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COUNSELOR TRAINEE REACTIONS TO CLIENT RACE,
SOCIOECONOMIC STATUS AND STYLE OF PROBLEM
PRESENTATION FOLLOWING AN INITIAL INTERVIEW

DISSERTATION

Presented in Partial Fulfillment of the Requirements
for the Degree Doctor of Philosophy in the Graduate
School of The Ohio State University

BY

Vickie Peoples MCCreary, B.A., M.A.

* * * * *

The Ohio State University
1977

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Other Awards
Citizenship Award, Knoxville College, Knoxville, TN (1971)

Service Award- Black Graduate and Professional Student Caucus,
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I will lift up mine eyes unto the hills, from whence cometh my help. My help cometh from the LORD, which made heaven and earth.

Psalms 121: 1-2

Thanks be to GOD for the Ambition to begin, the Will to continue and the Strength to complete this project.

Many thanks to all who participated as clients and subjects in the experiment.

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CHAPTER ONE

INTRODUCTION

Counseling is a learning-oriented process carried on in a simple, one-to-one social environment, in which a counselor, professionally competent in relevant psychological skills and knowledge, seeks to assist the client, by methods appropriate to the latter's needs and within the context of the total personnel program, to learn more about himself to learn how to put such understanding into effect in relation to more clearly perceived, realistically defined goals to the end that the client may become a happier and more productive member of his society. (Gustad, 1953)

When one looks discriminately at the process labelled counseling, he must recognize that the process is not a simple one. It is instead, a complex, multifaceted activity in which two people with varying characteristics, roles and ideals attempt to improve the adjustment, functioning and happiness of one of the two. Investigations of such a process necessitate some scrutiny of the characteristics of both participants. Client and counselor variables may affect the process in some manner and investigations of these are in order. Some client variables which may affect the counseling process will be investigated in this study.
Much has been written about the attributes and attitudes of the client's which significantly influence the outcome of the therapeutic encounter. In a review of the literature the following have been found to significantly influence counseling outcome: (1) level of functioning during the initial encounter (Astrup and Norlik, 1966; Fiske et al., 1964); (2) client motivation for and expectations of counseling (Cartwright and Lerner, 1963; Strupp et al., 1963); (3) intelligence (Fiske et al., 1964; Zigler and Phillips, 1961); (4) affect (Gottschalk et al., 1967; Hamburg et al., 1967); (5) age (Stone et al., 1961; Hamburg et al., 1967); and (6) socioeconomic class (Gould, 1967; Terestman, 1974; Overall and Aronson, 1963).

Other researchers have, however, conducted studies whose results indicate that many of the characteristics listed above have no significant effect on counseling outcome. Klein (1960) and Luborsky (1962), for example, report client improvement in therapy regardless of the client's initial level of functioning. Siegel and Fink (1962) found client motivation for and expectations of counseling to be unrelated to counseling outcome. Other variables which are reported to be nonsignificant with regard to therapy outcome include (1) intelligence (Rosenbaum, 1956); (2) affect (Bergin and Jasper, 1969; Distler, May and Tuma, 1964); and (3) age (Knapp et al
1960 found older patients more improved in therapy than younger ones).

With such discrepancies in the literature, it becomes difficult to determine which client variables, if any, do or do not affect the end result of therapy. Somewhere within the process of counseling or over the passing of time, the actual effects of these variables become confounded, confused, intermingled or whatever with the conversations and activities of the counseling process and/or the characteristics of the counselor. It is difficult, therefore, to determine what exactly affected the outcome.

It is important to note that the researchers listed above have sought to determine what characteristics of the client contribute to the end result of therapy. All studies concentrated on therapeutic outcome. If the characteristics investigated previously have some effect on outcome, it seems reasonable to assume that they were also present when therapy started and are also factors in the counseling process itself. One part of that process which is vitally important is the beginning. The initial contact in any counseling situation is critical to the formulation and maintenance of the counseling relationship. Client characteristics may, consequently, be more important at the outset than at the conclusion of therapy.
It seems feasible, therefore, to concentrate some attention on the initial interview and the effect of client characteristics on that stage of the counseling process.

In light of research results on who gets treated in therapy, it seems particularly important to investigate the initial contact and the client variables that may influence the results of an initial interview. According to Kirk and Greenley (1974), only a portion of those who seek counseling are serviced. They report that one out of every three people who initially define themselves or were defined by someone else as in need of counseling neither receive help nor is referred someplace else. Insufficient numbers of counselors, unavailability of the type of service required and lack of true motivation for services are all possible reasons that only one in three persons receive counseling. However, when these reasons are discounted, it must be concluded that some other variables are operating which hinder the offering of services. Some researchers have suggested that client variables contribute to the denial of counseling services. Schneiderman (1965) found evidence that the lower social classes are the least adequately served. Lorion (1974) indicates that therapists are less likely to offer individual therapy to low-income people than they are to middle and upper income people. This variable and others such as sex and race may indeed
influence the availability of services to clients.

Since everyone who seeks counseling does not receive it, there must logically be other factors operating in the initial interview which foster or hinder the development of a counseling relationship. Lerner and Fiske (1973) and Lorion (1974) suggest that something other than client variables indeed play a role. They suggest that client variables may be important both independently and as a function of the therapists' characteristics. Lerner and Fiske go so far as to say that "favorable outcome (of therapy) appears to be related not to any measured individual differences among clients, but rather to differences among therapists in their democratic values..." According to these authors a therapist's perceptions of a particular client as unlikely to benefit from therapy, his attitude towards the client and his subsequent behavior in therapy would, as expected, decrease the likelihood of the development of a counseling relationship at all!

One must focus, then, as social-psychological research has done, on the variables or interaction of variables which affect whether one person will offer aid to another. A secondary consideration of counseling research should be the attitudes and values of the counselor which affect counseling relationships. It is important to know whether client variables alone, counselor variables alone or the
interaction of the two determine the beginning and the process of counseling.

This study will attempt to investigate the counselor's reactions to several client variables following and intake interview. Unlike the majority of the previous studies cited, this investigation will not concern itself with the outcome of therapy, but the onset of therapy instead. This study will concern itself with several specific characteristics of the client which are believed to influence a counselor's willingness to work with a client. Such characteristics include race, socioeconomic status and the client's general response style, i.e. his attributional tendencies as related to responsibility for the difficulties presently being experienced and his manner of verbal participation in the initial session.

The task involved will closely simulate a real life experience in that the counselors involved may have to, in actuality, hold short intake or initial interviews and make some determinations regarding acceptance of the client or referral. Specific question to be answered is as follows:

Does the client's race, socioeconomic status or manner of problem presentation (general response style) in an initial interview influence a counselor's
1. estimation of problem severity
2. prediction of success
3. willingness to work with the client or
4. choice of referral agency?
Chapter Two
Review of the Literature

This study is concerned with the effects of variables of client race, socioeconomic status and style of problem presentation on a counselor's reaction to that client. While the literature is filled with studies and opinions of the importance of race and socioeconomic status in the counseling relationship, this review will concentrate on those studies that focus on a counselor's reaction to such variables. Section one will be concerned with race and the counselor's response. Section two will look at socioeconomic status and counselor reaction. Studies which are concerned with the effects of a client's style of problem presentation on the counselor will be discussed in the final section.

CLIENT RACE AND COUNSELOR RESPONSE

Although counseling is purported to be an unbiased activity, several researchers have indicated that it is not. While researching attitudes and stereotypes, Bloombaum and Yamamoto (1968) determined that a substantial percentage of therapist responses were racially and culturally stereotypic in structured interviews. If counselors possess biases in regard to race, they will invariably reflect those biases in their reactions to a client of that race.
Crowl and MacGinitis (1970) tested and evaluated teachers' ratings of tape responses by students. Some voices on the tapes were "white voices". Others were "black voices". Crowl and MacGinitis found that teachers rated discussion responses of "white voices" significantly higher than they rated "black voices".

Nalven, Hoffman and Bierbryer (1969) evaluated the intellectual potential assessed by psychologists in some hypothetical cases. The psychologists were given cues to the race and socioeconomic status of the hypothetical clients. Their results indicate that there were variations in the estimated intellectual potential of these clients. Black clients were rated higher, however, than white clients and middle class clients.

As early as 1950, R.W. Heine was addressing the problem of race in the counseling relationship. Heine concluded that therapist's prejudice against Negroes most often hindered therapists from providing impartial treatment to black clients. He contended that the white therapist could not help the black client because he (the therapist) is a product of his society and is greatly influenced by societal response or reaction to black people.

reciprocal racial attitudes influence the success of the counseling relationship. He asserts that the race of the client and counselor should be the same. If this is the case then race can not impede the relationship.

Kincaid (1969) indicates that race hampers the counseling relationship because the white counselor holds the values of society which are often discrepant with those of the black client. Such a fact creates difficulties because the white counselor will be led by his value system to reject the values of his client.

**Preference Studies**

Several studies have been conducted to ascertain knowledge of student preferences for counselor race and style.

Backner (1970) investigated the ability of white counselors to work with black and Puerto Rican students in a special program established specifically to aid these students. More importantly, Backner was concerned with student attitudes towards the race of the counselor. On three separate occasions Backner distributed questionnaires to students who were presently in the program as well as to some who had "graduated." He questioned the students on the effectiveness of their counselors and the reasons for that effectiveness (or lack of it). He also questioned
the students on the relevance of race or ethnic background of the client and counselor to the counseling relationship. Backner found that race and ethnic background were considered irrelevant by most students. Very few students indicated a desire to change counselors or to be assigned one of the same race. Those who did think that race was important indicated that their attitude was a result of feelings about the counselor as a person rather than as a result of the counselor being white.

Stranges (1970) conducted an experiment to determine subjects' preferences for counselors. Using subjects from the Manpower Development Training Center in Columbus, Ohio, Stranges questioned subjects on their racial preferences for counselors. He found that subjects usually preferred to be counseled by someone of their own kind, e.g. black subjects preferred black counselors, Appalachia white subjects preferred Appalachia white counselors, etc. The one exception was the preference of Northern whites. They preferred the black female counselor. Stranges hypothesized that Northern whites had been exposed to competent black instructors and because of that had not allowed race to be the prominent criterion for selecting the counselor. They seemed more concerned with getting the best possible services and for them, at that time, the best service came from the black female counselor.
Cimbolic (1971) following the hypotheses of Banks, Berenson and Carkhuff (1967) designed a study to see if sensitivity training might change the perceptions and preferences of black students with regard to counselors. He found that sensitivity training was ineffective in changing the perceptions and preferences of students. Cimbolic concluded however, that the sensitivity training was ineffective because it had been based on an erroneous assumption. Cimbolic found that his black subjects did not view black counselors as more effective, more skillful and better liked than white counselors. Therefore, there were no changes in perceptions to effect.

Gamboa (1971) investigated the effects of race and counselor climate on the preferences of delinquent girls for counselors. He utilized an analogue of counseling presented on videotape to examine the effects of counselor race (black-white), counselors climate (warm-cold) and student race (black-white) on the girls' preferences for counselors. He devised a Counselor Preference Scale to obtain, among other things, the willingness of the girls to see the analogue counselor for vocational, personal-social or educational counseling. Gamboa's results showed no significant differences in preferences when counselors would render personal-social and educational counseling. White subjects were more willing than black subjects to
see a counselor for personal-social and educational counseling. This was true irrespective of the race of the counselor or the counselor climate. Black counselors were significantly more preferred by both the black and white subjects for personal-social counseling. White subjects gave black counselors higher mean preference ratings than did black subjects.

Cimbolic (1972) investigated counselor race and experience effects on black client preferences. Using two black and two white counselors, one each with experience and one each with no experience, he investigated ratings of black freshmen on counselor effectiveness to see if ratings were influenced by race or experience. Results show that subjects did not show preferences for counselors as a function of race but did as a function of experience level. Subjects indicated that they were willing to see the experienced counselor again irrespective of the race of those counselors.

Using approximately 100 black and white lower and middle class students, Wolkon, Moriwaki and Williams (1973) investigated the effects of race and social class as factors in orientation toward psychotherapy. They obtained noteworthy results. First, middle class people were more positively oriented toward help seeking than lower class people across races. Second, they found that the hesitancy
to self disclose was more related to race than to social class; regardless of the social class black subjects were hesitant to make disclosures to the therapist. A third conclusion was that regardless of social class black subjects preferred a black therapist to a white therapist. Finally, they concluded that more than ever before, black people, irrespective of social class, were seeking professional counseling and that many of them were dissatisfied with the process. Thirty-eight per cent of the middle class blacks and forty-three per cent of the lower class blacks who had sought professional counseling were not willing to return to therapy.

The results are conflicting in regard to subject preferences for counselors. Results of these studies show that any of the following may effect the subject's preferences: conflicting personality characteristics, evidence of counselor competence without regard to race, the nature of the problem to be discussed and/or the race-social class of the prospective client.

Effects of Race

Many studies have been concerned with the outcome of counseling as it is related to the race of the counselor.

Heffernon and Bruehl (1971) investigated the effects of race and experience on the counseling process. They
used eight counselors (four black and four white) with no experience at all in counseling. These men were given eight hours of training in Rogerian style counseling. Subjects were 24 black eighth grade boys matched for age, IQ, reading level, grades and school attendance. Subjects were exposed to counseling sessions with one of the eight counselors. After several sessions subjects were given the Mooney Problem Checklist and the Adjective Checklist. Subjects were offered the options of returning for more counseling or going to the library. The choice was offered by an unbiased black school secretary who was unfamiliar with the experiment or its purpose. Results showed that all clients of the black counselors choose to return to counseling while only half of the subjects of white counselors choose to return. One white counselor had all subjects to return. The investigators found that this gentleman had had substantial previous contact with ghetto blacks.

Gardner (1972) investigated the effects of race, education and experience in helping. He used eight counselors, four black and four white, with differing levels of education and experience. His subjects were 48 black students from the Michigan State University. The results of the analysis of variance of black students' ratings of counselor facilitative effectiveness showed a significant
difference in the ratings of counselor race. Black coun-
selors were rated higher than white counselors in all
instances. Education and experience were also shown to
be significant variables.

Grantham (1973) investigated the effects of counselor
sex, race and language style on black students in initial
interviews. He tested the hypothesis that greater counselor
client compatibility in race, sex and language would result
in greater client satisfaction and depth of exploration.
Subjects were 37 black students in a program for the dis-
advantaged and their counselors. Counselor sex and race
were the independent variables; client depth of exploration
and satisfaction were the dependent variables; covariates
were counselor level of facilitative conditions and com-
prehension of non-standard English. Grantham found that
subjects preferred black counselors to a greater degree
than white counselors and that clients explored themselves
in greater depth with female counselors. Language was
not a significant variable in any of the analyses.

Studying language compatibilities and counseling
minorities, Schumacher, Banikiotes and Banikiotes (1972)
attempted to determine how well white counselors under-
stood words used by their black clients. They compiled a
list of words used by blacks and words used by white clients
and counselors. Using 30 white counselors, 30 black
students and 30 white students, a test of the words was administered. Schumacher, Banikiotes and Banikiotes found the linguistic compatibility between the groups to be low. White counselors understood only 15% of the words commonly used by black students. Black students on the other hand, understood more than 50% of the words used by white counselors during the interview. White students understood the words used by white counselors best but only slightly more than blacks.

Bryson and Cody (1973) studied the relationship of race and level of understanding between counselor and client. Specific concerns were: 1) differences in level of understanding between intra- and inter-racial counselor/client combinations; 2) the relationship between race of the counselor and the ability of the counselor to understand the client and 3) the relationship between race of the client and the ability of the client to understand the counselor. They used eight counselors (an equal number of black and white males and females). Subjects were 32 black and white males and females. Results showed a significant counselor race x client race interaction favoring intra-racial counselor/client combinations over inter-racial combinations. There was also a significant difference in level of understanding of black and white counselors. Black counselors understood black clients best; white counselors understood white clients better.
than black counselors. White counselors, however, understood best regardless of the race of the client. Race of the client was not a significant factor in the understanding of the counselor by the clients.

Carkhuff and Pierce (1967) investigated the effects of therapist race and social class upon patient depth of self exploration in the initial interview. They used four lay counselors with similar training, therapeutic experience and levels of empathy, positive regard and genuineness as measured by the investigators. Counselors were crossed in race and social class. Subjects were 16 hospitalized mental patients. Carkhuff and Pierce found that race and social class of both patient and therapist were significant factors. They concluded that upper class white counselors have an inhibitory effect on lower class black patients and should not, therefore, counsel them.

Banks, Bereson and Carkhuff (1967) investigated the effects of counselor race and training on the counseling process with black clients in the initial interview. They tested three white counselors with varying degrees of experience against one black student with little formal training in counseling and no experience in the area. The experimenters found that their black subjects rated the black counselor highest in effectiveness with the white counselor having the most training and experience.
receiving the lowest rating. They concluded that these results may indicate the inappropriateness of the white counselor-black client relationship. These results might also indicate that professional counselors at present are not being trained to function in a manner that will be helpful for black students.

Phillips (1960) conducted one of the earliest experiments on the efficacy of inter-racial counseling relationships. While investigating the pupil personnel services in the Los Angeles area he found that counseling sessions did not remedy problem behaviors in black students as they tended to do in whites. White counselors were the only counselors available to these students at the time and Phillips hypothesized that the race of the counselor was a hindrance to successful counseling with these students. Phillips acquired the assistance of several counselors in a Ph D. program who had three years counseling experience and at least two years teaching experience. These three counselors were black. All counselors used non-directive counseling styles. The subjects were twelve 17 year old black high school males from middle class homes. Six were sent to see white counselors while the remaining six were sent to black counselors.

The results show that white counselors could not establish rapport or neutralize the counseling atmosphere.
They did not induce any changes in the behaviors or attitudes of their counselees. Black counselors, on the other hand, could establish rapport, did put the client at ease and were able to discuss openly student problems and concerns. These counselees showed a marked change in attitude and behavior after counseling, e.g. they created fewer discipline problems and made higher marks in class.

After the results of Phillips' study had been reported he asked the white counselors to compare notes in an effort to determine in which areas they had failed with their black clients. This comparison showed that white counselors were not able to establish rapport because:

a) they lacked knowledge of the Negro client's sociological and psychological patterns of behavior;

b) their own stereotyped concept of the Negro interfered with their counseling relationship;

c) the black clients showed a distrust for the white counselor which was based on past experience; and

d) they (white counselors) were not able to determine when rapport had been established.

All of these reasons emphasized again, according to Phillips, the inappropriateness of pairing white counselors
with black clients.

Banks (1969) was concerned with the effects of race and social class and empathy on the initial interview. He used eight counselors, four black and four white. Four were rated high on empathy and four were rated low on empathy. Subjects were 32 black and white males matched for race and social class. Results showed that race had a positive effect on the initial interview. Clients developed better rapport with counselors of the same race. Social class, however, had no significant effect on the interview.

Peoples and Dell (1975) examined the effect of counselor race and level of activity on observers' ratings of those counselors. Their results indicate that active counselors were rated higher in competence and for helpfulness than passive counselors. This was true irrespective of the race of the counselor or the race of the observer.

Results of the review leaves one with no conclusive disposition of the importance of race in the counseling process. Some support the notion that dissimilarities of race of a counselor and client create barriers to successful counseling. Others report that race is unimportant to successful counseling relationships. Clearly more studies are needed in this area.
The literature abounds with studies of social class and its relationship to psychotherapy. Many of them concentrate on social class and its effects on the outcome of therapy. Goldstein (1971) has reviewed these studies and compiled the results. Baekeland and Lundwall (1975), in a critical review of why clients drop out of therapy, have compiled and discussed those studies which are concerned with social class and a client's willingness to accept therapy. Also included in the Baekeland and Lundwall review are studies which investigate social class and length of treatment of the client. Therefore, this review will be concerned primarily with those studies which investigate the relationship between social class and acceptance into therapy. Those studies which are concerned with therapists' attitudes toward or reactions to the social class status of his/her clients will also be reviewed.

SOCIAL CLASS AND COUNSELOR RESPONSES

Strupp (1959) asserts that the therapist's attitude towards a patient and consequently the quality of the therapeutic relationship are determined by:

1) the therapist's customary or characterological attitudes

2) the personality structure of the patient with whom the therapist is interacting
3) the patient's station in life; his socio-economic status, intellect, sex, color, age, etc.

4) the therapist's conceptions of therapy goals, techniques, etc. which are composed of a set of conscious or pre-conscious attitudes; and

5) the patient's current and long range needs (page 361).

Much investigation is needed to clarify these assertions, however, and Strupp offers no statistical data to support his notions.

Levinson (1962) states "In selecting patients for psychotherapy, the therapist tends to prefer candidates who resemble him in social background, outlook and personality. He tends to reject candidates who differ markedly in most of these respects." Consequently lower class people are often rejected for therapy.

Early research support the idea that social class of applicants affect the decision to treat or not to treat that applicant. Schaffer and Myers (1954), in one of the early studies of the effect of social class on acceptance in and continuance of therapy, report that upper class patients are favored in their chances of being accepted for therapy. They found a positive correlation between
acceptance for treatment and the level of social class. In their study sixty-four percent of class I and II applicants (based on Hollingshead's Two Factor Index of Social Position) were accepted while 3% of class V applicants survived the screening process.

In a similar study Brill and Storrow (1960) indicate that there are moderate biases toward upper class patients for acceptance in therapy. They found that 63% of the upper class applicants were accepted. However, one important difference in this study was the fact the 51% of the class IV and V patients passed the screening process also.

Cole et al (1962) found that only 47% of the upper class applicants were accepted into therapy. Forty percent of the lower class applicants were likewise accepted. Such a small difference in the percentage accepted suggested to them that social class was not truly a major determinant of acceptance for therapy.

According to Nash et al (1965) physicians (i.e. psychiatrists) probably view lower class clients as less attractive people to work with. They assert, also, that physicians are likely to prescribe a poorer prognosis to the lower class.

Studies by Hollingshead and Redlick (1958) and Myers and Bean (1968) indicate that lower socioeconomic class
status is related to negative diagnoses and prognoses of therapists. Hollingshead and Redlick found that therapist' attitudes towards patients were positively related to the patient's social class, regardless of the presenting problem. They felt that therapists were biased against lower class patients as being unsuitable for therapy. According to these authors, the traditional biases indicating unsuitability for treatment for these patients were at least partially emphasized because of therapists' inability to understand lower class values. They suggest as does Spiegel (1959), that a therapist's technical skills are threatened by lower class clients when they are required to behave in an authoritarian manner. Therapist experience least threat to their own identities with patients from the same sociocultural background as their own.

More striking than the initial Hollingshead and Redlick report, however, is the follow-up study conducted by Myers and Bean (1968). Their findings clearly indicate a difference in treatment of patients with regard to social class. Ten years later Myers and Bean reviewed the treatment status and the social class of the patients in the Hollingshead and Redlick study. They found that nearly three times as many class I-II patients as opposed to class V patients were living in the community and seen on an
outpatient basis. They held numerous other variables constant (as age, sex, race, religion, marital status, etc.) Social class continually emerged as a powerful factor in hospital discharge. Social class was also strongly related to the type of treatment received. Upper class patients were offered more psychotherapy and lower class patients more drugs and custodial care.

Other studies indicate that therapists' attitudes and behaviors contribute to early termination of therapy. Rosenthal and Frank (1958) concerned themselves with characteristics of clients and their referral to and continuation in therapy. They found that psychiatrists at the Phipps' Clinic tended to refer persons to psychotherapy who were much like themselves. Consequently more white than black clients were referred. The better educated were referred more often than the less educated and upper rather than lower income clients were referred. They found almost a straightline relationship between educational level and frequency of referral.

Rosenthal and Frank concerned themselves with a study of those willing to accept therapy also. There were no significant differences in the percentage of white clients who accepted therapy as opposed to black clients. Social class was, however, a significant factor. Patients of the lowest educational and income levels were most likely to
refuse therapy.

When considering acceptance or rejection for therapy, Brown and Kosterlitz (1964) found that upper class clients, particularly males, tended to be accepted for therapy in numbers out of proportion to the total number of applicants in that category. Their research also indicated that patients with more education remained in therapy longer. Brown and Kosterlitz's study differ somewhat from other studies on social class and acceptance in that the applicants from the lower class (class V) outnumbered applicants from other class levels.

Lowinger and Dobie (1968) were directly concerned with the attitudes of the psychiatrist about his patient. They conducted a study at the Lafayette Clinic which required psychiatric residents to make some statement about their attitudes. They were given questionnaires which assessed their conscious and preconsciuos reactions to patients immediately following an initial interview. The doctors' cultural stereotypes and attitudes were examined with regard to race, religion, sex, age, marital status and social class of the patient. White patients were seen as more acceptable for treatment and more similar to the therapist than black patients. Like Hollingshead and Redlick (1958) higher-social class patients were seen as more acceptable for treatment.
Lowinger and Dobie encouraged researchers to look at therapist attitude factors as they relate to therapy, since many such variables enter into the decision to treat or not to treat the patient.

Lee and Temerlin (1970) found that the lower the social class of a patient the more unfavorable a prognosis was given for improvement in psychotherapy. They used 40 psychiatric residents in three southwestern states who diagnosed client problems from recorded interviews. The social class of the clients were varied while most other factors were controlled. These psychiatric residents gave poorer prognoses for success in therapy to those of lower social classes.

Finally Vail (1970) investigated, via analogue procedures, the influence of social class and race on the social caseworker's evaluation of a client's potential for treatment and on the treatment level proposed for the client. All possible factors except social class and race were controlled as much as possible.

Vail used written biographical data forms to provide caseworkers with information from which they made recommendations for treatment. The information included Mrs' A's marital status, race, religion, contact with other social agencies, source of referral and her residence and rent. Also included was information pertaining to both
her and her husband's age, level of education, income, occupation and children's names and ages. Vail devised four versions of this information so that only race and social class were changed. Mrs. A was either black-lower class, white-lower class, black-middle class, or white-middle class. Results of the Vail study indicate that a caseworker's assessment of the client was significantly influenced by the socioeconomic class of the client. Client race was not, however, a significant factor.

Overall the results of the above studies indicate that social class plays some role in the assessments of and recommendations for therapy for many clients. The role that social class plays appears to be influenced by the attitudes and values of the therapists. From this review it seems reasonable to look further into the role social class of clients play in the offering of therapy. This study will attempt to determine areas affected by this variable.

**STYLE OF PROBLEM PRESENTATION AND COUNSELOR RESPONSE**

No studies were located that directly address the issue of client style of problem presentation and its effects on the counselor and the counseling relationship. A few studies in the area of attribution theory address counselor's perceptions of where the problem lies with a
client (with the client himself or with the social environment). Batson, Jonse and Cochran in an unpublished manuscript, found that when helpers have person-oriented resources available to them, they tend to perceive client problems to be personal or attributed to the client himself. The Batson et al study does not, however, view the problem in the same manner as this study plans to view it. Batson et al do point out, however, the necessity for more research on the influences of attributions, whether of the client or the counselor, on the establishment and maintainence of the counseling relationship.

Another study by Batson (1975) is also useful in this investigation. He found that helpers tend to perceive clients who attribute their difficulties to their social environment as having personal problems and offered to help with the problems as though they were personal in nature. The tendency was strongest when helpers were provided with data about the client before "interviewing" him or rather listening to the taped interview. Batson states that "discrepancies between the attributions of client and helper may undermine sincere attempts to help." This suggest that after becoming familiar with data about a client before counseling sessions begin, helpers tend to formulate preconceived diagnoses and biases which they merely seek to verify. Certainly such influences have
effects on the counseling relationship which needs clarification.

While the manner in which the client presents his problem may have extreme effects on the formulation and maintainence of the counseling relationship, it is a variable which has yet to be scrutinized carefully. The attribution theories approach the issue, but not directly. This study will, therefore, investigate the effects of client style of problem presentation on counselor reactions in an initial interview.
CHAPTER THREE

Little information is presently available on the effects of manner of problem presentation on the formulation and development of the counseling relationship. That which is available on race is conflicting. There is some support for the notion that social class influences this stage of the counseling process. This study will investigate those variables and their effect on the counseling relationship in the initial stages.

SUBJECTS

The subjects were fifty-two graduate students in Counseling Psychology, Guidance and Counseling and Student Personnel Work programs at the Ohio State University during the summer and fall quarters of 1976 and the winter quarter of 1977. Twenty males and twenty-eight females participated. Table 1 outlines by area of study the number of subjects, sex of subjects, median number of quarters at OSU and the median number of practica for each group.
<table>
<thead>
<tr>
<th>Sex</th>
<th>Number of males</th>
<th>Number of females</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Quarters at OSU</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Number of Practica</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Counseling Psychology</td>
<td>Student Personnel Work</td>
</tr>
<tr>
<td></td>
<td>12</td>
<td>4</td>
</tr>
<tr>
<td></td>
<td>16</td>
<td>8</td>
</tr>
<tr>
<td></td>
<td>8</td>
<td>5</td>
</tr>
<tr>
<td></td>
<td>2.8</td>
<td>2</td>
</tr>
</tbody>
</table>

Table 1
Subject Data
The subjects participated on a voluntary basis, receiving no pay or credit hours for participation. Subjects were contacted primarily by telephone at which time the task was explained and an appointment scheduled. Subject telephone numbers were obtained from rosters provided by study area offices. Other students volunteered to participate following appeals in five advanced classes in Guidance and Counseling and Student Personnel Work areas. Subject groups were selected on the basis of similarity of training. Most had completed the same initial course in counseling theory or one of a similar nature. All had been involved in a laboratory course in counseling skills or had engaged in at least one practicum experience. Some had served in a counselor capacity in some campus office or residence hall. While counseling experiences of the subjects were varied, as was cultural background, the training of all subjects were similar enough to consider them a homogeneous group of counselor trainees.

CLIENTS

Six males volunteered to portray the roles designed for this study. One was of high school age, three were college undergraduates and two were graduate students. Three were black and three were white. One black undergraduate portrayed two different roles, as did one white graduate
These clients were trained by the experimenter to perform assigned roles. A training session was scheduled for each individual. Before the session, they were given background information on the client to be portrayed and allowed sufficient time to study and become familiar with the information. The clients were also given a script of the counseling session. During the training session the experimenter played a tape of the role of the client in order that the volunteer could be fully aware of the desired voice inflections. These training tapes were made by the experimenter. The client then rehearsed the role, following the script carefully, but was allowed enough flexibility that it was not obvious that he was reading a script. When ready, he recorded the tape without the presence of the experimenter. Since no other voice was heard on the tape, the client was directed, via indications on the script, to respond as if the counselor had asked a question or made a comment.

**ROLES**

Four roles were utilized in this study. These roles differentiated one of the independent variables, i.e., manner of problem presentation. All roles were concerned with the same general problem—difficulty with interpersonal relationships. Each client, however, discussed the
problem in a different way. Two roles were presented in a manner that attributed the difficulties to the client himself. The two remaining roles were presented such that the difficulty was attributed entirely to other persons and/or environmental factors. The tapes were reviewed by several upper level graduate students and others to assure that the same general problem was being discussed. Each tape was approximately 8-12 minutes in length.

Role 1. The client discussed his difficulties with interpersonal relationships as they are related to his tendency to shy away from others, his fear of people, his failure to take advantage of opportunities to meet people or make friends, etc. (Appendix H contains the script of Role 1.)

Role 2. The client discussed his poor interpersonal relationships as related to the failure of others to approach him when he provides the opportunity; his concern about other's inconsiderate behavior towards him; his recognition that most people are silly and immature and his desire to locate people who recognize his worth, etc. (Appendix H contains the script for Role 2).

Role 3. The client discussed his difficulties with interpersonal relationships as related to his tendency to behave foolishly and appropriately in social settings; his present fear of saying dumb things, putting his foot
in his mouth; his tendency to be overly aggressive, overly friendly; etc. (This script is found in Appendix H).

Role 4. The client discussed his difficulties with interpersonal relationships as related to the behavior of others around him. He discussed this problem as caused by the past foolish behaviors of one particular young man whom he dislikes and does not consider to be a friend. He has concluded that he is stereotyped as foolish and consequently has been ostracized by all. (The script of Role 4 is found in Appendix H).

TAPES

A total of eight tapes were made. One of each of the above roles were recorded with a variation in race, e.g. one script of Role 1 was recorded with the race being black and one as white. Also, in one recording of the script, socioeconomic class was lower class as opposed to one that was middle class. (See Appendix A for an outline of the race and socioeconomic status for each tape.)

SETTING

The initial experiment was conducted in the interview rooms of the Counseling Psychology area on the third floor of Arps Hall at the Ohio State University. The subjects found in the room one cassette tape player, one box at the
door labelled "Questionaire Box", and two lead pencils. During the winter quarter all materials and equipment were taken to the residence of the subjects since a convenient meeting time in Arps Hall was not possible.

PROCEDURE

The subjects were contacted by telephone and scheduled to come into Arps Hall for participation. Upon arrival, the subject was greeted by the experimenter or her helper in Room 345 Arps Hall. (See Appendix B for opening statement.) A brief statement was made to the subject concerning the task and the time involved. The subjects were then given an envelope containing questionaires and a set of six (6) cassette tapes. He/She was then escorted to an interview room, shown the tape player and box in which questionaires were to be inserted and left to begin.

Instructions necessary to begin the actual task were attached to the outside of the questionaire packet. These instructions told how to operate the tape recorder, which tape to insert and how to insert it. The subjects were directed to insert TAPE I which gave additional instructions.

The subjects heard on Tape I an introduction to the task, information concerning the activities they were to perform and information concerning the questionaire. (See AppendixD for Tape I information). It also provided a
sample interview in order to familiarize the subjects with the types of interviews which would follow and with the questionnaire to be used. At the end of Tape I, subjects were instructed to insert the remaining tapes in the order given to them and complete the remaining questionnaires. A separate questionnaire was provided for each tape. On the sixth tape, subjects were directed to deposit the questionnaires in the appropriate box and return to room 345 for debriefing. (See Appendix G for Tape C instructions.)

DEBRIEFING

Upon return with the cassette tapes to Room 345 Arps Hall, the subjects were debriefed. The experimenter or the experimenter's helper handed them a brief prepared statement which discussed the variables of the experiment and the expected results. (See Debriefing Statement in Appendix I.) Also included on the statement was the telephone number of the experimenter in the event that further information on the study was desired. Subjects were thanked again for participating and dismissed. For those who listened in their homes, the prepared statement was left when materials were picked up.

QUESTIONNAIRE

The questionnaire used in this experiment was developed
by the experimenter. It had several sections and the majority of the items were rated on a seven point scale. (See Appendix for the Questionnaire.)

Section One

Section one of the questionnaire required the subject to fill in basic biographical data on each client and served as verification that the socioeconomic status and race of each tape was adequately detected. Section one of the questionnaire was completed during the tape. This section was not scored for analysis.

Section Two

Section Two contained information relevant to the presenting problem of the client. Subjects characterized the general problem area of the client. They chose from several listed areas of difficulty or specified another if they concluded that those listed were not the most relevant. Section Two required the subjects to rate the severity of the client's problem on a scale of 1 (very severe) to 7 (not severe). Subjects also rated client prognosis of improvement on a scale of 1 (prognosis excellent) to 7 (prognosis poor). These questions provided information for analysis of dependent variables 1 and 2 (problem severity and prognosis).

Section Three

Section Three was designed to determine the subject's
evaluation of personality characteristics as evidenced by the client on the tapes. The subject made some judgments about eight (8) personal characteristics. Each was rated on a seven point scale. No analysis was performed on this information.

Section Four

Section Four of the questionnaire was a single question requiring the subject to state his willingness to work with the client heard. A seven point rating scale was provided for this item - 1 (very willing) to 7 (not willing). This provided data for the analysis of dependent variable three.

Section Five

This final section of the questionnaire required that the subject select a referral source for the client from those listed. A brief description of each agency, their basic orientation and type of staff was provided. The agencies were ordered on the basis of those who seek to institute some change in, or management of the environment to suit the individual's needs (scored as one) to those who seek to change the individual to adapt to the environment (scored as seven).

PLAN FOR ANALYSIS

The design for this experiment was a 2x2x2 factorial
design in blocks of size four. The treatment combinations were divided into two balanced sets such that all main effects and two-factor interactions were balanced within each set. An analysis of variance was planned for each of the items in sections two, four and five. No analysis was conducted on section one.

A secondary analysis of variance was conducted to note any significant differences in responses of subjects in Counseling Psychology, Student Personnel Work and Guidance and Counseling areas. Also an ANOVA was conducted on responses of males as opposed to female responses.
CHAPTER FOUR
RESULTS

In this chapter the results of the statistical analyses are reported. First, analysis of variance (ANOVA) results of the secondary analysis assessing differences in responses based on subject sex and area of study will be discussed. Secondly, results of simple statistical procedures regarding subject assessment of the client's major problem area will be discussed. Finally, the ANOVA results of the four dependent variables will be discussed.

The primary design utilized in this study was a two by two by two factorial design in blocks of size four or a repeated measures design. Figure 1 illustrates the design utilized.

Figure 1
Race x SES x Style of presentation

<table>
<thead>
<tr>
<th>Style</th>
<th>Lower SES Middle</th>
</tr>
</thead>
<tbody>
<tr>
<td>Self</td>
<td>Race</td>
</tr>
<tr>
<td></td>
<td>Black White</td>
</tr>
<tr>
<td>Other</td>
<td>Black White</td>
</tr>
</tbody>
</table>
In this design subjects in one group or block heard four tapes which incorporated varied combinations of the three independent variables. Subjects in the second group or block heard four tapes which were identical in content but the combinations of race, SES and style of problem presentation were altered. Appendix A outlines the independent variables used in each tape and the tape groupings for blocks 1 and 2. Such a design provides data on all main effects and two way interactions. The three way interaction is, however, completely confounded with differences between groups and is not available for report. The experimenter chose to sacrifice information on the three way interaction in order to minimize the number of clients each subject must rate. Subjects were required to rate four interviews instead of eight.

**Total Subjects for Analysis**

Fifty-two subjects listened to the tapes and completed questionnaires. However, only the responses of 48 subjects were utilized in the final analysis. Responses of one subject were not used because of failure of that subject to mark the race and SES of the clients on the tapes heard. A second set of questionnaires was discarded because the subject used referral agencies of her own choosing rather than those provided. The two remaining sets were not
used because the subjects failed to complete some or all of the questions which were used in the analysis of the dependent variables.

**Analysis by Subject Sex and Area**

The experimenter asserted, when selecting subject groups for this experiment, that students in Counseling Psychology, Student Personnel Work and Guidance and Counseling areas at the Ohio State University received training similar enough to consider them a homogeneous group of counselor trainees. A secondary analysis was performed on the responses to the questionnaires to determine whether any significant differences found in the data could be attributed to substantial differences in responses because of the subject sex or area of study. Analysis of variance with regression coefficients were obtained for each of the dependent variables. On variable one (problem severity) only 6% of the variance in the data was the results of variance in sex and/or area of the subjects. On dependent variable 2 (prognosis) 4% of the variance was accounted for by differences in the sex and/or area of study of the subjects. On variable 3 (willingness to work with) 3% of the variance was related to variance in the sex and/or area of study of the subjects. On variable 4 (referral agency) 12% of the variance was accounted for by sex and/
or of study of the subjects. A significant main effect for area of study was obtained. However, warnings on the computer printout sheet indicated that because the \( X^*X \) matrix for this model was not full, some of the partial sums of squares might be incorrect. In light of this and the results of the analysis of variance for variable 4, this result was not heavily weighted. (See results of variable 4 on page __.) Therefore, the subjects in the three areas were considered a homogeneous group of counselor trainees. Table 2 outlines mean values by sex and area for each of the dependent variables of this study.

Table 2
Mean Values for Dependent Variables
Sex by Area Analysis

<table>
<thead>
<tr>
<th>Area of Study</th>
<th>Sex of S</th>
<th>DV 1</th>
<th>DV 2</th>
<th>DV 3</th>
<th>DV 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Counseling Psychology</td>
<td>males</td>
<td>3.333</td>
<td>3.117</td>
<td>2.705</td>
<td>4.117</td>
</tr>
<tr>
<td></td>
<td>females</td>
<td>5.338</td>
<td>3.491</td>
<td>3.169</td>
<td>4.030</td>
</tr>
<tr>
<td>Student Personnel Work</td>
<td>males</td>
<td>4.615</td>
<td>4.153</td>
<td>3.615</td>
<td>3.317</td>
</tr>
<tr>
<td></td>
<td>females</td>
<td>4.806</td>
<td>3.290</td>
<td>3.032</td>
<td>3.354</td>
</tr>
<tr>
<td>Guidance and Counseling</td>
<td>males</td>
<td>5.333</td>
<td>3.583</td>
<td>3.000</td>
<td>2.666</td>
</tr>
<tr>
<td></td>
<td>females</td>
<td>3.900</td>
<td>4.000</td>
<td>2.450</td>
<td>3.550</td>
</tr>
</tbody>
</table>
Analysis of Problem Area

One concern of the experimenter was whether subjects would determine that clients were discussing the same general problem but indifferent ways. One method of assessing their impressions was to compute percentages of the subjects responses to each choice available to them. A total of 192 questionnaires were used in the final analysis. Results indicate that on 80% (152 of 192) of the questionnaires subjects deemed the major problem area to be social in nature, e.g. having difficulties with family or interpersonal relationships. This was the problem area intended to be emphasized by the clients. Of the remaining 20% or 40 questionnaires, 22 of 192 saw the major problem as a combination of social and educational or emotional problems. On 15 of the questionnaires the major problem area was deemed as emotional in nature. Three subjects rated all four clients as having emotional problems. The remaining three were distributed over several subjects and attributed to several different clients. On three questionnaires no response was marked. Again this was done by different subjects for different clients. Consequently all data was included in the analysis since there did not appear to be a consistent rating of one particular client as having emotional rather than social difficulties.
ANALYSIS OF VARIANCE FOR DEPENDENT VARIABLES

Four dependent variables were under scrutiny in this study. Race (A), socioeconomic status (B) and style of problem presentation (C) were independent variables in the study. The analysis was conducted to determine the effects of such controlled variables on subjects' responses to the following questions:

- In your estimation, how severe is the problem at this time?
- What is your prognosis for improvement for this client?
- What is your willingness to work with this client if time permitted?

Below are some places to which our clients can be referred. Please select one of these agencies for referral.

Variable One- Estimated Severity

This variable was assessed by asking each subject to rate on a scale of 1 (very severe) to 7 (not severe) his/her estimation of the severity of the client's problem.

The hypothesis tested was as follows:

There will be no significant differences in subjects' estimation of client problem severity based on knowledge of client race, SES or style of problem presentation.

Hypothesis 1 was rejected for race and style of problem presentation. ANOVA results for estimation of severity reveal significant main effects for race (p = 0.005) and
style of problem presentation \((p = 0.001)\). None of the other main or interaction effects approached significance. Table 3 provides a summary of ANOVA results for variable 1.

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>A(race)</td>
<td>14.083</td>
<td>1</td>
<td>14.083</td>
<td>8.068</td>
<td>0.005</td>
</tr>
<tr>
<td>B(SES)</td>
<td>0.021</td>
<td>1</td>
<td>0.021</td>
<td>0.012</td>
<td>NS</td>
</tr>
<tr>
<td>C(Prob. Pres)</td>
<td>30.083</td>
<td>1</td>
<td>30.083</td>
<td>17.235</td>
<td>0.001</td>
</tr>
<tr>
<td>AB</td>
<td>0.000</td>
<td>1</td>
<td>0.000</td>
<td>0.000</td>
<td>NS</td>
</tr>
<tr>
<td>AC</td>
<td>4.687</td>
<td>1</td>
<td>4.687</td>
<td>2.685</td>
<td>NS</td>
</tr>
<tr>
<td>BC</td>
<td>0.753</td>
<td>1</td>
<td>0.753</td>
<td>0.430</td>
<td>NS</td>
</tr>
<tr>
<td>E</td>
<td>378.952</td>
<td>46</td>
<td>8.238</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Further analysis was done to determine the direction of significance for the main effect of race. Cell means for black and white clients were obtained. Cell mean for white clients was 4.78; for black clients was 5.32. Results indicate that subjects deemed the problem more severe for black clients than for white clients though all clients discussed the same problem.

On the same variable subjects rated the problem as more severe for those clients who attributed the difficulties to themselves. Cell means were as follows:

\[
\text{self- } 4.67; \text{ other } 5.44.
\]
Variable 2- Probability of Improvement

Assessment of this variable was made via subject ratings of the clients probability of improvement in therapy. A one to seven scale was used with a rating of 1 indicating prognosis was excellent and a rating of 7 indicating that prognosis was poor. The hypothesis tested was as follows:

There will not be a significant difference in subjects' estimation of probability of improvement based on knowledge of the client race, SES and style of problem presentation.

This hypothesis was rejected for SES and style of problem presentation. Results of this ANOVA reveal a significant main effect for socioeconomic status (\(p = 0.034\)) and for style of problem presentation (\(p = 0.001\)). No other main effect or interaction effect approached significance. Table 4 outlines the ANOVA results for variable 2.

Table 4

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>A(Race)</td>
<td>6.380</td>
<td>1</td>
<td>6.380</td>
<td>3.351</td>
<td>NS</td>
</tr>
<tr>
<td>B(SES)</td>
<td>8.754</td>
<td>1</td>
<td>8.754</td>
<td>4.598</td>
<td>0.034</td>
</tr>
<tr>
<td>C(Prob Pres)</td>
<td>100.628</td>
<td>1</td>
<td>100.628</td>
<td>52.850</td>
<td>0.001</td>
</tr>
<tr>
<td>AB</td>
<td>0.047</td>
<td>1</td>
<td>0.047</td>
<td>0.025</td>
<td>NS</td>
</tr>
<tr>
<td>AC</td>
<td>0.130</td>
<td>1</td>
<td>0.130</td>
<td>0.025</td>
<td>NS</td>
</tr>
<tr>
<td>BC</td>
<td>0.047</td>
<td>1</td>
<td>0.047</td>
<td>0.025</td>
<td>NS</td>
</tr>
<tr>
<td>E</td>
<td>104.696</td>
<td>46</td>
<td>2.276</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
A closer look at significant main effect for SES shows, via cell means, that subjects predicted a better prognosis for middle class clients (cell mean \( \bar{X} = 3.251 \)) than lower class clients (cell mean \( \bar{X} = 3.64 \)).

Prognosis was more favorable for those clients who attributed the difficulty to themselves (cell mean \( \bar{X} = 2.677 \)) than for those who attributed the difficulty to others (cell mean \( \bar{X} = 4.188 \)).

**Variable 3- Willingness to Work With**

On this variable counselors were asked "What is your willingness to work with this client if time permitted?" Analysis of variance was performed on the responses given to this question on a rating scale of 1(very willing) to 7 (not willing). The hypothesis tested was as follows:

There will be no significant differences in subjects' willingness to work with a client based on knowledge of the client's race, SES and style of problem presentation.

This hypothesis was rejected for all main effects and for the interaction effect of race x SES. Results of this ANOVA reveal that significant main effects for race \( (p = 0.034) \), SES \( (p = 0.001) \); and style of problem presentation \( (p = 0.001) \). The interaction effect of race x SES was significant at the \( p = 0.020 \) level. Table 5 lists
the results of the ANOVA for variable 3.

Table 5
Summary ANOVA- Willingness to Work With

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>8.333</td>
<td>1</td>
<td>8.333</td>
<td>4.601</td>
<td>0.034</td>
</tr>
<tr>
<td>B</td>
<td>13.020</td>
<td>1</td>
<td>13.020</td>
<td>7.189</td>
<td>0.008</td>
</tr>
<tr>
<td>C</td>
<td>93.519</td>
<td>1</td>
<td>93.519</td>
<td>51.637</td>
<td>0.001</td>
</tr>
<tr>
<td>AB</td>
<td>10.083</td>
<td>1</td>
<td>10.083</td>
<td>5.567</td>
<td>0.020</td>
</tr>
<tr>
<td>AC</td>
<td>0.083</td>
<td>1</td>
<td>0.083</td>
<td>0.046</td>
<td>NS</td>
</tr>
<tr>
<td>BC</td>
<td>1.021</td>
<td>1</td>
<td>1.021</td>
<td>0.564</td>
<td>NS</td>
</tr>
<tr>
<td>E</td>
<td>239.727</td>
<td>46</td>
<td>5.211</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

On this variable, subjects were more willing to work with clients who attributed the difficulty to themselves than to work with those who attributed the difficulty to others. Cell means for this main effect was: self-2.218; other-3.667.

A significant interaction effect for race and socioeconomic status was obtained for this variable. Fisher's test of least significant differences was utilized to make comparisons of the means for race and social class. The table below lists the means for each cell of the two way interaction.
Table 6
Cell Means for Two Way Interaction of Race x SES

<table>
<thead>
<tr>
<th>Race</th>
<th>Socioeconomic Status</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Lower Class</td>
</tr>
<tr>
<td>White</td>
<td>3.67</td>
</tr>
<tr>
<td>Black</td>
<td>2.79</td>
</tr>
</tbody>
</table>

Results of the Fisher LSD test reveal significant differences at the .05 level between the following mean comparisons:

- white middle class - white lower class
- white middle class - black middle class
- white middle class - black lower class.

Results indicate that white middle class clients received significantly higher ratings on this variable than all other race x SES groupings. No significant differences were found between any other pairwise comparisons of means. Higher ratings indicated that counselor trainees were less willing to work with white middle class clients than they were with other clients.

Variable 4 - Referral Agency

The final variable required counselors to select from the agencies listed, a referral source for each client. The analysis was performed on the responses to a scale of
one (agency concerned primarily with environmental re-
structuring) to five (agency concerned primarily with
personality restructuring of the client). The hypothesis
tested was as follows:

There will be no significant differences
in subjects' selection of referral agencies
for clients based on knowledge of the client's
race, SES and style of problem presentation.

This hypothesis was not rejectable by the data. Results
of the ANOVA reveal no significant differences for any
main effect or interaction effect for this variable.
Table 7 lists the ANOVA results for variable 4.

Table 7
Counselor Choice of Referral Agency- ANOVA Summary

<table>
<thead>
<tr>
<th>Source</th>
<th>SS</th>
<th>df</th>
<th>MS</th>
<th>F</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>A(Race)</td>
<td>2.520</td>
<td>1</td>
<td>2.520</td>
<td>1.868</td>
<td>NS</td>
</tr>
<tr>
<td>B(SES)</td>
<td>0.000</td>
<td>1</td>
<td>0.000</td>
<td>0.000</td>
<td>NS</td>
</tr>
<tr>
<td>C(Prob Pres)</td>
<td>1.687</td>
<td>1</td>
<td>1.687</td>
<td>1.251</td>
<td>NS</td>
</tr>
<tr>
<td>AB</td>
<td>0.083</td>
<td>1</td>
<td>0.083</td>
<td>0.062</td>
<td>NS</td>
</tr>
<tr>
<td>AC</td>
<td>0.021</td>
<td>1</td>
<td>0.021</td>
<td>0.051</td>
<td>NS</td>
</tr>
<tr>
<td>BC</td>
<td>3.000</td>
<td>1</td>
<td>3.000</td>
<td>2.223</td>
<td>NS</td>
</tr>
<tr>
<td>E</td>
<td>85.395</td>
<td>46</td>
<td></td>
<td>1.856</td>
<td></td>
</tr>
</tbody>
</table>

An analysis of the percentages of referral to each
agency clarifies the nonsignificance of any main effect or
interaction effect for this variable. The majority of
subjects referred clients to agency 4 or agency 5 (those agencies which seek to aid in personal change or growth of the client). Table 8 lists the percentages for each main effect as clients were referred to each agency of choice.

Table 8

<table>
<thead>
<tr>
<th>Percentages for Each Referral Agency</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Race</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>white</td>
<td>5</td>
<td>11</td>
<td>7</td>
<td>46</td>
<td>31</td>
</tr>
<tr>
<td>black</td>
<td>9</td>
<td>15</td>
<td>5</td>
<td>44</td>
<td>27</td>
</tr>
<tr>
<td>middle class</td>
<td>5</td>
<td>16</td>
<td>6</td>
<td>44</td>
<td>29</td>
</tr>
<tr>
<td>lower class</td>
<td>9</td>
<td>10</td>
<td>6</td>
<td>46</td>
<td>29</td>
</tr>
<tr>
<td>SPP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>self</td>
<td>7</td>
<td>12</td>
<td>10</td>
<td>49</td>
<td>22</td>
</tr>
<tr>
<td>other</td>
<td>7</td>
<td>14</td>
<td>2</td>
<td>41</td>
<td>36</td>
</tr>
</tbody>
</table>

Nearly 75% of all subjects, irrespective of sex or study area referred clients to agencies 4 and 5. This was true regardless of the race of the client, client SES or his style of problem presentation.
CHAPTER FIVE
DISCUSSION

One of the most striking findings of the study was the effect the client's style of problem presentation appeared to have on the decisions counselors made. A counselor's estimate of the severity of the client's problem was significantly affected by the way the client presented himself and his problem. The prognosis for improvement was affected by client manner of problem presentation. A counselor's willingness to work with a client was also affected by the manner in which the client presented himself. Only choice of referral agency was unaffected by this client variable.

According to the counselor trainees in this study, those clients who acknowledged responsibility for the problem experienced less severe difficulties than those who blamed someone else. One possible explanation for such a rating may lie with the type of training of the counselors utilized in the study. The majority of the programs from which they came concentrate on individual therapy with some emphasis on client behavior change. With such an orientation, these counselors might be inclined to consider clients who fail to fit into this framework of
therapy as having more serious problems than those who readily fit the model.

A client who is deemed to have a rather serious problem—serious because he blames others for his difficulties—would be expected to receive a rating indicative of poor prognosis. Such was the case in this study. Counselors rated the clients who blamed others for this difficulty as having a poorer prognosis than those clients who took the responsibility on themselves. Again, it can be expected that counselor trainees who are basically oriented to self help and personal change models of counseling would deem the prognosis of those who failed to fit the model to be poorer.

Batson (1975) has concluded that helpers can use a process of logic when attempting to determine the source of a problem. If, for example, a client attributes the difficulties to others or the social environment and this is the first time that he has made such an accusation, the counselor could assume that the client was making an accurate attribution. The blame probably does lie outside of the client. If, however, the client has on several occasions attributed the blame to someone else, the counselor could assume that the source of the difficulty lies within the client. Such logic is not always possible in an initial contact. These counselor trainees were forced
to make decisions without knowledge of the client's attribut
tional tendencies. Apparently the way that the client
expressed his problem- in terms of self responsibility or
responsibility onto others- made a difference to the
counselor.

Counselor trainees were less willing to work with
those clients who attributed the blame to someone else.
Such ratings may be consistent with Spiegel (1959) and
Hollingshead and Redlick's (1958) theory that counselors are
more comfortable with people like themselves or people
by whom they do not feel threatened. With those clients
who blame others the counselor may feel threatened by the
requirement to use authoritarian or very directive methods
of counseling. Certainly one task of the counselor who
works with the client that blames others is to get that
client to the point that he acknowledges self responsibi-

Results of this study also revealed that the problems
of blacks were rated as more severe than those of whites
even though the problems were identical. Such a result
suggest that client race is indeed a factor in the counseling
relationship. This implication is relevant because the
script for both races were identical. The only variations
were those of race and socioeconomic status.
Another possible explanation for the difference might be some slight differences in the client voice inflection or tone which was suggestive of a more serious problem than those presented by whites. However, no evidence of such could be detected by this experimenter. Judges were not used to rate the tapes. It indicates, instead that the race of the client enhances his probability of being diagnosed as more severely ill than his white counterpart. Lee and Temerlin (1970) has suggested similar ideas.

While race made a difference in the estimates of problem severity, socioeconomic status was a significant factor in the estimates of improvement for clients. As indicated by Lee and Temerlin (1970) counselors deemed the probability of improvement to be greater for the middle class client than for lower class clients. Counselor biases against lower class clients may account for the significant differences in the ratings, especially since ability to pay for therapy was not a factor here.

Hypothesis three (no significant differences in willingness to work with) was rejected for all three main effects and the race x SES interaction. Previous researchers as Hollingshead and Redlick (1958); Lowinger and Dobie (1968) and Brown and Kosterlitz (1964) have found that therapists were more willing to accept into therapy or work with white upper-middle class clients. Post hos
analysis of the race X SES interaction reveal that the ratings for white middle class clients were significantly different from the ratings of any other race x SES groups. These counselor trainees were less willing to work with white middle class clients than they were to work with other clients.

Possible explanations for such a result are varied. One may consider that the thrust of the literature in recent years which indicates that minorities and lower socioeconomic class persons have not been adequately serviced may have influenced the counselor trainees preferences for working with those clients. Because more minorities and lower socioeconomic status people are being admitted to universities and subsequently to counseling programs, the trainees in this study may view blacks and lower class clients as similar to themselves and more acceptable as clients in therapy. A final possibility might be that these counselor trainees saw the black and lower class clients as more of a challenge in therapy than the traditional white middle class client. Blacks were rated as having more severe problems than whites and lower class clients were considered to have a poorer prognosis. As a result, these counselors may have desired to work with the more challenging cases themselves.
On variable four, no significant differences were found in the source of referral agency. When the percentage of referrals to each agency was reviewed, it was noted that only approximately 20% of the clients were referred to agencies which sought to alter environments and/or significant others in the environment. Nearly 75% of the clients were referred to those agencies which sought to bring about personal change or growth. Two interesting points arise with such data. It is interesting, first, to note that while these trainees rated the clients who blamed the difficulty on others as having a poorer prognosis for improvement in therapy, they did not refer substantial numbers of those clients to agencies which did, in fact, seek to alter environments or other persons. While these clients claimed others were responsible the counselor trainees consistently referred them to agencies which stressed self responsibility and personal change. In contrast, while those who took the responsibility onto themselves were acknowledging the need for and seeking avenues to personal change, 19% were referred to those agencies which did not care about personal change but sought to change the environment. While 19% may seem small, it is considered by
this experimenter to be a large figure when it directly contradicted the desires and goals of the client.

That nearly 75% of all clients, irrespective of style of problem presentation were referred to agencies which seek personal change and growth for the client may be a function of the nature of training of the subjects utilized. These counselors were generally oriented to individual therapy with some emphasis, perhaps, on behavior modification. It is, therefore, understandable that these subjects would select referral agencies with the same or similar orientations for therapy as they, themselves, are seeking to possess.

LIMITATIONS

The applicability of these results to other populations is limited by virtue of the experimental controls imposed. The application is limited in terms of the sex of the client the socioeconomic status of the client and the training of the subjects.

The results of this study can be generalized only to male or female counselor–male client relationships. Counselors may respond differently to females who present the same problem in the same manner. Additional studies are needed to test counselor reactions to female clients on the variables investigated.
These results may not be applied to counselor/client relationships where the client is of upper class socio-economic status. While research had indicated that reactions of counselors are more positive towards upper class clients (Brill and Storrow, 1960; Schaffer and Myers, 1954; Lowinger and Dobie, 1968), the entry of lower class persons into the field of counseling, via paraprofessional positions and because of affirmative action recruitment programs in many colleges, may lead to more positive reactions to lower class people. Social class backgrounds and race of the counselor were not factors in this study. Some investigations of responses based on these areas may also provide valuable information for the counseling profession.

**IMPLICATIONS AND RECOMMENDATIONS**

One major implication of this study is that the role of client style of problem presentation may be very important in the decisions judgments counselors make. Indeed, manner of presenting the problem may be one major factor affecting whether treatment is or is not offered to clients. Counselor biases with regard to client attributional tendencies may be influenced by the general orientation of the counselor's training programs. Many studies of these factors are needed.

Another implication of the study is in regard to
possible counselor biases towards the race of the client and the diagnosis or estimation of problem severity ascribed to that client. Counselors should work to formulate diagnoses on the basis of the nature of the problem presented rather than on the race of the presenter. Likewise, biases toward lower class persons with regard to prognosis should be less affected by the social class of the client, but determined more by the nature of the problem, the source of referral and the client's motivation for a solution to the difficulty. All of those things can be assessed during an initial interview. One method of alleviating biases against such variables might be to expose counselor trainees to a multitude of clients of varying races and social standings. This can be done via traineeships or practicums in agencies which service all types of people. Community mental health centers might serve as a valuable adjunct to counseling center and campus office placements for these trainees.

Certainly the study provides implications for the continued investigation of the importance of referral sources on the decisions counselors make (Batson, 1975). Indications of whether a counselor's decisions about diagnosis and prognosis is primarily a function of the
referral sources available is important to the area of counseling. It may mean that a large variety of referral sources must be made available to counselor trainees so that the best possible referral source is selected. Counselor trainees should be assured that the referral selections they make are based on the needs of the client and not on the selection of that agency that is most similar to the counselor's own theoretical orientation.

The study could be replicated to provide additional information on the variables investigated. Such replications would necessitate changes in the independent variables to include females, other economic levels, controls for the race and/or SES of the counselor and his/her subsequent ratings, etc. The design is, however, a complex one and any increase in the number of independent variables would necessitate an increasing number of interviews to be heard by each subject. Such an increase would be tiring for subjects and create some concerns about the effect of increasing numbers on the validity of responses to the final clients. The other option might be to increase the number of blocks in the design. A substantial increase in the number of subjects would, however, be required.
BIBLIOGRAPHY


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Brill, N. and Storrow, H. Social class and psychiatric treatment. Archives of General Psychiatry


Gould, R. Dr Strange class: Or how I stopped worrying about the theory and began treating the blue-collar worker. American Journal of Orthopsychiatry, 1967, 37, 78-86.


Stranges, R. Counselee preferences for counselors. Unpublished manuscript, Ohio State University, 1970.


APPENDIX A

Outline of Independent Variables for each Tape
Outline of Independent Variables for Each of the Eight Tapes

<table>
<thead>
<tr>
<th>Block One</th>
<th>Race---------SES-------Style</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tape 1 = 0</td>
<td>Black - lower class - Self</td>
</tr>
<tr>
<td>Tape 2 = T</td>
<td>White - lower class - Other</td>
</tr>
<tr>
<td>Tape 3 = E</td>
<td>Black - Middle class - other</td>
</tr>
<tr>
<td>Tape 4 = F</td>
<td>White - Middle class - Self</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Block Two</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Tape 5 = S</td>
<td>Black - Middle class - Self</td>
</tr>
<tr>
<td>Tape 6 = A</td>
<td>White - Middle class - Other</td>
</tr>
<tr>
<td>Tape 7 = U</td>
<td>White - Lower class - Self</td>
</tr>
<tr>
<td>Tape 8 = P</td>
<td>Black - Lower class - Other</td>
</tr>
</tbody>
</table>
APPENDIX B
Opening Statement
Opening Statement

Good afternoon, I am ________________, Vickie experimenter's helper. I will give you any assistance that you may need with the experiment today. I know that Vickie has talked with you briefly about the task. I'd like to remind you that you will be listening to some cassette tapes and will be completing a questionnaire for each tape. Here are the tapes (give tapes to subject). They are stacked in the order that you are to play them and do not require rewinding or turning. Here is a packet of questionnaires. No names are necessary on these questionnaires. All that is needed is your area of study. Are you a student in Education, Psychology or Student Personnel? (mark response on chart). Please note on the questionnaire pack that directions are printed on the outside. Once you are settled in an interview room, please read these instructions. They will tell you how to proceed. All other materials are in the interview room so if you will follow me I'll show you to the room and you can get started. The task will take approximately 1 1/2 hours. You are to return to this room when you are finished.
APPENDIX C

Envelope Instructions
The material that you will need for this task are:

1. one cassette tape recorder
2. one packet of six cassette tapes (the first tape labelled "I" and the last tape labelled "C")
3. the questionnaire packet that you now have
4. one No. 2 lead pencil.

The tape labelled "Tape I" has been inserted into the tape recorder for you. The open end of the tape is turned toward the front of the tape recorder. Please insert the remaining tapes in the same manner. Prepare now to press the recorder button labelled "Play" and wait for further instructions.
APPENDIX D

Tape 1
Thank you for agreeing to participate in this experiment. Please open the envelope and remove the sheet labelled "Counselor Orientation Sheet". This brief questionnaire is concerned with your present area of study and your general theoretical orientation. Please complete this questionnaire and return it to the envelope. Turn off the tape now. Turn it on again when you are ready to proceed.

For the next couple of hours you will be hearing clients discuss their reasons for seeking counseling. You will hear only the client speak and will obtain all available information about the client from his/her discussion.

Let us assume that you are an intake interviewer/counselor for an agency that we will call the "Student Counseling Bureau". The agency sees a wealth of clients. Other agencies in the city when no counselors are available within their own organization to work with new clients. All slots in the Student Counseling Bureau are filled at present so that the clients presented on these tapes must be referred. As intake counselor for the day you must make some determination of the appropriate referral agency for this client.

The agreement between the Student Counseling Bureau
and other agencies is that for each case referred a case summary will be forwarded in advance. As intake counselor you must write the case summary. Such a task is quite time consuming and in an effort to minimize the task you will be provided a questionnaire to be completed on each client. This questionnaire will be composed of information pertinent to a case summary referral report.

The information necessary to complete page one of the questionnaire will be revealed during the course of the discussion. You should, therefore, complete page 1 during the interview. The remaining pages of the questionnaire should be completed at the end of each tape. Should some information be omitted from the discussion as client age, etc., please leave the space blank. However, all items on pages 2-4 should be marked. I repeat, be certain that all items on pages 2-4 are to have a response marked. Pages 2-4 are to be completed at the end on the interview.

To familiarize you with the task and the questionnaire, a sample case will be presented. Be sure you complete the questionnaire labelled "Sample Questionnaire" for this first client. Locate that questionnaire now. It is the first in your packet of questionnaires.

All instructions are on the tapes before you. You will be instructed when to turn off the tape and when to
turn it on again. Should you feel yourself beginning to tire, stop, take a short break, then continue. Now prepare to turn off the tape. Be sure you have located the questionnaire labelled "Sample Questionnaire". Look at the form, familiarize yourself with it. When you are familiar with it, turn the tape on again and proceed as directed. Push the button labelled stop.
APPENDIX E
Counselor Orientation Sheet
COUNSELOR ORIENTATION SHEET

Following are a number of areas in which counselors have been found to differ. Please indicate your position with regard to each area by placing a checkmark on the scale accompanying each area. For example: 1. Activity-frequency:

If you feel that you are usually active (talktative) with most clients, you would place the checkmark as follows:

Active +/ _/ _/ _/ _/ _/ _/ _/ _/ Passive

If you feel that you are about equally active and passive with most clients, or active with as many clients as you are passive, you would check the middle space:

Active __/ _/ _/ _/ _/ _/ _/ _/ Passive

1. Activity-frequency:

Active _/ _/ _/ _/ _/ _/ _/ _/ Passive
(talkative) _/ _/ _/ _/ _/ _/ _/ _/ (nontalkative)

2. Activity- Type:

Active _/ _/ _/ _/ _/ _/ _/ _/ Passive
(Directive) _/ _/ _/ _/ _/ _/ _/ _/ (Nondirective)

3. Activity- structure:

Informal _/ _/ _/ _/ _/ _/ _/ _/ Formal

4. Relationship- tenor:

Personal _/ _/ _/ _/ _/ _/ _/ _/ Impersonal
(Involved) _/ _/ _/ _/ _/ _/ _/ _/ (detached)

5. Relationship- atmosphere:

Permissive _/ _/ _/ _/ _/ _/ _/ _/ Nonpermissive

6. Relationship- counselor actions:

Planned _/ _/ _/ _/ _/ _/ _/ _/ Spontaneous

7. Goals- source:

Counselor _/ _/ _/ _/ _/ _/ _/ _/ Client

8. Counselor Comfort and Security:

Always Secure _/ _/ _/ _/ _/ _/ _/ 'Never
(Comfortable) _/ _/ _/ _/ _/ _/ _/ secure(Uncomfortable)

9. Therapeutic Gains- Self understanding (cognitive insight)

Important _/ _/ _/ _/ _/ _/ _/ Unimportant
10. Therapeutic Gains- emotional understanding (affective awareness)
   Important __/ __/ __/ __/ __/ __/ __/ Unimportant

11. Therapeutic Gains- symptom reduction
   Important __/ __/ __/ __/ __/ __/ __/ Unimportant

12. Client Personal Growth:
   Inherent __/ __/ __/ __/ __/ __/ __/ Not Inherent

The following items refer to the use of specific techniques in counseling. Please check to indicate whether you use each technique: almost always, unusual, about half the time, only occasionally, never.

<table>
<thead>
<tr>
<th>Technique</th>
<th>Almost 50%</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Reflection and clarification of feelings:</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>2. Reflection and clarification of content:</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>3. Reflection and clarification of behavior:</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>4. Questioning of feelings:</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>5. Questioning of content:</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>6. Questioning of behavior:</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>7. Interpretation of feelings:</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>8. Interpretation of content:</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>9. Interpretation of behavior</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>10. Suggestion:</td>
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</tr>
<tr>
<td>11. Reassurance:</td>
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<tr>
<td>12. Information and Advice giving:</td>
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</tr>
<tr>
<td>13. Attentive listening:</td>
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</tr>
<tr>
<td>14. Modeling technique:</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>15. Positive Attitude, Confidence</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>16. Warmth and Understanding:</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
<tr>
<td>17. Reinforcement(approval-disapproval):</td>
<td>__/ __/ __/ __/</td>
<td></td>
</tr>
</tbody>
</table>
18. Conditioning-Counterconditioning: / / / / / / 
19. Free Association: / / / / / / 
20. Auxiliary Techniques (hypnosis, medication, etc.): / / / / / / 

Please indicate the following:

Area of Study:
___1. Counseling Psychology
___2. Student Personnel Work
___3. Guidance and Counseling

Sex:
___ Male
___ Female

Quarters at OSU:
___ - ___

Practicum? ___Yes ___No
How Many? ___ - ___
APPENDIX F
Questionnaire
QUESTIONNAIRE

When you have completed this questionnaire place the name of the selected referral agency in this space:

__________________________________________

Client Name: ____________________________________________

Race: White______ Nonwhite______  Sex: Male______ Female______

Living Situation:
____ with parents
____ dormitory
____ rooming house
____ apt. alone
____ apt. with roommates
____ no permanent housing

Marital status:
____ single
____ married
____ widowed
____ divorced
____ separated
____ engaged

Income source:
____ employment
____ parents
____ welfare
____ savings
____ loans, grants, etc.
____ pensions, GI bill, etc.
____ other (specify) ______

Income level of primary source:
$ 0--$999
$1,000--2,999 (poor)
$3,000--4,999
$5,000--7,999
$8,000--9,999
$10,000--14,000 (middle class)
$14,001-- and above

Major area of concern:
____ occupational
____ educational
____ emotional (depression, anxiety, etc.)
____ social (family, interpersonal relationship)
____ motivational
____ other (specify)
Problem as stated by the client: __________________________

Previous counseling or therapy? ___Yes ___No

If Yes, When? _________________________________________
Where? _____________________________________________
How Long? __________________________________________
Nature of the problem? _________________________________

In your estimation how severe is the problem at this time?
quite severe ___ ___ (see within 24 hours) ___ ___ Not severe
(see within 5 working days)

In your best estimation how appropriate is this problem for
the services offered at the Student Counseling Bureau?
appropriate ___ ___ ___ ___ ___ ___ ___ inappropriate

Client characteristics: As best you can, please make some
evaluation of the following client characteristics:

Friendly ___ ___ ___ ___ ___ ___ Unfriendly
Talkative ___ ___ ___ ___ ___ ___ Non talkative
Cooperative ___ ___ ___ ___ ___ ___ uncooperative
Cheerful ___ ___ ___ ___ ___ ___ Depressed
Insightful of difficulties ___ ___ ___ ___ ___ ___ Not insightful
difficulties ___ ___ ___ ___ ___ ___ of difficulties
Motivated to change ___ ___ ___ ___ ___ ___ Not motivated
to change ___ ___ ___ ___ ___ ___ ___ to change
Realistic expectations ___ ___ ___ ___ ___ ___ unrealistic expectations
of therapy ___ ___ ___ ___ ___ ___ ___ of therapy
Sincere ___ ___ ___ ___ ___ ___ Insincere

What is your prognosis of improvement for this client?
Prognosis excellent ___ ___ ___ ___ ___ ___ prognosis Poor

What is your willingness to work with this client if time
permitted?
Very willing ___ ___ ___ ___ ___ ___ Not willing

Agency of referral
Below are some places to which our clients can be
referred. A brief description of each is given. Please
select one of these agencies for referral by placing a
check mark in the space beside the agency chosen. Then place the name of the selected agency on the front page of this questionnaire.

__Todd's Psychological Center of Community Action. This agency is staffed with psychologists and Master's level Social Workers who seek to alter the environment of the client in order to enhance emotional adjustment. Their director states: "We recognize that it is often the environment or forces therein that create emotional distress. Often the pressures brought to bear by the environment are greater than they need be or should be. Therefore, for the sake of our clients, our goal is the restructuring of the environment in whatever ways are necessary to reduce client stress.

__Baker County Community Services Center. The agency is staffed with a Psychiatrist and Master's level Social Workers whose goal is the alleviation of emotional distress via minor changes in the environment, but with particular emphasis on significant others in the life of the client. According to a handout of services, the agency operates under the premise that "Some environmental forces do indeed contribute to the difficulties experienced by those who suffer from emotional distress. In particular, significant others in the lives of our clients are often the key to adequate adjustment. Consequently, we seek to work directly with any significant persons in the lives of our clients, be they family, friends, neighbors, employers, etc., in order to promote emotional adjustment in our clients..."

__Midwestern Counseling Center. This agency is staffed primarily with seminary students and ministerial supervisors. When the director was interviewed recently he made the following statement about his agency: "Counseling, to us, is not the handing out of dictums on how to change. Many people come to us only to cathart their concerns. We have found, and are hoping that our counselors will soon realize, that a thorough discussion of the difficulties is all that is needed in order for the client to reach a solution to them. We contend that a client can do without direct advice or suggestion from the counselor. We, therefore, offer counselors who are willing to listen intently to the client, who are patient, understanding and accepting, and who finds that the client is able to reach the best solution to his difficulties himself. No counselor values are imposed on anyone in this agency."
Henderson Clinic for Emotional Adjustment. This agency is staffed with a Psychiartist and Master's level Social Workers. The agency is oriented primarily toward the alleviation of present difficulties via alterations in the behavior of the client. One social worker who has been with the agency since its inception says: "We believe that once a client behaves differently he will eventually feel differently. Consequently, we seek to teach new behaviors. Granted the personality makeup of the client may contribute to the problems he experiences, however, we concern ourselves with the external demonstrations of adjustment which the client needs to display to his society."

Andrews Center for Psychological Change. The agency is staffed with Psychologists and Master's level Social Workers. The goal of the agency was stated recently by Dr. Andrews: "The psychological adjustment of the client is our major concern. Very few emotional difficulties are the result of one single action at one particular time. On the contrary, we believe that emotional distress is the end result of numerous factors. In particular, we concentrate on thoughts, feelings and actions of the client. Many times alteration in the personality make up of the client is necessary and we seek to bring about the change. Some of our clients are with us for an extended period of time but at the conclusion of therapy, they are much better adjusted than they could ever be from the other types of services offered in the city."
APPENDIX G
Tape C
TAPE C

This ends the intake interview cases for today. Thank you for your participation. Please return all questionnaire forms to the manila envelope. Seal the envelope and deposit it in the big box beside the door labelled "Questionaire Box". Please take the tapes with you and return to Room 345. The experimenter's helper will provide you with more information on the task. Push the button labelled "Stop".
Rôle 1

Counselor

Client-- What brought me here today? Well I've been having a lot of trouble studying and concentrating. I mean-- I can't seem to concentrate anymore.

(pause)

Client-- Tell you a little more about that. Well-- it's like when I study my mind wanders and I start thinking about things even though I have my eyes on the book and I seem to be going down the page. But when I get to the end of the page I can't seem to remember anything I read and I have to start all over again. Really, I don't have that kind of time because I have to go to work.

(pause)

Client-- How long has it been going on? Well-- just about two and a half quarters now.

(pause)

Client-- Has it affected my grades? Well-- it's hard to say. I have a 3.07 cum. And that's over the three quarters I've been here. So I don't know yet.

(pause)

Client-- Am I thinking that it might affect my grade point average? Well-- in a way yes and in a way no. I mean-- I get the work done and I do alright on tests. Somehow the information I need always comes to my brain or something. I don't know! Maybe I'm losing my mind and don't know it yet. I don't know.

(pause)

Client-- Right. I seem to wander, I mean, my mind wanders and I always seem to be thinking about something else.

(pause)

Client-- Is there anything in particular I seem to think about all the time? Do I have the same thoughts? Well not really the same thoughts. I uh--
Client—What things do I seem to think about? Well—a lot of times—this is gonna sound stupid—but a lot of times I daydream about going places—like to parties or the movies or bowling or something and I'm having a great time. It's really crazy.

(pause)

Client—Tell you some more about the thoughts. Well—I don't go many places here or do much besides work. In fact I don't have anybody to go out with. Maybe that's why I daydream.

(pause)

Client—Well, I have to work to able to stay in school. I got a grant and a loan but I still have to work because what I get just covers tuition. My mother can't make it on what she makes much less send me to school. So I work and send her a little when I can. But I have to pay for my room and board so I work as a stock clerk in a department store parttime. I'll make about $2000 this year which covers room and board and supplies and stuff and I try to send Mom a few dollars. But I have to work so I don't have the time or the money to go out having a good time.

(pause)

Client—Where do I live? In a rooming house on 17th.

(pause)

Client—My relationship with others in the house? Well, it's kinda strange. I've been there almost three quarters and I don't konw a sole. I'm out a lot working and in class but even when I am there I don't get to know anybody. Sometimes I think I'm afraid of people. They speak and I mumble and rush on by. It's like I'm scared to start talking.

(pause)

Client—No. I haven't always been this way. When I was in high school I made friends easy and I had a lot of them. I guess I was pretty easy to get along with. Now, I didn't go out to parties and stuff a whole lot because I had to help with the kids at home and I had to work then too. But
still I had a lot of friends. Sometimes I just sit and daydream about what I used to do at home and all the people I know.

(pause)

Client— I know. But when I think about talking to strangers I get shakey and scared. Maybe it's something about the people here. I don't know. Maybe the people here aren't the kinds of people I want to meet. Maybe I shouldn't have moved into a rooming house. Most of the people seem to be a little older anyway. But I don't know. Maybe maybe, maybe. I'll be saying that all day. Let's get back to my problems with concentration and remembering. You got any ideas on how to improve it.

(pause)

Client— Maybe, but I guess my concentration can't really have anything to do with whether I have friends. I need to study well—regardless!

(pause)

Client— I know I said that the information always seems to be there when I need it. But I still feel uncomfortable and I worry when I can't concentrate. Suppose it doesn't come one day and I'm taking a test. I'll fail it. The least I can do is make good grades in school.

(pause)

Client— It's the only good thing I got going for me. At least I ought to do that.

(pause)

Client— It seems like I can't make friends with anybody. I get so disgusted with myself. I have chances to make friends with people at work, in class at the rooming house, on the bus. Seems like a lot of us work at the same time so we all seem to ride the same bus every day. But I don't seem to say nothing to nobody. I'll bet this is the most I've talked since I been here. I don't talk to my UVC counselor or anybody.

(pause)
client—What kinds of things could happen if I talked to somebody I didn't know? I don't know. We------
Role 2

What's on my mind, today? I want you to tell me what's wrong with the people around here.

pause

What do I mean? Everybody around here is ---- I don't know. Let me put it this way-- I've been here nearly three quarters and I can't seem to find anybody worth being friends with.

pause

Tell you more. There's not much more to tell. Most of these people seem so childish and immature. I just can't be bothered with childish people. And those who aren't childish, well. I don't know what to say about them.

pause

Well, they don't seem to take advantage of the opportunities I give them.

pause

What kind of opportunities? Well, I go to some of the nicer bars and things and hang around. I figure if people hang out in shoddy, run down places, they aren't the kind of people I want to be associated with anyway. But, anyhow, I hang around the dorm sometimes and classes....

pause

What do I do when I hang around? I just hang around. I stand and you know, look unconcerned as I can.

Pause

What do others do? Nothing. That's just the problem. They don't come around and talk or have a drink with me or nothing.

pause

Of course I expect them to come up and speak!! Hey, I'm a cool dude. I'm nice looking. I dress well, wear the latest styles. I'm intelligent. People ought to want to get to know me.

pause

Well, I figure they're jealous. I do dress better than a lot of people and probably come from a better background. When I start laying out what I have-- , maybe some of them
figure they're not good enough.

pause

What kind of background do I come from? Well I live in the suburbs of Atlanta. My folks make good money, about $20,000 I guess. My dad is a police investigator and my mother works as a substitute teacher when she wants to. I'm the youngest of the three kids. Both my sisters have good jobs and they send me money and clothes and stuff. I don't worry about tuition and that junk. Dad handles all that. I get a nice allowance so I have plenty of money to flash around. I go where I want and do what I want.

pause

What do I do mostly these days? Nothing. Since these people are so silly I may as well stay in my room.

pause

No. When I tell people about my ride, they look funny. Jealous again I guess. I drive a Corvette...

pause

Sure I talk to some people some time. But these dudes are not the kind of people I want to hang around with. Most of them are square. They don't know where the action is. Most them are just freshmen. That stuff they talk about is so dull.

pause

What kind of people? I'm looking for people--- well, I don't know. Look you keep asking me questions. Let me ask you one. What's wrong with these people? Why don't they try to be friendly sometimes? I want to know what will make them be friendly. Now, I've done all I'm supposed to do but they don't do what they're supposed to do.

pause

Is there anything else I can do? No! They're supposed to do their part just like I do mine. But if they don't how to be friends with me, then I guess I won't have any. I'm not going to crawl and beg them.

pause

What do I want to happen? Look-- people don't make friends with me. I want them to take advantage of the opportunities I give them and come up and start talking. They know I'm standing around wanting to make friends. But they won't. I need somebody to tell me what to do now.
Role 3

Hi. Ok, I guess.

pause

What brought me in today? Well you know. I don't know. A lot of things I guess.

pause

What kind of things did I have on my mind? Well-- I don't know. Well, I had really intended to come in here and tell you about things like I can't concentrate, I can't seem to study; I can't decide what to major in; I'm doing poorly in school; I can't decide what to take next quarter. All those kind of things because that's what people say you talk about here. You know I asked a lot of people and they all said be sure and come, but those aren't the things I want to talk about. So don't pay any attention to the things on that paper because that's not what I want to talk about.

pause

I want to talk about---------

What do I want to talk about? Well, I don't know. How do you say it? I don't know. I'm stupid. And that's it-- I'm stupid. And I guess I want to talk about that.

pause

What do I mean when I say I'm stupid? I'm just stupid. I do stupid things; I say stupid things. I don't know. I have to be the, ah, ah the clown. I have to be the clown. Ah, I don't know. I have to be the laughing stock, that it, I have to be the laughing stock of this whole school. (laughs)

pause

Ah. Am I concerned about that? You're right I am. Why yes. Yes I am. Who wants to be the clown? Well, I guess I want to be the clown. But--well-- things aren't working out like I thought. I always thought that the clown was the life of the party. At least all those people I had seen be the clown was the life of the party. They always had a lot of friends, was always the life of the party. But when I came down here and I didn't know anybody, I was new and I thought--well, the way to get to know a lot of people, to make a lot of friends was, well-- to be the life of the party, to be the clown. You know. So I'm always trying to say funny things, but it doesn't seem to work, you know? It always seems to backfire, you know? (laughs). I always seem to make a fool of myself. (laughs)
I don't even know how to explain it. You know? Like I'm in a crowd of people and I think well, being the life of the party, I'll say something funny. You know? But, I always seem to say the wrong thing. Or do the wrong thing. Ah, ah, like for example-- I was kinda' tagging along with this group of dudes the other day. I wasn't really invited; I was just tagging along. And somehow, nobody was really talking to me, so I decided to join the conversation. And I was trying to make my point, that this guy they all seemed to think was so great a track star was really nothing. And I try to tell them about his poor record before this year. Well, when I start to talking everybody says"Ah-Boo-here goes Mr. Know-it-all again". So I keep trying to make my point and pretty soon everybody walks away. Seems like it's always like that. Nobody seems to want to listen to my point of view. Then one time I start talking about this chick I saw, talking about all the things I had heard about her (really she's no good). Now nobody on the dorm floor is talking to me because the girl is the sister of one of the dudes. But how was I supposed to know?

But that's the way it always is. I always seem to be sticking my foot in my mouth. I--I--I don't know. Ah, I don't know what it is. I really want to make friends, really bad. Ah, I just can't imagine how else to it.

How have I made friends in the past? Well- I've never really had to. See I come from a really small place and its kind of a middle class family. Dad has a good job and its kind of a middle class neighborhood. And we kind of all got together. We didn't really make friends. It just kind of happened. They've been there for as long as I can remember, so I've always known the same people. And we went to a private school and all the kids in the neighborhood went to the same school. So I can't remember having to make friends. Or never-- well, people always came up to me. My father was one of the more prominent members of the community and I guess everybody just made sure that they were my friend. I guess I assumed that I was friendly and easy to get along with and all. I just didn't give it much thought.

You know one of the things I thought about was getting a parttime job. I thought that then I would get to know people at work. But Mom says no, absolutely not. We pay all your bills and buy you what you want so you don't need a parttime job. But I can't tell her that I want
to get a job to try to make friends.

I want to say and do the appropriate things when I'm around people. Because ah--I really am concerned about my social life. Its nothing. Nothing. And I'm worried about it. (laughs)

What else could I do. Where else could I go?

I never realized how quick I could get into the habit of being the clown and I can't seem to break myself.

I'll do anything!!! ANYTHING!

I've tried now-- to break myself, but I can't. I thought I'd come on over here and see what you've got. I just continue to say things I don't want. I don't know. Maybe I figure this is the only way to make friends. I don't know. All I know is that things have got to get better.

I don't really want to do the things I do. I want to be different. I want to know how to meet people and make friends. And keep them. Because you see when I do manage to make a couple-- I always manage to say or do something to drive them away. After a while, they're always busy or doing something else whenever I call.

I hope you can help me because I got to do something. I'm getting kinda lonely. And it's beginning to hurt.
Hi. What brought me here today? Well, I have this problem and I can not for the life of me figure out what to do about it.

Tell you more. About what? About the problem? Well, nobody seems to come around me and I'm concerned about it.

Well, it's not really anything that I do. It seems to be other people that keep getting in the way. Wait. I don't seem to be saying this right. Let me start again.

Ok. Well, people that I want to get to know seem to avoid me. And its probably because these really stupid people are always hanging around me. It seems like the real duds are always around me and so the real neat people don't come around.

Well, for example, there's this one guy that's always following me around. But this guy really gets on my nerves. He's always saying and doing something stupid. He's just silly. And he's always hanging around me! I'm not going to ever find any friends as long as he's around.

He's not my friend. At least I don't consider him a friend. But everybody else must think he is. Seems like the word has gotten around that he's my friend and now nobody will come around me.

Maybe they think that if he's my friend then I must be as silly as he is. He's really messing me up.

I wish I could get this guy out of my life so I can start living.

I have no idea how to get rid of him.

Yes. That's exactly what I want to do. Get him off of me. I figure if he stops hanging around me then some of the people I want to hang around me will.
How long have I known him? Well about 3½ years. We come from the same neighborhood. Where we come from everybody just hung around together. Our houses were so close together we couldn't do anything else. If it wasn't for welfare neither one of us would be here. I work during the summer and make about $800 but during the year I just go to school. He works at the same place. He doesn't work during the school year. Man, does he tag along like a shadow.

My unhappiness is all his fault, too. I just wish he would leave me alone. I want to make some new friends and I can't do it as long as he's around. Look, I see him everyday in the dorm, going to class, in the commons, when we go home. No wonder people must think I'm as silly as he is.

No, I don't say and do the same dumb things he does but what difference does that make? People still think I'm stupid.
APPENDIX I
Debriefing
Debriefing

My sincere thanks are extended to you for participating in this brief experiment. As you may have guessed, my study is concerned with the effects of race, socioeconomic status, and manner of problem presentation on the counselor's reactions to clients in an intake interview. Previous research has suggested that these may be important variables in the formulation and maintenance of the counseling relationship.

The study is designed such that my only concern will be the analysis of group data. Your responses, therefore, will be combined with those of other subjects. It will be several weeks before the data is analyzed. If you are interested in the results of this study or if you have additional questions about the research, please feel free to call me at 268-1163 (after 5:30 p.m.) and I will attempt to provide the information that you seek.

Again, I thank you sincerely for your participation.

Vickie Peoples McCreary