34)	4.57 (1.00)	4.44 (1.17)
Understanding	4.78 (1.08)	4.70 (1.26)	4.75 (1.17)	4.84 (1.26)	4.53 (.97)	4.71 (1.12)
Concern	4.37 (1.12)	4.48 (1.25)	4.41 (1.19)	4.70 (1.33)	4.63 (.96)	4.67 (1.15)
Comfort felt with Therapist	3.58 (1.68)	3.73 (1.49)	3.63 (1.59)	3.77 (1.50)	4.10 (1.35)	3.90 (1.43)

Table 1 (con't)

Willingness of subject to follow therapist's advice	3.93 (1.45)	3.76 (1.20)	3.87 (1.33)	4.12 (1.59)	4.13 (1.22)	4.12 (1.41)
Likelihood of subject to consult therapist	3.53 (1.62)	3.45 (1.62)	3.51 (1.62)	3.72 (1.76)	3.80 (1.54)	3.75 (1.65)

Note: Standard deviations are in parentheses.

On Warmth, there was a significant effect for title, $F(1,167) = 4.13, p < .05$, indicating the use of the title of counselor as being “warmer” than using no title. There was no significance for history, $F(1,167) = 1.11, p > .05$, or for the interaction, $F(1,167) = .75, p > .05$.

For the quality of Genuiness, there was no significant effect for title, $F(1,167) = .00, p > .05$, or for history, $F(1,167) = .15, p > .05$. There was also no significant effect for the interaction, $F(1,167) = .410, p > .05$.

There was no significant effect for title, $F(1,167) = .03, p > .05$, on the variable of Understanding. No significance for history, $F(1,167) = 1.02, p > .05$, or for the interaction $F(1,167) = .35, p > .05$, was found.

For the variable of Concern, there was no significant effect for title, $F(1,167) = 2.00, p > .05$, or for history, $F(1,167) = .04, p > .05$. There was also no significant effect for the interaction, $F(1,167) = .23, p > .05$.

On Comfort, there was no significant effect for title, $F(1,167) = 1.13, p > .05$. No significance for history, $F(1,167) = .86, p > .05$, or for the interaction, $F(1,167) = .14, p > .05$ was found.

No significant effect for title, $F(1,167) = 1.38, p > .05$, on the variable Willingness of Subject to Follow Therapist’s Advice was found. There was also no significant effect for history, $F(1,167) = .16, p > .05$, or for the interaction, $F(1,167) = .18, p > .05$.

On Likelihood of Subject to Consult Therapist, there was no significant effect for title, $F(1,167) = .94, p > .05$, or for history, $F(1,167) = .00, p > .05$. No significant effect for the interaction, $F(1,167) = .09, p > .05$ was found.

In summary, there were no significant history effects or significant interactions of therapist history of substance abuse and therapist title for any of the 11 therapist qualities. However, there was a significant title effect on ratings of two therapist qualities: Formality and Warmth. Those who saw the tape showing the therapist as having a title, viewed the same therapist as being both more formal and warmer in his approach toward the client.

CHAPTER 4

DISCUSSION

The purpose of this study was to examine if a therapist's history of alcohol/drug abuse would have an effect on the way a client might perceive him/her in a treatment situation. A secondary purpose was to examine if a therapist's professional title would have an effect on a client's perceptions in a treatment situation.

The first hypothesis that participants in this study would rate a therapist with a substance abuse history higher than one without was not supported. The second hypothesis that participants would rate a therapist with a professional title higher than one without was only minimally supported. The third hypothesis that title would have an effect on substance abuse history was not supported. The results of this study indicate there were no significant differences in the way the participants saw the therapist with relation to recovery history. There is also indication in this study that title when combined with history has no significant effect. History of substance abuse appears to have no effect in the way a client sees the therapist, at least initially in the therapeutic relationship.

Based on common counseling theories and previous research (eg. Sprafkin, 1970, Schmidt & Strong, 1971, Hartley, 1969, Binderman, Fretz, Scott & Abrams, 1972, Gelso & Karl, 1974), it was expected in the present study that there would be differences in how the therapist was perceived by use of a title. While 9 characteristics out of 11 showed no title effect, 2 characteristics on the therapist survey were supportive of titles being important. Sprafkin (1970) found that counselors introduced as having a bachelors degree precipitated as much opinion change as counselors introduced as PhDs. Sprafkin

concluded that participants responded to the counselors equally well, regardless of perceived expert training. Schmidt and Strong (1971) concluded that the participants who received counseling under an expert condition (introduced as Dr.) showed a significantly greater need for achievement than the participants under the non-expert condition.

Schmidt and Strong also reported that expertness, as evidenced by title, diplomas, awards, or reputation, increased the degree of opinion change obtained from influence attempts. A title communicated during an introduction increased therapist credibility (Hartley, 1969), and enacted greater client opinion change (Binderman, Fretz, Scott & Abrams, 1972).

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 also stated that the titles usually elicit more desirable perceptions of personal characteristics, such as knowledge, and may increase the likelihood that students will seek help for a variety of personal concerns.

The present results primarily agree with Heppner and Dixon (1981) in which pre-session introductions, manipulations of titles, and education and vocation levels did not differentially affect perceptions of counselor expertness. Also, Holmes and Post (1986) found no effect for title. They suggested that perhaps college students were unaffected by the therapist's title since they were not seeking therapy. Reed and Holmes (1989) follow-up study found significance on only one therapist characteristic, Concern. One difference in this study was that the participants were drawn from an inpatient psychiatric population.

In addition, it was hypothesized that the mention of therapist's substance abuse history would produce a significant effect in the way participants saw the therapist, at least in the initial session. None of the 11 therapist characteristics were significant for substance abuse history. The results are consistent with Ferris (1990), where no significant differences were found regardless of introduction of counselor's substance abuse history; the participants in both groups perceived the counselor as equally expert, attractive, and trustworthy. One might speculate that the present study conducted within a substance abuse population might achieve a higher degree of difference. Perhaps, in an alcohol/drug population, there would be differences in expectations or preconceived notions about a counselor's recovery history as being critical that are not of concern to the population used in this study.

Limitations

The participants in this study all resided in a small, approximately 22,500 person, rural town, located in central Kansas. Since the study was conducted in a university setting, the entire sample was drawn from a college population. While this may be a representative sample from the area, it may not be representative of the population at large. Participants' level of education, income, past therapy experience, age, and interest in self-improvement may affect the way they look at a therapist in general and may not be reflective of the general population. In addition, the sample contained primarily individuals with no treatment or recovery history (159 out of 167 participants). Only 3 of the participants considered themselves recovering. By the sheer number of comparisons made, one might expect to find a few positive responses due to chance alone. A study

utilizing a clinical population, such as those individuals with a treatment history, might yield much different results. Moreover, the very notion of seeking treatment may have an effect on the way an individual might perceive a therapist's characteristics.

Implications

The results from this study shed some light on the debate over whether the use of a professional title and a therapist's substance abuse history make a difference on ratings of therapist competence by a college population. While statistical differences were found for title on two items on the therapist rating scale (Formality and Warmth), in practical terms, obtaining a half-point difference on a 7 point Likert-type rating scale may not manifest itself in a clinical setting.

Because the participants were drawn exclusively from a university setting, the results might be most generalizable on a college campus. For example, a typical college student is used to addressing a professional as "Dr.", and hence may see such titles as not out of the ordinary. In a psychiatric inpatient setting, on the other hand, clients might perceive professional titles such as "Dr." as indicating more power or higher status. An actual client in treatment for alcohol/drug issues may come to regard a therapist with the title "Dr." as someone who can help relieve their pain and suffering, and a therapist without the title of "Dr.", or psychologist may not invoke the same positive feelings.

This study seems to support that titles invoke both the feelings of formality and warmth. Perhaps the use of one or both qualities by a therapist or counselor might help to facilitate or improve the counseling relationship. The findings in this study, if accurate, could be most generalizable in a college student setting, such as student counseling.

Suggestions for Future Research

Although extensive research on methods of introduction exist, very little has focused on title or substance abuse history of the therapist. Since the findings in this study are inconsistent and inconclusive, more research in this area might shed light on these important, but neglected therapist variables. Some suggestions for future research might include the use of a substance abuse treatment population instead of a college population that could make the results more clinically generalizable, or examining the differences between male-female perceptions to therapist's personal recovery history. Another suggestion would be to vary the therapist paradigm, for example, to cognitive behavioral or existential. Possibly varying the age or sex of the therapist could yield some useful information.

It is important to remember that professional counselors bring with them a set of personal experiences and values along with the acquisition of training skills and education. As training in alcohol/drug counseling becomes more standardized (Valle, 1979), it will be important to examine the qualities that make up an effective alcohol/drug counselor.

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APPENDIX A

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 well 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 other 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

APPENDIX B
CONSENT FORM

The Division of Psychology/Special Education supports the practice of protection for human subjects participating in research and related activities. The following information is provided so that you can decide whether you wish to participate in the present study. You should be aware that even if you participate, you are free to withdraw at any time, and that if you do withdraw from the study, you will not be subjected to reprimand or any other form of reproach.

You will be shown a fifteen (15) minute segment of a video taped counseling session between a therapist and client who is participating in drug and/or alcohol therapy. After viewing the tape, you will be given a questionnaire to complete. The entire session should take about twenty-five (25) minutes total.

"I have read the above statement and have been full advised of the procedures to be used in this project. I have been given sufficient opportunity to ask any questions I had concerning the procedures and possible risks involved. I understand the potential risks involved and I assume them voluntarily. I likewise understand that I can withdraw from the study at any time without being subjected to reproach."

Subject and/or authorized representative

Date

APPENDIX C

DEMOGRAPHICS QUESTIONNAIRE

Please fill this out truthfully and completely. Your answers will remain confidential and will not be associated in any way with your name.

Age _____

Gender Male Female

Ethnic Origin Caucasian African-American Hispanic Asian

American Indian Other: _____

Have you ever used drugs/alcohol? Yes No

If yes, list all

Substance	Amount	Frequency
1.		
2.		
3.		
4.		
5.		

Have you ever been in treatment for substance abuse? Yes No

If yes, how many times? _____

For how long?

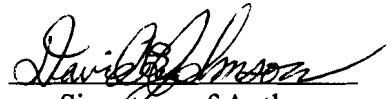
- 1 day 2-6 days 1-2 weeks 2-4 weeks
- 1-3 months 3-6 months 6 months to 1 year other

Do you consider yourself a recovering alcoholic or addict? Yes No

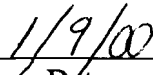
Have you ever received psychological services for any other reason other than alcohol/drug problems? Yes No

If yes, please explain _____

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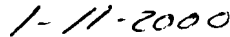


Date

Effects of Therapist Title and Substance Abuse History on Perceived Competence
Title of Thesis



Signature of Graduate Office Staff Member



Date Received

