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ABSTRACT OF DISSERTATION

Jennifer Ann Weber

The Graduate School
University of Kentucky

2007

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INFLUENCED BY STUDENT DEMOGRAPHICS AND PRIOR COUNSELING
EXPERIENCES

ABSTRACT OF DISSERTATION

A dissertation submitted in partial fulfillment of the requirements for the degree of
Doctor of Philosophy in the College of Education at the University of Kentucky

By

Jennifer Ann Weber

Lexington, Kentucky

Director: Dr. William Stilwell, Professor of Educational and Counseling Psychology

Lexington, Kentucky

2007

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Research on psychotherapy has consistently revealed that a portion of the variance in positive outcomes can be explained by therapist variables. Examination of clients' preferences for certain therapist characteristics has led to inconsistent results further complicated by differences in participant characteristics. This study on therapist characteristics examines relationships between student-preferred therapist characteristics and demographic information provided by participants in their survey responses. Therapist characteristics under investigation include counseling style and approach to treatment, level of experience and training, and demographic information. This study also validates an online survey as a quality method of investigating university students' preferences for therapist characteristics through the use of a one-parameter Rasch Item Response Theory model of analysis. Results from this study suggest that the Web-based survey employed was a quality method of collecting data on student preferences for therapist characteristics. Results also indicate that student prefer a well educated therapist of advanced training who is a good listener, makes them feel comfortable and is nonjudgmental. Finally, results suggest that student preferences for certain therapist characteristics are influenced by student demographic information and previous counseling experiences.

KEYWORDS: Therapist Characteristics, Therapist Variables, Therapist Attributes, Student Preferences, Psychotherapy Efficacy

Jennifer A. Weber

04/26/07

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Dedicated to Annette Elizabeth Volk Weber.

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Chapter One: Introduction

Every person has preferences for and opinions about most aspects of life, including psychotherapy. Many people have preferences for the therapist from whom they seek therapy. Preferences for therapist characteristics can influence the relationship clients have with their therapist. The influences of preferences on the therapist-client therapeutic relationship or alliance can thus influence the outcomes of therapy. A range of outcomes could include negative results such as dropout and premature termination as well as positive endings such as continuation or completion of therapy. To account for group differences in preferences for therapist characteristics, preferences must be solicited and examined with emphasis on the context in which they are observed. The sample used in this study includes students in a four-year, public university setting, where counseling services are provided in a visible campus context. Additionally, different groups, identifiable by demographic information as well as self-reported prior experiences with counseling, could produce very different preferences for the same sets of therapist characteristics. This study on therapist characteristics attempted to find relationships between student-preferred therapist characteristics and the demographic information provided by students in their survey responses.

Existing Literature on Therapeutic Variables

Much research concerning effective therapies and therapeutic outcomes has been devoted to examining the impact of the therapeutic relationship on treatment outcomes rather than the specific therapist and client variables that impact such relationships. A large body of the literature on psychotherapy efficacy has shown the relationship between the therapist and client, often referred to as the therapeutic alliance, to be significantly related to therapy outcomes (Ellis, 1999; Karpiak, & Benjamin, 2004; Trepka, Rees, Shapiro, Hardy, & Barkham, 2004). However, research has consistently revealed a portion of the variance in outcomes can also be explained by therapist variables (Wampold & Brown, 2005), including efforts therapists make toward a working alliance with clients.

Therapeutic Alliance

In the existing literature, the working relationship between the therapist and client or patient is referred to as the therapeutic relationship or alliance. Horvath (2001) defines the alliance as “the quality and strength of the collaborative relationship between client and therapist in therapy” (p. 365) and includes the positive connection between therapist and client, goal-oriented cognitive aspects, and sense of a conscious and purposeful partnership. Therapeutic alliance has been empirically researched for over two decades and quality of alliances have been consistently related to outcomes independent of therapy type and source of ratings; namely therapist, observer, or client. (Horvath, 2001; Blatt, Sanislow, Zuroff, & Pilkonis, 1996; Chatoor & Krupnick, 2001). Closely related to the alliance among and relationship between clients and therapists is client and therapist characteristics. While an abundance of literature on the influences of therapeutic outcomes suggests client characteristics impact therapeutic relationships or alliances, far less literature exists on the influence of therapist characteristics as pertaining to alliances or treatment outcomes.

Therapist Characteristics

In the literature, therapist characteristics are often referred to as factors, variables, and attributes and generally studied as either therapy-specific variables or non-therapy-specific, ‘extratherapy’ variables (Beutler, Machado, & Neufeldt, 1994; Najavits & Weiss, 1994). Therapy-specific characteristics include therapist variables such as relationship attitudes, perceptions and solicitations of patient involvement, credibility, interpersonal functioning (Luborsky, Crits-Christoph, & McLellan, 1986), purity of techniques, and behaviors of the therapist during session such as directiveness and support (Lafferty, Beutler, & Crago, 1989; Najavits & Weiss, 1994). Such therapy-specific variables have been shown to be positively associated with greater effectiveness at a more consistent rate than the non-treatment-specific variables in the literature.

One type of therapy-specific variable is therapists’ interpersonal functioning. Therapists’ interpersonal functioning includes strong interpersonal skills such as warmth, empathy, genuineness, respect, and concreteness, which fall in line with Rogerian qualities of effective counseling abilities and significantly relate to positive outcomes and retention (Keijsers, Schaap, & Hoogduin, 2000; Najavits & Weiss, 1994). Studying the

characteristics of therapists deemed as effective by their peers, Coady and Wolgein (1996) found therapist “warmth, friendliness and empathy” (p. 312) contributed to alliance and outcomes. Additionally, in a meta-analysis on therapist variables, Horvath (2001) found empathy and openness as well as communication skills, exploration, and flexibility in the therapy session to have an impact on effective alliance, especially in the early treatment phases. While the traditional focus of therapy-specific variables has been on therapist attitudes and behaviors directly relating to the session at hand, extratherapy characteristics pertain to pre-existing, non-therapy-specific therapist variables.

Extratherapy factors are defined as generic attributes and include personality, emotional adjustment, theoretical orientation, values, and socio-demographic information (Najavits & Weiss, 1994). Lafferty, Beutler, and Crago (1989) have referred to such extratherapy variables as ‘global variables’ and claim such characteristics are developed independently of therapy and have less predictive power for outcomes than variables developed in and specific to the therapeutic relationship. Horvath (2001) suggests therapist personality (i.e.: temperament) and interpersonal process (i.e.: attachment style) have impact on the strength of the alliance between client and therapist. Therapist demographics such as ethnicity are additional types of extratherapy variables. David and Erickson (1999) have stressed the importance of therapists’ awareness of their own ethnic self, as it helps establish greater empathy toward clients and increases clients’ awareness of contextual factors.

Several therapist demographic variables, such as sex (Bowman, Scogin, Floyd, & McKendree-Smith, 2001; Grosenick & Hatmaker, 2000), race/ethnicity (Erdur, Rude, Baron, Draper, & Shankar, 2000), age (Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001), etc., and their effect on client perceptions, alliance, and outcomes have been well studied. Beutler, Crago, and Arizmendi (1986) have developed a two-dimensional map of therapist characteristics to help illustrate the complexity of defining such characteristics as they pertain to therapy (Figure 1). This study involves only the variables in the highlighted domains of the illustration in Figure 1.

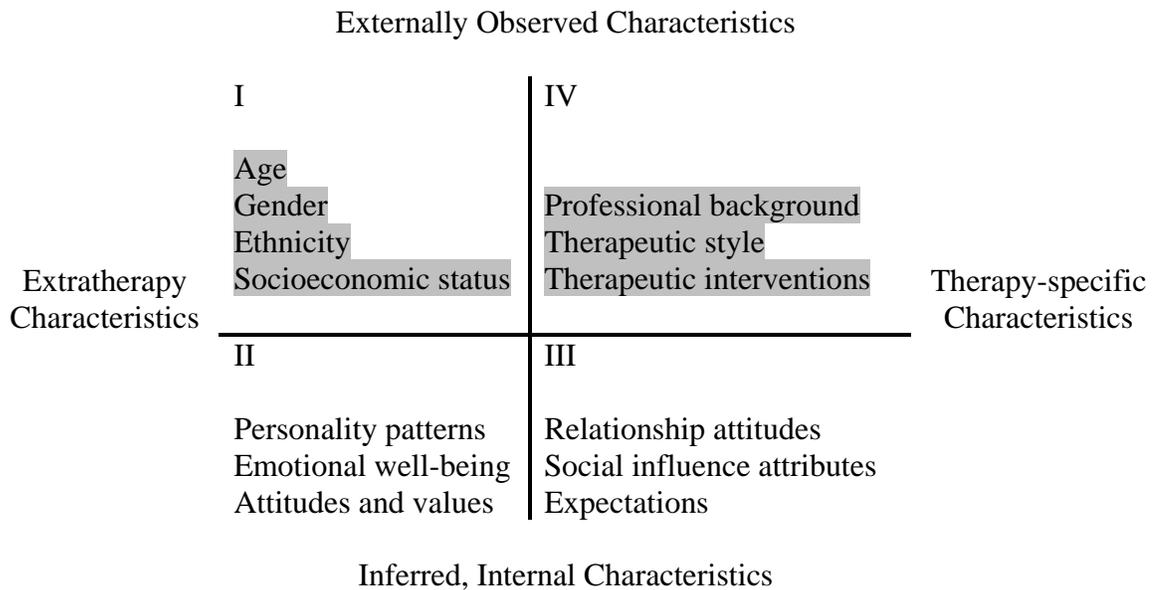


Figure 1. Two Interactive Dimensions of Therapist Characteristics Classified in Four Quadrants. Figure from “Therapist variables in psychotherapy process and outcome,” by L. E. Beutler, M. Crago, and T. G. Arizmendi, 1986. In S. L. Garfield and A. E. Bergin (Eds.) *Handbook of Psychotherapy and Behavior Change* (3rd edition). New York: John Wiley & Sons.

The illustration displays internally- and externally-observed characteristics falling on continuums of a second dimension, therapy-specific to extratherapy characteristics. This study examines the therapy-specific and extra-therapy variables on one dimension – externally observable. Client preferences for certain therapist variables often include therapy-specific and non-therapy-specific variables such as therapists’ counseling style, level of experience and expertise, and socio-demographic information. Preferences for certain externally-observed characteristics, as well as the match between client and therapist characteristics, have been shown to play an important role in the therapeutic alliance (Finney, 2004). Research on clients’ preferences for certain therapists has focused on both the therapy-specific counselor variables and extratherapy characteristics such as therapist demographics.

Client Preferences

Although therapists’ counseling styles and other more therapy-specific variables have been studied in terms of the effectiveness of using certain techniques or approaches, research on client preferences for the Rogerian qualities discussed earlier has been

limited. The information collected about such preferences, however, has shown clients to prefer the therapist qualities that fall in line with the traditionally theorized and trained counselor's in-session characteristics. For instance, individuals referred for vocational counseling have frequently reported preferences for counselor characteristics including facilitative (friendly, understanding, helpful, and patient) and expertise (knowledgeable, experienced, educated, familiar with resources, and capable) (Koch, 2001). While client preferences for therapy-specific characteristics have been examined, the majority of client preference research has focused more on therapist characteristics that exist outside of the therapy session, such as therapist demographic information.

In studying client preferences for extratherapy or global therapist variables, demographics such as the race and gender of clients and their preferred counselors' race and gender have frequently been the focal point of investigations. Helms and Carter (1991) examined the relationship between White and Black racial identity attitudes and the strength of participant preferences for therapists' racial and demographic variables. Results indicated predictive power of White racial identity attitudes and demographics on preferences for White, female counselors and predictive power of Black racial identity attitudes on preferences for White, male counselors. However, in a meta-analysis of research on ethnic minority ratings of ethnically similar and European counselors (Coleman, Wampold, & Casali, 1995), ethnic minority participants generally preferred ethnic minority therapists and rated them more favorably than European American counselors. Likewise, studying the preferences of Mexican Americans for counselors, López, López, and Fong (1991) observed client preferences for ethnically similar counselors in three studies using mixed or alternative methods approaches. Furthermore, alike results of preferences for counselors with similar characteristics have been found with samples of Asian and Native American participants (Atkinson, Poston, Furlong, & Mercado, 1989; Bennett, & BigFoot-Sipes, 1991; BigFoot-Sipes, Dauphinais, LaFromboise, Bennett, & Rowe, 1992).

Although race and gender have been the most cited constructs under investigation for demographic preferences, client preferences for various other extratherapy therapist qualities have also been examined in the literature and often include age, sexual orientation, socioeconomic status, religious affiliation, etc. When asked to rank their

preferences for similarities and differences between themselves and potential counselors, Atkinson, Furlong, and Poston (1986) found that – ‘all other things being equal’ – African American participants ranked *ethnic similarity* fifth among certain other therapist characteristics. The same participants’ top five preferences for salient similar and dissimilar therapist characteristics were therapists who, in the following order: were more educated, held similar attitudes/values, were older, had a similar personality, and shared a similar ethnicity. Replicating and expanding upon the study, Ponterotto, Alexander, and Hinkston (1988) found that African-American participants ranked *ethnic similarity* second among preferences for the same therapist characteristics. The top five chosen preferences in that study were, in order: similar attitudes/values, similar ethnicity, more educated, similar personality, and older. Dissimilar attitudes/values and dissimilar ethnicity, on the other hand, were the least frequently chosen characteristic preferences for counselor. Client preferences for the gender of their therapists have also been supported in several studies on preferred therapist characteristics.

A number of studies have examined client preferences for therapists with similar or different demographic backgrounds. Three studies are briefly mentioned here. A study on what substance addiction patients found to be idealistic in a therapist revealed that almost two thirds of patients in an inpatient setting prefer a female therapist over a male therapist (Jonker, De Jong, de Weert-van Oene, & Gijs, 2000). Examining the preferences of sexually abused adolescent girls, Fowler and Wagner (1993) found that while all girls stated a preference for a female counselor prior to treatment, 30% of the girls who were instead seen by a male counselor reported a post-treatment preference for male counselors. Additionally, the study found no significant difference in level of comfort with the counselor between the girls seen by a male counselor and those seen by a female counselor. Even at younger ages, clients have been shown to have preferences for certain therapist characteristics. At-risk high school students have been shown to prefer counselors with similar characteristics as themselves significantly more than counselors with different characteristics such as attitudes and values, race, sex, and SES (Esters, & Ledoux, 2001). Similar to the methods of the Fowler and Wagner and Esters and Ledoux studies, many studies examining the preference for and influence of therapists of a certain gender or from certain ethnic groups have commonly been

conducted using client-counselor dyads and have centered on similarities and differences between the two parties.

Client-Counselor Matches

Client-preferred matches with a therapist and therapeutic dyads assigned by other methods, such as skill/knowledge or random assignment, have been studied with great emphasis on client and therapist similar and dissimilar characteristics. One study asked community mental health clients to list and rate how similarities and difference between themselves and their counselors affected the counseling relationship (Vera, Speight, Mildner, and Carlson, 1999). The study revealed client-perceived similarities such as personality traits had a stronger positive impact on the counseling relationship than did differences such as demographic variables and personality traits. Flaskerud (1991), on the other hand, found a significant effect of ethnicity matches between Asian clients and therapists on dropout rates in therapy. In the same study, the number of sessions completed by Asian clients depended on client-therapist ethnicity and language matches.

Similarly, significant effects have been found for ethnically dissimilar client-therapist dyads on number of sessions. Erdur, Rude, Baron, Draper, and Shankar (2000) found dissimilar dyads to have fewer sessions than similar dyads. However, examining the relationship between reported client-counselor similarities of personal characteristics (e.g., values, personality, sense of humor, and cognitive style) and ratings of a 'positive match' concerning the quality of the client-counselor pairing (Dolinsky, Vaughan, Luber, Mellman, & Roose, 1998), researchers did not find the client-counselor similarities to be significantly correlated with positive ratings of the match by either the client or therapist. To further confuse the matter of preferences, client-counselor matches, and their influences, some studies have yielded results reflecting significant differences for different groups. For example, results from Schaffner and Dixon (2003) supported their hypotheses that more religious students strongly prefer religious interventions in the counseling session more than less religious students and that women express stronger preferences for religious interventions than do men. Further illustrating the complexities of client preferences, Lasky and Salomone (1977) found age similarity between therapist and client was significantly more relevant for younger patients than older patients.

Likewise, in a review of the literature on therapist variables, Teyber and McClure (2002) cite disparate findings from several studies on counselor characteristics such as race, gender, and age. Furthermore, in reference to therapist-client characteristic matching, Sterling, Gottheil, Weinstein, and Serota (1998) found no significant effects in favor of matching client and therapist by sex on substance abuse treatment retention at a nine-month follow-up or on the outcome of therapy (Sterling, Gottheil, Weinstein, & Serota, 2001). The researchers concluded that sex of the therapist and/or matching client and therapist by sex may not be essential to client treatment and outcomes. As one quickly discovers in reviewing the literature on preferences for and outcomes related to therapist variables, results are incongruent and contrasting, highlighting a significant problem in the literature.

Problems in the Literature

Obstacles in the literature on therapist characteristics, especially preferences for, include the inconclusiveness of results as well as the inconsistencies between methods of investigation. The problem of inconclusive results and inconsistencies among studies on therapist characteristic preferences, specifically demographic characteristics of therapists and the impacts on therapy, has been well documented (Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Vocisano et al., 2004). Najavits and Weiss (1994) summarized research on therapist characteristics in regard to effectiveness as inconclusive and limited, even contradictory. Blatt and fellow researchers (1996) further assert therapist characteristics are a poorly understood group of variables and often neglected by efficacy and outcome studies. One of the possible reasons for such a lack in reliable outcomes across studies has been the difficulty in defining and operationalizing therapist characteristics. As the studies in review have confirmed, researchers often have differing opinions and methods of evaluating therapist attributes and the impact of therapist variables on the client-therapist alliance.

Vocisano and colleagues (2004) cite possible cause for the misunderstanding may be due to variation in the conceptualization and operationalization of alliance, effectiveness, outcomes, and therapist variables. Coleman, Wampold, and Casali (1995) may have suggested a possible reason for the inconsistencies when stating “the failure to find consistently a direct link between race and preference is due to the failure to consider

within-group differences...among the participants” (p. 57). Therefore, to better understand the impact of therapist characteristics on alliance and treatment effectiveness, this study examined university student preferences for various therapist variables, based on participant demographics. Student preferences and the relationship between preferences and demographics was investigated by collecting data through a pilot-tested and revised Web-based survey with university students on a college campus which provides free counseling services. Survey methods, particularly Web-based surveys, have been shown to be a reliable and valid method of data collection on participant preferences and attitudes, especially regarding information considered to be private and intimidating to disclose. Thus, the literature supports the use of such Web-based methods.

Web-based Surveys

The current body of literature evaluating Web-based survey methods discusses the relatively new approach with particular attention to the growing number of its advantages. The movement of survey methods onto the World-Wide Web has provided survey researchers with numerous advantages compared to the more established ways of collecting data via surveys, such as face-to-face, telephone, and mailed paper-and-pencil survey formats. One of the most frequently reported and investigated advantage, and detrimental to a dissertation project’s timeline and funding, is efficacy in terms of time and money (Lyons, Cude, Lawrence, & Gutter, 2005; Wright, 2005; Yun & Trumbo, 2000; Edmunds, 1999; Tourangeau, 2004; Skitka & Sargis, 2006). In a study using both Web-based and paper-and-pencil surveys, Cobanoglu, Warde and Moreo (2001) found a mean response speed of 5.97 days for Web-based surveys compared to 16.46 days for mailed surveys.

In terms of cost efficacy, Ladner, Wingebach and Raven (2002) compared the use of Internet and paper survey data collection, finding the cost of conducting survey research with Web-based instruments to be more than 11 times less expensive than the paper-and-pencil versions even after purchasing a Web-based software package (\$50 and over \$550, respectively). Other advantages of Web-based survey methods are reduction in response bias and the potential of increased response rates due to an increase in comfort level. The increase in comfort level may be due to a better sense of anonymity, therefore possibly increasing reliability and validity of the anticipated survey data. A vast

number of studies reveal a less inhibited, more open and honest response pattern with online participants, which may be due to the social distance inherent in Web-based survey research compared to telephone and traditional mailed surveys (Lyons, et. al., 2005; Buchmann, Elfrink, & Vazzana, 2000).

When using Web-based measures compared to mail and telephone surveys, Edmunds (1999) and Rezabek (2000) found evidence supporting the argument for responses being more open and free from bias. Because the information collected may have been considered private and disclosure of such preferences may have made students feel vulnerable, a Web-based survey seemed to be the most appropriate method of data collection for this study. Additionally, the hypothesis-testing strategy used to develop the Web-based survey was the most appropriate strategy because such a strategy may have further helped students feel more comfortable voicing preferences for certain characteristics in the context of various other, less controversial characteristic preferences.

Hypothesis-Testing Strategy

The survey instrument utilized in the study was developed using a disconfirmatory hypothesis-testing strategy. A confirmatory strategy of hypothesis testing is most often used in client preferences research, where results either affirm a hypothesized preference or withhold a conclusion until further investigation (Hayden, 1987). With the confirmatory strategy, alternative competing hypotheses are not typically set, thus no alternative explanations can be tested. On the other hand, a disconfirmatory strategy of hypothesis-testing, which is employed in this study, tests alternative explanations which may disprove original hypotheses.

In the study, preferences for particular therapist characteristics such as gender were examined in the broader context of various other therapist characteristics (e.g., race, directiveness, warmth, training, area of expertise, etc.), thereby studying the importance of certain characteristics relative to other therapy-specific and extratherapy qualities. As Coleman, Wampold, and Casali (1995) argue, “the central concern [to the influence of use of counseling among ethnic minorities] is the degree to which the race or ethnicity of the client predicts the type of decisions he or she makes about the counselor” (p. 55). This

concern has been previously addressed by the particularist approach and is investigated in this study from the preference paradigm identified by López, López, and Fong (1991).

Methodological Approach

The particularist approach (Tyler, Brome, & Williams, 1991) refers to the position that clients tend to prefer therapy with a counselor whose demographic background, particularly ethnic group, matches their own. The particularist approach, if empirically supported by the study, may help explain why clients from diverse minority students do not seek campus counseling services as often or remain in therapy as long as do European American clients, whose ethnic group most often matches that of the counselor. To examine the preferences of clients for ethnically similar counselors, López, López, and Fong (1991) identified two paradigms: perception and preference. In the perception paradigm, also referred to as the judgment method, clients are asked to make judgments about counselors' competencies. The results are client perceptions about counselors, from which inferences are then made about the clients' preferences.

The preference paradigm, however, directly assesses clients' preferences for certain counselor characteristics and later during analysis uses the clients' demographic information as the basis of the predicted preference. The advantage of employing the preference paradigm, also referred to by López, López, and Fong (1991) as the choice method, is students' choices are "more likely to reflect the manner in which preferences are identified in the clinical setting" (p. 488). One criticism, however, is the preference paradigm may make the study's intent visible to the students, thereby making response bias in the direction of political correctness or negative impression management more of a threat to the validity of the data. Therefore, to assist in determining the quality of the data produced by the Web-based survey used in the study, Rasch analyses were employed.

Rasch Models of Analysis

Crucial to analyzing participants' preferences for certain counselor characteristics is the quality of the instrument used to examine such preferences. Bond and Fox (2001) argue, "...interpretation of analyses can only be as good as the quality of the measures" (p. 26). To help ensure the quality of the measurement employed, the proposed study assesses the stability of the instrument in measuring participants' preferences for therapist

characteristics by employing the Rasch model (Rasch, 1960), which is guided by Item Response Theory (IRT). IRT models such as the Rasch model to be used in the study can produce reliable and valid results even with relatively short surveys and small student sample sizes.

The Rasch model addresses the weaknesses of Classical Test Theory (CTT) models by observing the connection between respondents and items as probable occurrences, not certainties. According to Wright and Masters (1982), the resulting probabilistic version of the scalogram indicates that a person endorsing a more extreme statement should also endorse all less extreme statements and that an easy-to-endorse item is always expected to be rated higher by any person. Therefore, “in contrast to classical test theory, parameters in the Rasch model are neither sample nor test dependent” (Bradley & Sampson, 2005b, p. 5), which remedies the problematic nature of missing data.

The Rasch model and its applications 1) enable the researcher to identify possible student misinterpretations and items that may not accurately measure the construct in question and 2) provide the researcher with information regarding rating scale structure and degree to which each item contributes to the construct. In this study, data were analyzed using the Rasch Partial-Credit Rating Scale Model to assess the measurement instrument as well as produce a statistical summary of the responses, including a statistical comparison of item responses across different groups of student participants.

In addition to the ability to quantify human constructs such as students’ preferences for the type of counselor they wish to see in therapy, the Partial-Credit Model allows the researcher to quantify social variables which typically do not exist dichotomously or with a fixed nor equal number of responses (Bond & Fox, 1982). Rating scale applications determine if the instrument is flawed in some way that the items do not function as intended or are not unidimensional. Determining fit of an instrument item and construct is a test of unidimensionality (Tennant, Kearns, Turner, Wyatt, Haigh, & Chamberlain, 2001). Because Rasch models are fixed and data must adhere to fit the models and the constructs in this study are theoretically unidimensional (falling along a continuum of externally-observed, therapy-specific and extratherapy variables), Rasch applications are only appropriate if the data fit the model. Therefore, prior to employing

traditional psychometrics, data from the survey are applied to the one-parameter Item Response Theory Rasch Partial-Credit Rating Scale Model (Wright & Masters, 1982).

Purpose

The purpose of the study was both exploratory and evaluative in nature. Data collected via the revised Web-based survey were intended to help investigate overall student preferences and examine the relationships among different student demographics and preferences for therapists' counseling approach/style, demographics, and training characteristics. The primary expectation of the study was to find conclusive statistical relationships between the student participants, potential psychotherapy clients, and the characteristics they find preferable in a hypothetical therapist. The anticipation was to reveal which therapist characteristics are found most desirable for different demographic groups of participants/clients. The secondary expectation was to find support for the quality of the Web-based measure employed. While initial data was collected in an earlier pilot study using the original Web-based measurement tool, revisions of the instrument underwent similar analysis to assess the validity of the revised survey.

The overarching goal of the study was to find significant relationships, better understand the meaning and context of client preferences, and help determine the extent to which client preferences influence students' decisions to utilize campus counseling services. Specifically, the objectives of the proposed study were to 1) identify participant preferences for certain therapist characteristics: 2) examine differences in preferences mediated by participant characteristics: 3) add conclusive, empirical support for therapist characteristic preferences: and 4) validate the Web-based survey to be used for data collection.

Research Questions

The data collected in the study were used to help answer such questions as:

- 1) If preferences for certain therapist characteristics exist, which characteristics are most preferred?
- 2) If differences in preferences between self-identified groups of participants exist, which groups prefer which characteristics?
- 3) Is the survey a valid and quality method of data collection regarding clients' preferences for therapist characteristics?

Chapter Two: Methodology

Based on the current body of literature, client preferences for therapist characteristics exist, impact psychotherapy, and vary by client demographic background. This study attempts to examine the preferences of students for therapist characteristics using a sample of undergraduate students from a four-year university population in the Southeastern United States. This study employs a Web-based survey as a measure of student preferences, where collected data is analyzed using a Rasch model of analysis to determine validity and reliability of the Web-based instrument as well as the occurrence of differential item functioning.

Participants

The sampling procedure for the Web-based survey was conducted with a nonprobability, specifically a purposive or judgmental, sampling design. The university-level student sampling frame was one of purpose due to the goal of understanding university student preferences as opposed to the preferences of a non-student population. The sample population is a homogeneous group of mostly Caucasian undergraduate and graduate students who are provided a university-affiliated and hosted email address by the University of Kentucky. Table 1 displays a break-down of the university's 2005 student demographic information.

Table 1

Fall 2005 University of Kentucky Student Demographics (N=26,439)

	# (%) Students
Gender (Female)	13,907 (52.6)
Race/Ethnicity	
Nonresident Aliens	1,339 (5.1)
Black, non-Hispanic	1,301 (4.9)
American Indian or Alaskan Native	34 (.1)
Asian or Pacific Islander	548 (2.1)
Hispanic	275 (1.0)
White and Unknown	22,942 (86.8)
Minority and International	3,490 (13.2)
Age (mean*/percent under 25 years)	21*/71.8

Note. Data retrieved July 24, 2006, from University of Kentucky Institutional Research Website.

* Undergraduates only

The University of Kentucky provided email addresses for 18,814 undergraduate students enrolled in the fall semester of 2006. To increase the likelihood of a high response rate, potential participants were offered a chance to be entered into five drawings, each for a \$100 cash-prize, upon completion and submission of the survey. The rationale for utilizing this selective sample was to investigate students who have access to free counseling services on campus yet may not utilize such services. Another rationale for using participants from the University of Kentucky is the availability and visibility of counseling services on campus as well as the similarities in socio-demographic information and the descriptive statistics between University of Kentucky students and students enrolled in numerous other public universities, for which inferences may then be made. Table 2 displays the demographic information available on the sampling frame as well as the information collected on the participants.

Table 2

Sampling Frame and Participant Descriptive Statistics

Group Membership	# (%) of Sampling Frame N=18,819	# (%) of Participants N=2,939
Sex		
Male	9,209 (48.9)	961 (32.7)
Female	9,610 (51.1)	1,963 (66.8)
Race/Ethnicity		
African American/Black	1,038 (5.5)	123 (4.2)
American Indian/Alaskan Native	33 (.2)	18 (.6)
Asian American	465 (2.5)	50 (1.7)
Biracial	--	32 (1.1)
European American	16,561 (88.0)	2,602 (88.5)
Hispanic/Latino/a	180 (1.0)	26 (.9)
Other	257 (1.4)	62 (2.1)
Age (18-23)	16,574 (88.1)	2,601 (88.5)
Native English-speaking		
Yes	--	2,823 (96.1)
No	--	73 (2.5)
Marital Status		
Single	--	2,636 (89.7)
Married/Partnered	--	199 (6.8)
Separated	--	1 (.0)
Divorced	--	28 (1.0)
Widowed	--	1 (.0)
Other	--	52 (1.8)
Sexual Orientation		
Heterosexual/Straight	--	2,794 (95.1)
Lesbian/Gay	--	45 (1.5)
Bisexual	--	61 (2.1)
Other	--	14 (.5)
Education		
Some high school	--	8 (.3)
HS Diploma/GED	--	365 (12.4)
Vocational/Tech	--	1 (.0)
Some College	--	2,189 (74.5)
Associate's	--	149 (5.1)
Bachelor's	--	174 (5.9)

Education		
Master's		6 (.2)
Other		33 (1.1)
	--	
Frequency of Counseling		
Never		1,766 (60.1)
Once or Twice		484 (16.5)
Three to Five Times		272 (9.3)
Six or More Times		393 (13.4)
	--	
Impression of Counseling		
Very Unfavorable		46 (1.6)
Unfavorable		227 (7.7)
Neutral		837 (28.5)
Favorable		1,388 (47.2)
Very Favorable		411 (14.0)
	--	
Previous Outcomes		
Very Unfavorable		43 (1.5)
Unfavorable		142 (4.8)
Neutral		376 (12.8)
Favorable		527 (17.9)
Very Favorable		211 (7.2)
Not Applicable		1,587 (54.0)
	--	
Knowledge of Services		
Yes		1,405 (47.8)
No		1,511 (51.4)
	--	
Embarrassed to Use Services		
Yes		490 (16.7)
No		2,425 (82.5)

Note. Data on student sampling frame collected by the University of Kentucky Registrar's office for students enrolled as undergraduates in the fall of 2006.

Instrument

The survey consisted of 21 (closed- and open-ended) questions regarding the participants' demographics, experiences in and impressions of counseling, preferences for certain therapist characteristics including therapists' counseling approaches and styles, level of education, training and experience in specialized areas, and demographic information (see Appendix for survey). Throughout the survey, various questions included an "Other" option, which allows participants to type in their answers, as well as "No Opinion" or "Does Not Matter" choices to allow participants the option of not

indicating a personal preference or indicating the lack of a preference. Additionally, at the end of the survey, open-ended questions solicited unanticipated characteristic preferences and words participants associated with counseling.

Questions developed for the survey were based on past psychotherapy research on therapist variables and results from the pilot study (see Appendix for Tables A1, A2, and A3 and Figures A1 and A2). The purpose of the pilot study was to evaluate the quality of the survey using Rasch analyses and was completed using a small student sample (N=57) as well as an additional group of student and faculty researchers. The pilot study revealed reasonable reliability and high construct validity based on the reflection of the existing literature in the hierarchy of items. Results from the pilot identified problematic or misfitting items, which were revised by examining outfit and infit statistics and the person/item map. The rating scales were revamped or replaced based on the findings which supported specific revisions to the rating scale structure, specifically the category probability curves.

Procedure

The survey was posted on the Internet using Surveyor, a Web-based survey program developed by the College of Education's Instructional Technology Center at the University of Kentucky. Although an exact number of actual recipients cannot be determined due to email system failures, an email message was successfully sent to approximately 18,452 University of Kentucky students in the month of November, 2006. A statement of confidentiality was provided in the email, along with a link to the Web-based survey and consent information including investigator and supervisor contact information (see Appendix for consent information and full survey).

To begin the survey, participants were asked to access the provided link to the survey, accepting the given conditions of the study and thereby confirming their consent to participate. After completing the Web-based survey, participants were instructed to submit their answers by clicking on the submit button found at the end of the survey, thereby confirming their consent to the collection and analysis of their responses. Those who submitted their responses then had the opportunity to be entered in five cash-prize drawings by electronically submitting their contact information. Contact information for the investigator was repeated in the 'Thank You' message, which appeared after

participants chose whether or not to enter the drawings. The message also included a link for information on counseling services provided by the UK Counseling and Testing Center. Participant contact information collected for the purpose of the drawings were not linked to responses nor used in any manner other than to contact the five drawing winners.

Strategically timed to accommodate students' academic schedule, nine days after emailing the invitations to participate, the first reminder email was sent via email and included the same information. Eleven days later, a second and final reminder was sent via email. The survey was subsequently closed and no further opportunities for participation were available. All data from the submitted surveys was collected by and stored in the password-protected Surveyor software.

Analysis

Each participant is represented in the code and output tables by a person label which consists of coded information including demographics and opinions of counseling. Descriptive information for participants were analyzed and presented in Table format to show representativeness of student sampling frame. Descriptive and frequency statistics were first run for all variables to illustrate generalized participant preferences for the therapist characteristics in question. Survey responses were transformed into interval data through Rasch analysis and analyzed for rating scale questions – questions 16, 17, 18 and 19 (a total of 31 items across the four questions) to determine the degree to which participants preferred certain therapist characteristics; if significant relationships exist between participants' demographics and their responses; and to evaluate the quality of the instrument. Rasch analyses were initially run as a full analysis with all rating scales included. It was determined that for statistical and theoretical reasons, the analyses did not present the data in a reliable and valid manner based on unstable reliability estimates and the amount misfitting items. Therefore, separate analyses were then run for each construct (e.g., therapist training). If the assumptions discussed earlier hold true, the mathematical representation of the Rasch polytomous Partial-Credit Rating Scale Model logarithm is:

$$\text{Log} (P_{nij}/P_{ni j-1}) = B_n - D_i - F_{ij}$$

where P_{nij} is equal to the probability that person n encountering item I is observed in category j , B_n is the ability parameter of person n , D_i is the difficulty of item I , and F_{ij} is the calibration measure or threshold of category $(j-I)$ (Linacre, 2004; Wright & Masters, 1982; Wright & Mok, 2004). To ensure the quality of the data produced by the survey, the Rasch analyses performed in this study first focused on the quality of the survey instrument (i.e.: how well the data fit the model) and subsequently reviewed the data for differential item functioning.

Two fit statistics - infit and outfit - are used to determine which items fit the model, as well as the extent to which items fit the model and highlight items that vary from the expected participant responses to items. Outfit and infit output tables displaying fit statistics from the Winsteps software (Linacre, 2004 version 3.51) will illustrate the fit of item data with the model, thereby evaluating the coherence of the data collected (i.e.: unidimensionality, unidirectional, keyed as intended, possible coding errors, etc.). Using the Winsteps software, infit and outfit output tables show greatest to least unidimensionality of the scaled items by statistically produced fit ratings in relation to the model. While other researchers use a standard range of zero to 2.0 to evaluate fit (Linacre, 2004), the range of acceptable mean square infit and outfit values for this study was calculated for each rating scale question by adding the mean square mean and standard deviation separately for infit and outfit values (Wright & Stone, 2004). The latter method provides more accurate criteria for evaluating fit to the model. The range is then used as parameters to evaluate individual items on each rating scale question.

Items with mean square infit or outfit values falling outside the calculated range are considered to have consistent probabilistic relationships with other items in the scale, behaving as expected in regard to the construct. Items with values falling outside the given parameters are viewed as misfitting items and potentially problematic; therefore, in need of revision or review before continuing with the analyses. With an acceptable level of reliability for the rating scales, items with values above the range suggest unexpected responses and may imply the item may belong to a different construct or other latent variables may be influencing responses. However, items with a value less than zero indicate redundancy, meaning their information may merely be adding to the information already present in the other items. Therefore, individual items on the survey were

evaluated in order to determine if any items were misfitting, meaning that the item(s) in question may not have accurately measured participant preferences relating to the item(s). Rasch analyses helped shed light onto not only if items were misfitting, but also which ones and possible reasons why.

Concerning the reliability of the measure in soliciting participant preferences for therapist characteristics, both item and person reliability is reported in Winsteps software output. Person reliability index is the equivalent of traditional test reliability and can be described as the replicability of the person ordering. Overall person reliability of the survey data is produced by two estimates in Winsteps: real (lower bound) and model (upper bound) person separation reliabilities. Real reliability values reflect reliability values at their worst while model reliability or adjusted reliability reflects reliability values at their best. True reliability values fall somewhere between the two estimates. The reliability estimates of each question's rating scale were evaluated after the review of misfitting items and before continuing with subsequent analyses, such as rating scale structure.

The rating scale structure was also evaluated using the Rasch Model to determine if mean measures increased as the categories step up the scale in the 'more' direction. Rasch analyses assisted in examining the hierarchy of the items, specifically determining if the items fell in the hypothesized structure and spread evenly across the intended range or clumped together at a point on the scale. For additional evaluation of rating scale structure, category probability curves were utilized and measures and response plots were reviewed to evaluate participants' utilization of all response category options to the survey questions. Finally, statistical tests were computed to provide insight into possible differences in item functioning between different groups of participants.

Differential item functioning.

Rasch Models assume that students with similar knowledge are similarly willing to endorse preferences regardless of group differences. Differential item functioning (DIF) occurs when item locations vary beyond sampling error (i.e.: participants of relatively equal ability or willingness to endorse items differ methodically) based on persons' membership to a particular group, such as gender, race, prior experience in therapy, etc. The goal was to compare item estimates across multiple groups of

participants. The purpose of DIF was “to examine whether the items have significantly different meanings for the different groups” (p. 170, Bond & Fox, 2001), suggesting the latent variable, preferences for therapist characteristics in this study, was being defined differently across the different groups. DIF is based on common item equating principles and can be determined through the Rasch method in Winsteps (Linacre, 2004). Roever (2005) argues IRT models to be the “gold standard” (pg. 5) of detecting DIF.

Differential Item Functioning of group by item location effects are computed by subtracting the item estimates for two groups (e.g., difference between DIF sizes for female and male participants) and converting the differences to standard normal variances via dividing the effects by the joint standard errors of the two DIF measures. The standard normal variance (t) is equivalent to the Mantel-Haenszel test of significance but has the advantage of Rasch analysis which allows for missing data. Each participant’s response data was identified using a person label, which indicates the race, gender, age, counseling experiences, etc. of that participant. While a specific rule regarding statistically significant differences has not yet been determined, t -statistic estimates greater than two are highlighted in the study to illustrate DIF across groups. In Winsteps software, Average Observations are used as the primary indicator of DIF (Zwick & Thayer, 1996).

Qualitative data analysis.

Lastly, the Surveyor program also collected qualitative data submitted by the participants from open-ended questions throughout the survey. The qualitative data underwent content analysis for themes and unanticipated responses, which were intended to supplement and support Rasch measurement findings. Open-ended responses were reviewed in terms of frequency to summarize student preferences and the general attitudes about psychotherapy collected from the data. All responses are presented in aggregate form. No individual was identified in the evaluation of the qualitative or quantitative data.

Thus, student preferences for therapist characteristics were collected from an undergraduate sample by means of a Web-based survey instrument, sent to participants via email. Nearly 3,000 responses were gathered and examined using Rasch analyses to ensure the quality of the instrument and data, as well as to determine the occurrence of

differential item functioning among the students' preferences. Qualitative data was also collected in the survey and used to support the findings observed from quantitative data such as participant responses to Likert-type rating scale questions.

Chapter Three: Results

Analyses of both the quantitative and qualitative data produced by the Web-based survey yielded supportive results. Overall, findings from the analyses support the hypotheses that 1) participants prefer certain therapist characteristics, 2) differences in preferences are mediated by participants' group membership, and 3) the Web-based survey is a valid method of assessing preferences for therapist characteristics. Of the university students who were solicited to participate in the survey, 2,934 participants were included in the analyses. Although the response rate may be considered low (15.9%), such a response rate was expected given the sample population. (Further explanation of the response rate, expectations, and rationale occurs later in the Discussion section.) A side-by-side comparison of demographic information provided for the sampling frame and actual participants indicates relative representativeness of the undergraduate university student population in question. Sampling frame and participant descriptive statistics are provided in Table 2.

Table 2

Sampling Frame and Participant Descriptive Statistics [Abbreviated from original table presented in Chapter 2 Methods section]

Group Membership	# (%) of Sampling Frame N=18,819	# (%) of Participants N=2,939
Sex		
Male	9,209 (48.9)	961 (32.7)
Female	9,610 (51.1)	1,963 (66.8)
Race/Ethnicity		
African American/Black	1,038 (5.5)	123 (4.2)
American Indian/Alaskan Native	33 (.2)	18 (.6)
Asian American	465 (2.5)	50 (1.7)
Biracial	--	32 (1.1)
European American/Caucasian	16,561 (88.0)	2,602 (88.5)
Hispanic/Latino/a	180 (1.0)	26 (.9)
Other	257 (1.4)	62 (2.1)
Age (18-23)	16,574 (88.1)	2,601 (88.5)

Note. Data on student sampling frame collected by the University of Kentucky Registrar's office for students enrolled as undergraduates in the fall of 2006.

Reported Preferences

Overall preferences for and importance of certain therapist characteristics were indicated by trends in participants' responses to the survey. Question 15 focused on therapist approach to counseling or counseling style instructing participants to *Select the three (3) characteristics of a therapist that are the most important to you as a client from the following list*. The perceived importance of the 29 therapist characteristics are illustrated in Table 3 by the number of endorsements made by participants for each characteristic. Participants' endorsements of which three therapist variables were most important to them as clients are displayed in order of most frequently endorsed to least frequently endorsed. The percentage of participants who endorsed the given items is also provided in the table.

Table 3

Therapist Characteristics Endorsed as Important in Response to Question 15

Therapist Characteristic	# of Endorsements	% of Participants
Good listener	1,294	44.0
Makes me feel comfortable	1,045	35.6
Nonjudgmental	803	27.3
Gives me feedback	757	25.8
Trustworthy	740	25.2
Offers new perspective	614	20.9
Understanding	586	19.9
Encouraging	549	18.7
Supportive	493	16.8
Genuine	441	15.0
Competent	347	11.8
Respectful	338	11.5
Empathetic	290	9.9
Helps me stay focused	256	8.7
Warm	252	8.6
Challenging	191	6.5
Resourceful	169	5.8
Discloses information about him/herself	134	4.6
Open to my feedback	109	3.7
Confirms my reactions	103	3.5
Collaborative	97	3.3
Explains my therapy assignments	83	2.8
Comfortable talking about diversity	69	2.3
Explains unfamiliar terms	63	2.1

Likes me	57	1.9
Other	56	1.9
Critical	42	1.4
Attractive	38	1.3
Distant	5	0.2

Largely, participants reported that the three therapist characteristics most important to them were a therapist who is a *good listener*, *makes me feel comfortable*, and *nonjudgmental*. In fact, nearly half (44%) of the participants chose *good listener* as one of three of the most important therapist characteristics from the list provided in question 15 of the survey. Following the three most frequently endorsed characteristics, approximately 25% of participants endorsed *gives me feedback* and *trustworthy* as therapist characteristics that were most important to them. The three least important therapist characteristics to participants as clients were a therapist who is *distant*, *attractive*, and *critical*. Only one percent or less of the participants chose these three characteristics as important to them when seeking counseling from a therapist. Other preferences for particular therapist characteristics were generalized from participant responses to questions 16, 17, 18, and 19.

In response to question 16 (*I would prefer to seek counseling from a therapist whose highest degree is...*), participants generally endorsed a strong preference in seeking counseling from a therapist whose highest level of education is a doctoral/professional degree in psychology and/or a medical degree in psychiatry. In response to question 17 (*I would prefer to seek counseling from a therapist who has expertise on the specific issue(s) of...*), participants generally preferred to seek therapy from a therapist who has expertise on the issues of depression and anxiety. Answering question 18 (*I would prefer a therapist who is...*), participants largely endorsed a strong preference for a therapist who is licensed and board certified. Overall, responses to question 19 (*I would prefer a therapist who is similar to me in terms of...*) indicated that participants preferred a therapist who was similar to them in terms of native language. Additionally, several items were rated by participants as “No Opinion” or “Does Not Matter.”

Participants by and large reported “No Opinion” for therapist expertise in the counseling issues of: marital discord, sexual identity, racial/cultural identity, eating disorders, bipolar disorders, schizophrenic disorders, and physical illness/disability.

Participants also generally endorsed “No Opinion” for a therapist who is a Pastoral Counselor and/or trained in multicultural counseling. Taken as a whole, participants rated therapist demographics of gender, race, age, marital status, sexual orientation, ability, and religious beliefs as “Does Not Matter,” indicating no particular preference for therapists to be similar to participants in terms of their demographics, with the exception of native language.

Rasch Analyses of Rating Scale Questions

Prior to reporting the results of the survey in terms of the second hypothesis – Differential Item Functioning (DIF) between groups of participants, the quality of the instrument itself is reviewed, as the quality of the DIF results are only as good as the quality of the measurement. For the following analyses, “No Opinion” and “Does Not Matter” responses were treated as missing in order to provide more concise and meaningful results.

Fit of the data to the model.

The diagnosis of individual item misfit followed Linacre’s (2004) two general rules: 1) investigate outfit before infit and 2) evaluate high values before low values. To review, item infit and outfit values are examined to determine the extent to which items fit the model and highlight items that vary from the expected participant responses to items. Outfit is examined prior to infit because high outfit mean-squares may be due to random responses by low performing participants rather than a misfitting item (Linacre, 2004). Infit/Outfit mean squares are given in Winsteps as person and items statistics and displayed for each question in Table 4.

Table 4

Item Statistics for Questions 16, 17, 18 and 19

Question (INFIT/OUTFIT Parameters) Item	INFIT Mean Square	OUTFIT Mean Square
Question 16 (1.47/1.50)		
Bachelor's	.91	.91
Master's	.58	.55
Doctoral	.97	1.04
Medical	1.74	1.75
Question 17 (1.14/1.16)		
Grief/Loss	1.08	1.13
Marital Discord	1.06	1.16
Depression	1.05	.98
Anxiety	1.18	1.17
Sexual Identity/Orientation	.99	1.01
Racial/Ethnic/Cultural Identity	.87	.89
Religious/Spiritual Conflicts/Identity	1.36	1.39
Eating Disorders	1.06	1.04
Abuse	.91	.85
Trauma	.88	.86
Bipolar Disorders	.82	.78
Schizophrenic Disorders	.72	.71
Personality Disorders	.87	.82
Physical Illness/Disability	.91	.97
Question 18 (1.10/1.10)		
Licensed	.92	.89
Board Certified	.93	.98
a Marriage and Family Therapist	.82	.84
a Pastoral Counselor	1.17	1.16
Trained in multicultural counseling	1.05	1.06
Question 19 (1.13/1.13)		
Gender	1.25	1.23
Race/Ethnicity	.88	.87
Age	1.20	1.24
Native Language	.94	.88
Marital Status	.83	.85
Sexual Orientation	.96	.92
Ability/Disability	.80	.79
Religious Beliefs	.99	.96

Note. Data from Winsteps output Table 10.1. Items and estimates in bold appear to be misfitting according to calculated INFIT/OUTFIT mean square parameters.

Persons and items with values falling outside the given range (i.e., less than zero or greater than the calculated parameters) were considered to be possibly misfitting and potentially problematic. The items highlighted in bold from Table 4 were evaluated on an individual basis for removal/inclusion in subsequent analyses.

Evaluation of misfitting items.

In question 16, which stated *I would prefer to seek counseling from a therapist whose highest degree is...*, the item *Medical degree in Psychiatry (M.D.)* appeared to be misfitting, as indicated by inflated infit and outfit mean square values for that question. Due to the confusion of most lay people over the differences between a Psychologist and Psychiatrist, the misfit of this item can be easily understood as a conceptual or theoretical problem that may be influencing how participants respond. Thus, the item was removed from the analyses and thereby resulted in a stronger rating scale for question 16.

In question 17, which stated *I would prefer to seek counseling from a therapist who has expertise on the specific issue(s) of...*, the items *Religious/Spiritual Conflicts/Identity* and *Anxiety* appeared to be misfitting. However, because the infit and outfit mean square values still fit the model when using the standard criteria suggested by Linacre (2004) of zero to 2.0, and leaving the items in the analyses is conceptually and theoretically reasonable, the items were left in the data set and included in the analyses. Likewise, in question 18, which stated *I would prefer a therapist who is...*, the item *a Pastoral Counselor* appeared to be misfitting. Similar to the rationale for including somewhat-misfitting items in question 17, the item with infit and/or outfit values outside the calculated range was reviewed and left in the data set for further analyses. Furthermore, in question 19, which stated *I would prefer a therapist who is similar to me in terms of...*, items *Gender* and *Age* appear to be misfitting. Similar to the rationale for including somewhat-misfitting items in the previous two questions, the two items in question 19 with infit and/or outfit values outside the calculated range were reviewed and left in the data set for further analyses.

Reliability of rating scales.

Specific to rating scale reliability estimates, results from Winsteps provided a real person separation reliability (i.e.: reliability at its worst) and a model person separation reliability (i.e.: reliability at its best) for each rating scale question, as “true” reliability

falls somewhere between real and model estimates. The reliability estimates indicate the survey instrument's rating scale questions were a reasonably reliable measure of participants' preferences for therapist characteristics given the participants' homogenous profile. Table 5 displays the reliability estimates for each rating scale question.

Table 5

Reliability Estimates for Rating Scale Questions After Removing Misfitting Items

Question	Real	Model
16	.45	.62
17	.77	.80
18	.36	.51
19	.32	.42

Note. Data from Winsteps output Table 10.1.

Rating scale structure.

Probabilistic curves for each of the therapist characteristic rating scales were computed using the numbers corresponding to the response categories that the curves represent (Strongly Disagree, Disagree, Agree, etc.). The probability curves evaluate the quality of the rating scales' structure. Looking at the curves, the x-axis represents participant willingness estimates and the y-axis represents the probability of endorsing a particular category of preference depending on the participant willingness estimate. In Figure 2.a., the probability curve demonstrates that participants were not utilizing the full range of the survey rating scale for question 16 (*I would prefer to seek counseling from a therapist whose highest degree is...*) by not endorsing Strongly Disagree to the items.

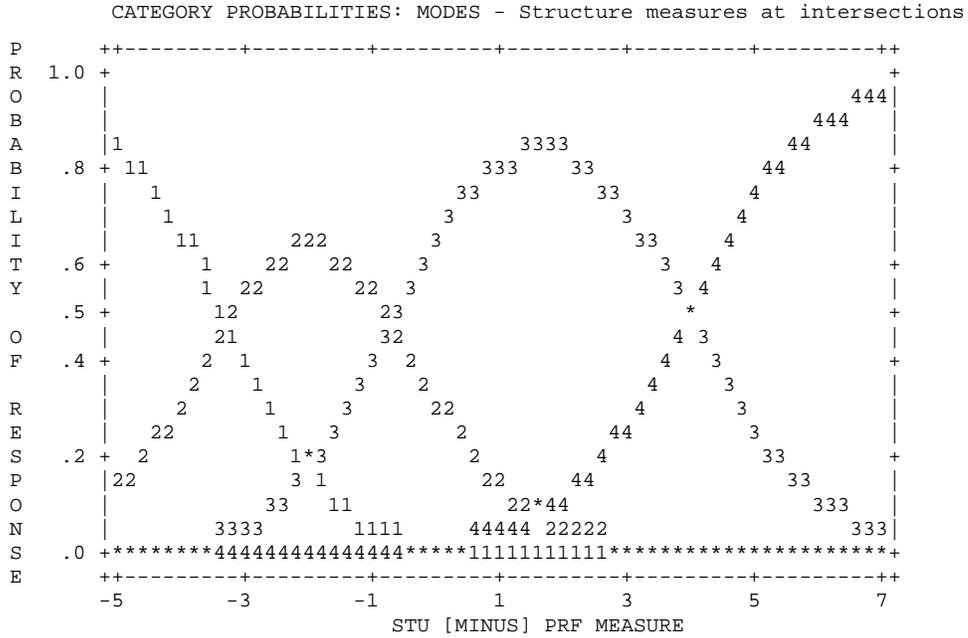


Figure 2.a. Category Probability Curve from Winsteps output Table 21 for Question 16.

In Figure 2.b., the probability curve for the question 17 (*I would prefer to seek counseling from a therapist who has expertise on the specific issue(s) of...*) also demonstrates that participants were not utilizing the full range of the survey rating scale, endorsing instead in a dichotomous nature between *Agree* and *Strongly Agree*.

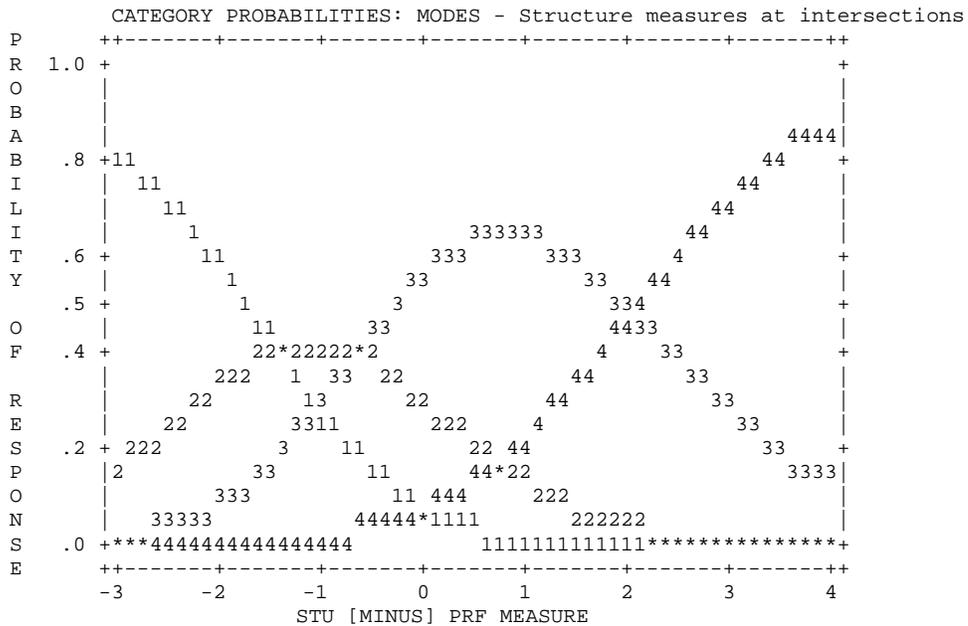


Figure 2.b. Category Probability Curve from Winsteps output Table 21 for Question 17.

Likewise, in question 18 (*I would prefer a therapist who is...*) and question 19 (*I would prefer a therapist who is similar to me in terms of...*), participants chose between *Disagree* and *Agree*. The probability curve for each question (Figures 2.c. and 2.d.) thus demonstrates that participants were not utilizing the full range of the survey rating scale.

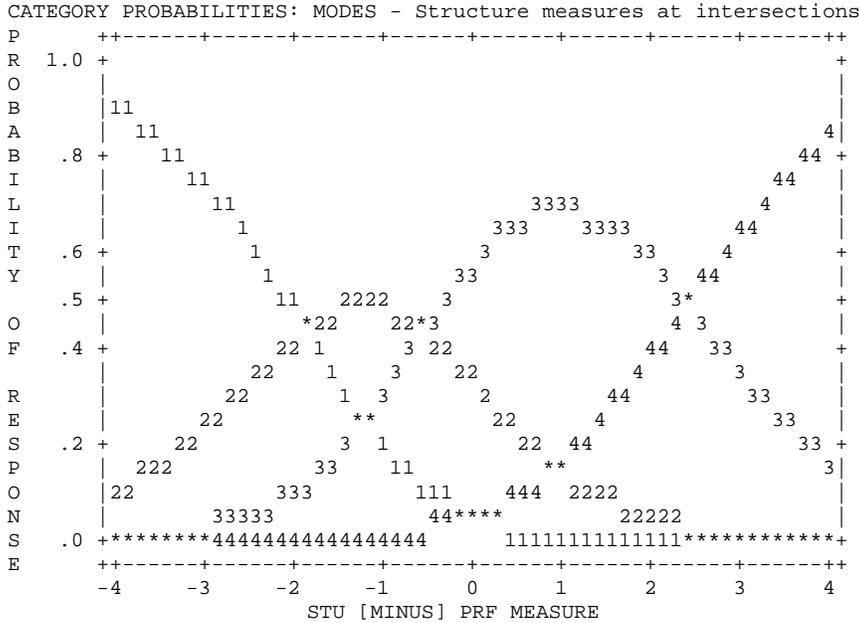


Figure 2.c. Category Probability Curve from Winsteps output Table 21 for Question 18.

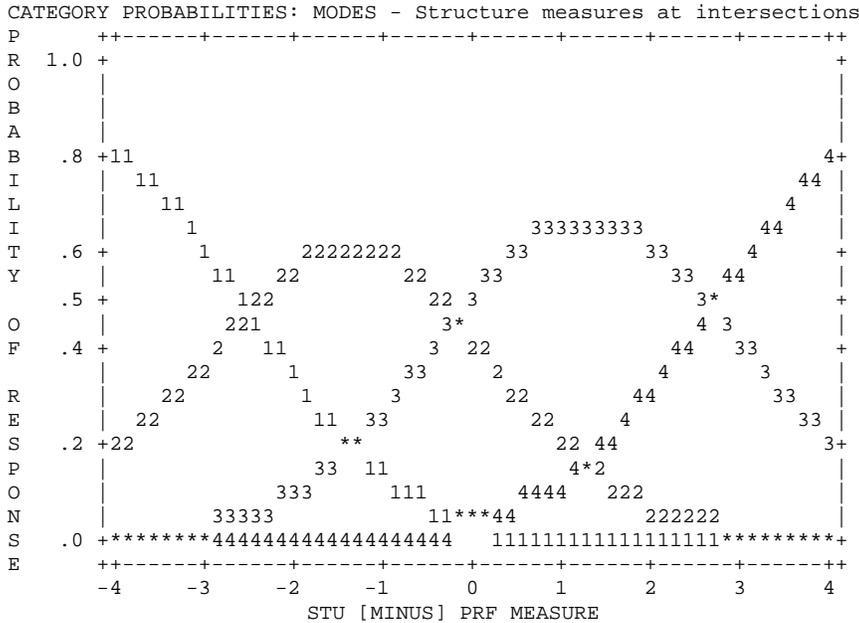


Figure 2.d. Category Probability Curve from Winsteps output Table 21 for Question 19.

Item-person fit.

The item-person maps from the Winsteps program (Linacre, 2004 version 3.51) illustrate spread of participants. Participants located directly across from a preference have a 50% probability of endorsing that item as a preference. Positive logit scores indicate greater likelihood of participants to endorse preferences and more difficulty in responding to individual items. Participants located one logit above a preference have a 75% probability of endorsing the item as a preference. Negative logit scores reflect less likelihood in reference to participants' endorsement of preferences and less difficulty in reference to the individual items. Participants located one logit below a preference have a 25% probability of endorsing the item as a preference. The map for each question as well as the placement of participants and items on each map were reviewed as follows.

Reviewing the hierarchy maps for question 16, participants' willingness to endorse the items was generally well spread across the logits, indicating evenness of participants across differing levels of willingness.

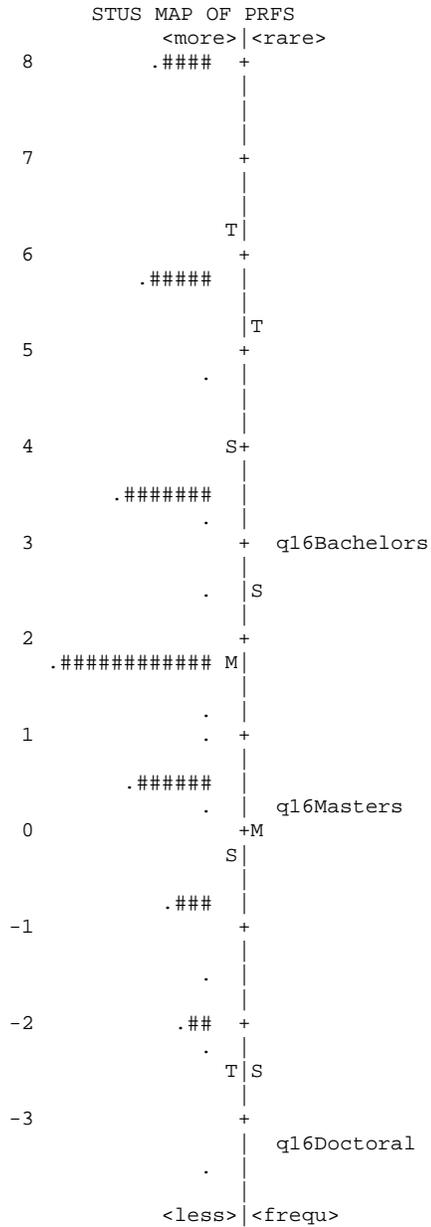


Figure 3.a. Hierarchy Map of Persons and Items from Winsteps Table 1 for Question 16.

The maps for questions 17, 18, and 19 (Figures 3.b., 3.c., and 3.d.), a group of students appeared to be extremely willing to endorse their preferences on the survey, as indicated by how the participants are clumped together toward the top of the map with high logit scores. All other participants demonstrate a more even spread along the continuum of ability (i.e.: willingness) to endorse a preference. In the case of each of the three questions, the mean item difficult appears to be lower than the mean participant ability, possibly due to this group of very willing participants.

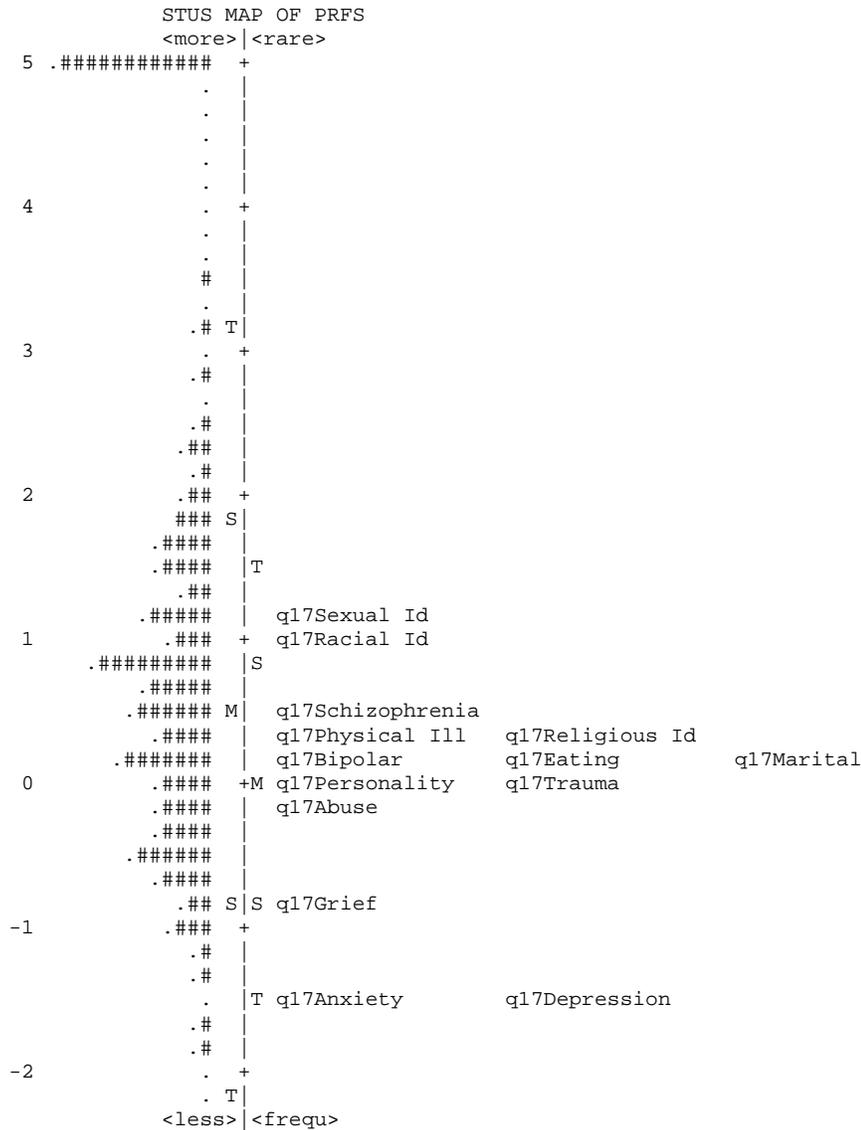


Figure 3.b. Hierarchy Map of Persons and Items from Winsteps Table 1 for Question 17.

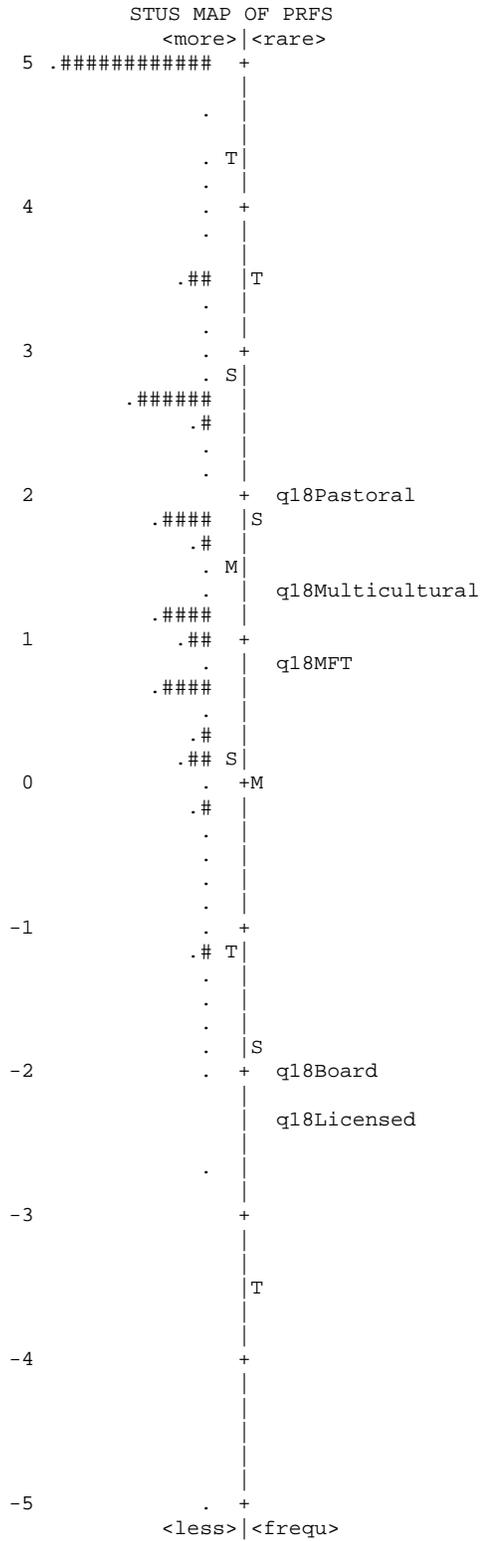


Figure 3.c. Hierarchy Map of Persons and Items from Winsteps Table 1 for Question 18.



Figure 3.d. Hierarchy Map of Persons and Items from Winsteps Table 1 for Question 19.

According to the hierarchy map for question 19, item difficulty, or ability to endorse, was also generally well spread across the logits, indicating evenness of item difficulty levels. Additionally, the majority of items fell below the mean level of difficulty, suggesting preferences for items in questions 19 were very easy for participants to endorse.

In an overall review of the person and items maps, the characteristic preferences which participants found as easiest or were most willing to endorse were: therapist with a *Doctoral/Professional Degree in Psychology*; therapist with expertise in *Anxiety, Depression, and Grief/Loss*; therapist who are *Licensed and Board Certified*; and similarity to therapists who are similar to participants in terms of *Native Language*. The characteristics preferences which participants found most difficult or were least willing to endorse were: therapist with a *Bachelor's*; therapists with an expertise in *Racial and Sexual Identity* issues; therapist who are a *Pastoral Counselor*; and therapist who are similar to participants in terms of *Age*.

Differential item functioning.

To review, Differential item functioning (DIF) analyses determines discrimination in participant preferences for therapist characteristics across the different groups of persons in this study. When item difficulty measures are significantly different across subgroups of participants, the data exhibits DIF. The hypothesis was that significant differences in participant preferences exist between different groups of participants. Following Bond and Fox (2001), a cutoff of ± 2.0 was employed to determine significance of the t-statistic. Statistically significant differential responding occurred for each of the items listed in Tables 6.a., 6.b., 6.c., and 6.d. Items with negative t values indicate less difficulty and positive t values indicate more difficulty in terms of responding to the given items. In more simplistic terms, negative t values represent a participant group's stronger preference for a therapist characteristic compared to all other groups while positive t values represent less of a preference of that group compared to all other participants. While all occurrences of DIF are provided in this chapter, several instances of DIF are selected to be discussed as examples later in the Discussion.

Question 16. DIF occurring for items in question 16 (*I would prefer to seek counseling from a therapist whose highest degree is...*) is displayed in Table 6.a. Overall, differences in preferences among groups were related to participants' education backgrounds and previous counseling experiences.

Table 6.a.

Evidence of Differential Item Functioning (DIF) for Question 16

Educational Level	t-statistic	Student Demographic
Bachelor's Degree	-3.56	Highest Degree is a High School Diploma/GED
	2.46	Highest Degree is a Bachelor's Degree
	-2.07	Previously Sought Counseling Once or Twice
	-2.55	Knowledgeable of Services on Campus
	-2.16	Not Embarrassed to Use Services on Campus
Master's Degree	-2.60	Highest Degree is a Bachelor's Degree
	-2.91	Very Unfavorable Impression of Counseling
Doctoral Degree	2.24	Highest Degree is a High School Diploma/GED
	-2.40	Previously Sought Counseling 6 or More Times

The occurrence of DIF in responses to question 16 indicates differences in participant preferences for a therapist's level of education based on group membership. Although students generally did not prefer to seek counseling from a therapist whose highest degree was a Bachelor's, results indicate that when compared to all other groups of participants, participants who had a stronger preference for a bachelor's-level counselor were students whose highest level of education is a high school diploma or GED; who have previously sought counseling once or twice; and/or are knowledgeable about and not embarrassed to use the counseling services available to them on campus. On the other hand, compared to other groups of participants, participants whose highest level of education is a Bachelor's degree had less of preference for a therapist with a Bachelor's degree and a stronger preference for a Master's-level therapist. Participants who reported a very unfavorable impression of counseling also reported a stronger preference for a Master's-level therapist. Doctoral-level therapists were more strongly preferred by participants who have previously sought counseling six or more times and preferred less by those whose highest degree is a high school diploma or GED when compared to other groups of participants.

Question 17. Table 6.b. displays DIF results from question 17 (*I would prefer to seek counseling from a therapist who has expertise on the specific issue(s) of...*). Differences in preferences among groups occurred for each of the 14 items and related to a wide variety of identifying information given by participants.

Table 6.b.

Evidence of Differential Item Functioning (DIF) for Question 17

Area of Expertise	t-statistic	Student Demographic
Grief/Loss	2.29	American Indian/Native American
	3.69	Non-native English Speaking
	2.89	Lesbian/Gay
	3.65	Bisexual
	-2.77	Never Sought Counseling
	3.36	Counseling 6 or More Times
	2.41	Neutral Prior Outcomes
	-2.79	Prior Outcomes are Not Applicable
Marital Discord	3.63	“Other” Race/Ethnicity
	2.36	Single
	-6.22	Married/Partnered
	-4.77	Divorced
	4.20	Bisexual
	2.60	High School Diploma/GED
	-2.60	Associates Degree
Depression	-4.11	Bachelor’s Degree
	2.60	African American/Black
	2.12	Non-native English-Speaking
	5.13	Never Sought Counseling
	-3.98	Counseling Three to Five Times
	-6.72	Counseling 6 or More Times
	2.45	Neutral Impression of Counseling
	-2.18	Very Favorable Impression
	-2.71	Very Unfavorable Prior Outcomes
	-4.82	Favorable Prior Outcomes
	-3.71	Very Favorable Prior Outcomes
	4.09	Prior Outcomes are Not Applicable
	-5.28	Embarrassed to Use Services
2.14	Not Embarrassed to Use Services	
Anxiety	3.82	African American/Black
	3.57	Non-Native English-Speaking
	3.09	Separated
	2.32	High School Diploma/GED
	3.21	Never Sought Counseling
	-2.25	Counseling Three to Five Times
	-4.91	Counseling 6 or More Times
	4.00	Neutral Impression of Counseling
	-2.25	Favorable Impression

Anxiety	-2.34	Very Favorable Impression
	-4.23	Favorable Prior Outcomes
	-2.09	Very Favorable Prior Outcomes
	2.80	Prior Outcomes are Not Applicable
	-3.43	Embarrassed to Use Services
Sexual Identity/Orientation	-2.84	Male
	-3.44	Non-Native English-Speaking
	2.92	Heterosexual/Straight
	-9.09	Lesbian/Gay
	-7.58	Bisexual
	-3.10	“Other” Sexual Orientation
Racial/Ethnic/Cultural Identity	-2.04	Very Unfavorable Impression
	-4.42	Asian America
	2.84	European American/Caucasian
	-3.00	Non-Native English-Speaking
	-2.51	High School Diploma/GED
	2.36	Counseling 6 or More Times
	-2.35	Very Unfavorable Impression
Religious/Spiritual Conflicts/Identity	2.51	Embarrassed to Use Services
	2.01	Biracial
	2.98	Non-Native English-Speaking
	2.03	Married/Partnered
	2.80	Bisexual
	3.80	“Other” Sexual Orientation
	-2.15	Never Sought Counseling
	2.42	Counseling Three to Five Times
Eating Disorders	-2.41	Prior Outcomes are Not Applicable
	-5.35	Female
	7.54	Male
	3.23	African American/Black
	-2.71	Non-Native English-Speaking
	2.23	Divorced
	2.07	Lesbian/Gay
	-2.09	Counseling Three to Five Times
	-2.66	Counseling 6 or More Times
-2.00	Very Unfavorable Prior Outcomes	
Abuse	-2.03	Favorable Prior Outcomes
	-3.68	Female
	5.06	Male
	-2.31	Counseling 6 or More Times
	-2.03	Very Favorable Impression

Trauma	2.19	Bisexual
Schizophrenic Disorders	3.02	Female
	-4.38	Male
	2.70	Counseling 6 or More Times
	-2.34	Neutral Impression of Counseling
Personality Disorders	2.84	Female
	-4.12	Male
	2.22	Bisexual
	-4.05	“Other” Sexual Orientation
	2.28	Some High School Education
	-2.13	Neutral Prior Outcomes
	3.24	Favorable Prior Outcomes
Physical Illness/Disability	-2.14	Male
	-2.69	Never Sought Counseling
	3.04	Counseling Three to Five Times
	3.02	Favorable Prior Outcomes
	-2.15	Prior Outcomes are Not Applicable
	2.02	Embarrassed to Use Services

The occurrence of DIF in responses to question 17 indicates differences in participant preferences for a therapist’s area of expertise based on group membership. Compared to other groups of participants, a therapist who has expertise in the area of grief/loss was less preferred by participants who are American Indian/Native American; non-native English-speaking; lesbian/gay; bisexual; have previously sought counseling six or more times; and/or reported neutral outcomes from previous counseling experiences. Participants who have never sought counseling, however, reported less of a preference for a therapist with expertise in grief/loss compared to those who have sought counseling.

Compared to other groups of participants, a therapist who has expertise in the area of marital discord was less preferred by participants who reported “other” as their race/ethnicity; single; bisexual; and/or whose highest degree is a high school diploma/GED. On the other hand, participants who are married/partnered and those whose highest degree is an Associate’s or Bachelor’s reported a stronger preference for a therapist who has expertise in martial discord.

A therapist who has expertise in depression was less preferred by participants who are African American; non-native English-speaking; have never sought counseling; have a neutral impression of counseling; and/or reported not being embarrassed to use campus counseling services. Compared to other groups of participants, a therapist who has expertise in depression was more strongly preferred by participants who have sought counseling three to five times or six or more times; have a very favorable impression of counseling; have had very unfavorable, favorable, or very favorable previous counseling outcomes; and/or reported being embarrassed to use counseling services on campus.

Compared to other groups of participants, a therapist who has expertise in the area of anxiety was less preferred by participants who are African American; non-native English-speaking; separated; whose highest degree is a high school diploma/GED; have never sought counseling; and/or reported a neutral impression of counseling. Participants who reported a stronger preference for a therapist with expertise in anxiety reported seeking counseling three to five times or six or more times; have a favorable or very favorable impression of counseling; have had favorable or very favorable prior counseling experiences; and/or reported being embarrassed to use campus counseling services.

While a therapist who has expertise in the area of sexual identity/orientation was less preferred by heterosexual/straight participants, such therapist expertise was more strongly preferred by participants who are male; non-native English-speaking; Lesbian/Gay; Bisexual; reported “other” as their sexual orientation; and/or reported a very unfavorable impression of counseling. Compared to other groups of participants, a therapist who has expertise in racial/ethnic/cultural identity was less preferred by participants who are Caucasian and/or have sought counseling six or more times. On the other hand, a therapist with expertise in racial/ethnic/cultural identity was more strongly preferred by participants who are Asian American; non-native English-speaking; whose highest degree is a high school diploma/GED; and/or have a very unfavorable impression of counseling.

A therapist who has expertise in the specific issue of religious/spiritual conflicts/identity was less preferred by participants who are biracial; non-native English-speaking; married/partnered; bisexual; “other” sexual orientation; and/or have sought

counseling three to five times. Participants who have never sought counseling, however, reported less of a preference for a therapist who has expertise in religious/spiritual conflicts/identity when compared to other groups of participants.

Males, African Americans, divorced, and lesbian/gay participants preferred a therapist with eating disorder expertise less than did other groups. A therapist with expertise in the area of eating disorders was more strongly preferred by females and non-native English-speaking participants as well as participants who have sought counseling three to five or six or more times and those who have had very unfavorable and favorable prior counseling outcomes.

While a therapist with expertise in abuse issues was less preferred by males, such a therapist was more strongly preferred by females and participants who have sought counseling six or more times and/or have a favorable impression of counseling when compared to other groups of participants. A therapist with expertise in trauma was less preferred by bisexual participants compared to other groups of participants.

While differential item functioning did not occur for preferences for a therapist who has expertise in the area of bipolar disorders, a therapist who has expertise in the specific issue of schizophrenic disorders was less preferred by females and participants who have sought counseling six or more times. On the other hand, males and participants who reported a neutral impression of counseling had a stronger preference for a therapist with expertise in schizophrenic disorders. Compared to other groups of participants, a therapist who has expertise in the area of personality disorders was less preferred by participants who are female; bisexual; have had some high school education, and favorable prior counseling outcomes. Participants who are male; identify their sexual orientation as “other”; and reported neutral previous counseling outcomes had a stronger preference for a therapist with personality disorder expertise when compared to other groups of participants.

A therapist who has expertise in the area of physical illness/disability was less preferred by participants who have sought counseling three to five times and have had favorable previous counseling outcomes. Males and participants who have never sought counseling, however, had a stronger preference for a therapist with expertise in the area of physical illness when compared to other groups of participants.

Question 18. DIF results are illustrated in Table 6.c. for question 18 (*I would prefer a therapist who is...*). Similar to the DIF found in the previous question, a large variety of participant groups responded significantly differently to all items in this question.

Table 6.c.

Evidence of Differential Item Functioning (DIF) for Question 18

Specialized/Advanced Training	t-statistic	Student Demographic
Licensed	-2.33	Female
	-3.15	European American/Caucasian
	-2.52	Native English-Speaking
	-3.01	Single
	2.42	Married/Partnered
	-2.21	Heterosexual/Straight
	2.75	Some High School Education
	-2.36	Some College Education
	-2.77	Counseling 6 or More Times
	-2.23	Very Favorable Impression
Board Certified	-3.11	Female
	2.10	African American/Black
	-2.90	European American/Caucasian
	-2.69	Native English-Speaking
	-3.01	Single
	2.42	Married/Partnered
	-2.02	Heterosexual/Straight
	-2.47	Some College Education
	-2.08	Counseling Three to Five Times
	-3.45	Counseling 6 or More Times
	-2.29	Unfavorable Impression
	-2.57	Very Favorable Impression
-2.37	Very Unfavorable Outcomes	
-3.18	Embarrassed to Use Services	
a Marriage and Family Therapist	-2.82	Female
	2.37	Male
	2.15	“Other” Race/Ethnicity
	-6.71	Married/Partnered
	-2.87	Divorced
	2.03	“Other” Sexual Orientation
	-3.57	Associates Degree
	-3.60	Bachelor’s Degree
	-3.94	Counseling Three to Five Times
	-2.17	Favorable Impression

a Pastoral Counselor	-3.31	Male
	2.81	Biracial
	-2.09	European American/Caucasian
	-2.91	Heterosexual/Straight
	3.21	Lesbian/Gay
	4.65	Bisexual
	-2.55	Some High School Education
	-2.08	Some College Education
	2.24	Bachelor's Degree
	-4.79	Never Sought Counseling
	3.02	Counseling Three to Five
	3.80	Counseling 6 or More Times
	-3.01	Neutral Impression
	2.82	Very Favorable Impression
	2.66	Unfavorable Prior Outcomes
	2.32	Very Favorable Prior Outcomes
	-4.81	Prior Outcomes Not Applicable
	-2.36	Not Knowledgeable of Services
Trained in multicultural counseling	-2.49	Male
	-4.59	African American/Black
	-2.48	American Indian/Native
	-2.10	Asian American
	-2.68	Biracial
	-2.16	Hispanic/Latino/a
	-3.03	"Other" Race/Ethnicity
	-5.00	Non-Native English-Speaking
	2.51	Divorced
	-4.51	Lesbian/Gay
	-5.21	Bisexual
	-2.82	"Other" Sexual Orientation
	-2.60	Knowledgeable of Services

The occurrence of DIF in responses to question 18 indicates differences in participant preferences for a therapist's specialized or advanced training, based on group membership. Compared to other participants, participants who reported being married/partnered and those having some high school education had less of a preference for a licensed therapist. On the other hand, a therapist who is licensed was more strongly preferred by participants who are female; Caucasian; native English-speaking; single; heterosexual/straight; have some college education; have sought counseling six or more times; and have a very favorable impression of counseling.

A therapist who is board certified was less preferred by participants who are African American and/or married/partnered compared to other groups of participants. However, a board certified therapist was more strongly preferred by participants who are female; Caucasian; native English-speaking; single; heterosexual/straight; have some college education; have sought counseling three to five to six or more times; have a unfavorable or very favorable impression of counseling; very favorable prior outcomes of counseling; and reported being embarrassed to use services.

Compared to other groups of participants, a therapist who is a Marriage and Family Therapist was less preferred by participants who are male; identify as “other” race/ethnicity and/or “other” sexual orientation. A Marriage and Family Therapist was more strongly preferred by participants who are female; married/partnered; divorced; whose highest degree is an Associate’s or Bachelor’s; have sought counseling three to five times; and have a favorable impression of counseling.

A therapist who is a Pastoral Counselor was less preferred by participants who are biracial; lesbian/gay; bisexual; has a Bachelor’s degree; sought counseling three to five or six or more times; has a very favorable impression of counseling; and unfavorable or very favorable prior counseling outcomes. A therapist who is a Pastoral Counselor was more strongly preferred by participants who are male; Caucasian; heterosexual/straight; have some high school or college education; have never sought counseling; have a neutral impression of counseling; and are not knowledgeable of the counseling services available to them on campus.

Compared to other participant groups, a therapist who is trained in multicultural counseling was less preferred by participants who are divorced. On the other hand, a therapist who is trained in multicultural counseling was more strongly preferred by participants who are male; African American; American Indian/Native American; Asian American; biracial; Hispanic/Latino/a; “other” race/ethnicity; non-native English-speaking, lesbian/gay; bisexual; “other” sexual orientation; and those knowledgeable of counseling services available on campus.

Question 19. Lastly, Table 6.d. displays DIF results for question 19 (*I would prefer a therapist who is similar to me in terms of...*). On the whole, DIF occurred for all

8 items in this question and occurred for a wide variety of participant characteristics including demographics and prior counseling experiences.

Table 6.d.

Evidence of Differential Item Functioning (DIF) for Question 19

Therapist Demographic	t-statistic	Student Demographic
Gender	-9.29	Female
	14.44	Male
	-4.46	Non-Native English-Speaking
	2.26	Lesbian/Gay
	-2.29	Bisexual
	-3.58	Counseling 6 or More Times
	-2.06	Favorable Impression
	-2.28	Knowledgeable of Services
Race/Ethnicity	2.35	Married/Partnered
	-2.01	Embarrassed to Use Services
Age	-3.33	Male
	-3.39	Hispanic/Latino/a
	-2.04	Non-Native English-Speaking
	-3.54	Divorced
	-2.08	Bisexual
	-2.42	Associates Degree
	-2.30	Bachelor's Degree
	-2.54	Favorable Prior Outcomes
	2.01	Prior Outcomes Not Applicable
2.27	Embarrassed to Use Services	
Native Language	-2.46	Male
	4.20	Asian American
	-2.86	European American/Caucasian
	-2.83	Native English-Speaking
	6.81	Non-Native English-Speaking
	-2.16	Single
	-2.13	Heterosexual/Straight
	3.32	Some High School Education
	-2.15	Favorable Impression
	-2.19	Very Favorable Prior Outcomes
Marital Status	-3.16	Males
	-4.55	Married/Partnered

Sexual Orientation	3.05	Female
	-5.04	Male
	-2.68	Never Sought Counseling
	2.66	Favorable Prior Outcomes
	-2.54	Prior Outcomes Not Applicable
Ability/Disability	-2.59	Male
	2.27	“Other” Marital Status
	2.00	Counseling 6 or More Times
Religious Beliefs	-2.33	Prior Outcomes Not Applicable

The occurrence of DIF in responses to question 19 indicates differences in participant preferences for therapist demographic characteristics based on group membership. Compared to other groups of participants, a therapist who is similar to participants in terms of gender was less preferred by males and lesbian/gay participants. A therapist who is similar to participants in terms of gender was more strongly preferred by participants who are female; non-native English-speaking; bisexual; have sought counseling six or more times; have a favorable impression of counseling; and are knowledgeable of the availability of counseling services available to them on campus.

While married/partnered participants reported less of a preference for a therapist who is similar to them in terms of race/ethnicity, participant who reported being embarrassed to use campus counseling services had a stronger preference for a therapist who is racially/ethnically similar to them when compared to other groups of participants. Concerning therapist age, a therapist who is similar to participants in terms of age was less preferred by participants who reported being embarrassed to use campus counseling services. On the other hand, compared to other groups of participants, a therapist who is similar to participants in terms of age was more strongly preferred by participants who are male; Hispanic/Latino/a; non-native English-speaking; divorced; bisexual; have an Associate’s or Bachelor’s degree; and have had favorable prior counseling experiences.

A therapist who is similar to participants in terms of native language was less preferred by participants who are Asian American; non-native English-speaking; and have some high school education. However, a therapist who is similar to participants in terms of native language was more strongly preferred by participants who are male;

Caucasian; native English-speaking; single; heterosexual/straight; have a favorable impression of counseling; and have had very favorable prior outcomes of counseling. Compared to other groups, males and married/partnered participants reported a strong preference for a therapist who is similar to them in terms of marital status.

A therapist who is similar to participants in terms of sexual orientation was less preferred by females and participants who reported favorable prior counseling outcomes, but more strongly preferred by participants who are male and have never sought counseling. While participants who identified their marital status as “other” and those who have sought counseling six or more times reported less of a preference for a therapist who is similar to them in terms of ability/disability, males reported a stronger preference for a therapist with similar ability/disability. And finally, compared to other groups of participants, participants who reported that prior counseling outcomes were “not applicable” had a strong preference for a therapist similar to them in terms of religious beliefs.

Qualitative Data

Results from the content analyses of open-ended questions in the survey were intended to supplement the findings from Rasch analysis. Additional therapist characteristics and preferences for such variables were anticipated to result from the open-ended solicitation items and word association questions found at the end of the survey. An overall trend in the responses indicated the majority of participants who reported prior counseling experience cited depression and anxiety as personal issues prompting them to seek therapy in the past. Other common answers included family/parental conflicts and eating issues. Of those who reported not seeking counseling in the past, the majority cited the lack of a need or resources such as time and money as reasons for not having prior therapy experiences. Similar to results from the pilot study, the vast majority of participants associated variations of the word “help” such as “helpful” and “helper” with counseling and therapists.

On the whole, results indicate undergraduate student preferences for certain therapist characteristics in the domains of therapist training, expertise, advanced or specialized training, and demographic information. Students’ endorsements of such preferences were mediated by student demographics such as gender, race/ethnicity, native

language, etc., as evidenced by the occurrence of differential item functioning (DIF). Qualitative data further supported the existence of student preferences for the therapist qualities examined in the survey as well as the overall positive impressions of counseling and therapists reported in the survey.

Chapter Four: Discussion

Results from the study seem to support the hypotheses that 1) participants prefer certain therapist characteristics, 2) differences in preferences are mediated by participants' group membership, and 3) the Web-based survey is a valid method of assessing preferences for therapist characteristics. Regarding the instrument itself, results support that the Web-based survey was a reasonable reliable and valid measure of student preferences for therapist characteristics. Support for the use of the survey to examine student preferences is based on analyses of both quantitative data through employment of the Rasch Model and complimenting qualitative data through content analyses of trends. Several reliable and valid results concerning student preferences for a variety of therapy-specific and non-therapy-specific therapist characteristics were thus yielded in the study.

Student Preferences

Overall, student participants reported that the three therapist characteristics most important to them were a therapist who is a *good listener*, *makes me feel comfortable*, and *nonjudgmental*. By and large, students appeared to prefer an advanced-level, well qualified therapist with expertise in issues of particular relevance for a university student population, as indicated by a strong endorsement for expertise in depression and anxiety as well as depression and anxiety being a commonly cited rationale to have previously sought counseling. Referencing the global demographic profile of the majority of participants, the results also indicated a strong preference for a native English-speaking counselor. It should be noted, however, students endorsed a preference or indifference for all other therapy-specific and 'extratherapy' non-therapy-specific therapist characteristics mentioned in the survey except for seeking counseling from a therapist whose highest degree is a Bachelor's, with which participants generally disagreed.

The lack of a preference for a therapist with only a Bachelor's degree shows some participant insight into the educational and experiential requirements for counselors. Participants' overall educational levels and general dislike for a Bachelor-level therapist may also reflect a preference for a therapist who has simply attained more education and training than themselves, which has been supported by aforementioned literature (Atkinson, Furlong, & Poston, 1986; Ponterotto, Alexander, & Hinkston, 1988). The

results from the study also revealed significant differences in the reported preferences for therapist characteristics based on participant membership to different groups.

Differential Item Functioning

Several examples of DIF can be illustrated by the findings of this study concerning specific groups of participants. One example is the significant difference between reported preferences for participants who have had prior counseling experiences. Participants who reported having previously sought counseling three to five or six or more times responded differently to numerous survey items when compared to groups of participants who have never sought counseling. For instance, participants who have sought counseling six or more times in the past showed a stronger preference for a therapist whose highest degree is a Ph.D./Psy.D., licensed, and board certified compared to participants who have never sought or sought less counseling in the past. On the other hand, participants who reported never seeking counseling in the past had a stronger preference for a therapist who is a pastoral counselor. One possible and logical explanation for this significant difference between groups is that people with more counseling experience may have greater insight into or more knowledge about the profession of psychology including the educational and legal requirements for doctoral-level practitioners. Whereas participants without previous counseling experiences may be more likely to seek help from a less stigmatized source, such as their church, rather than look into counseling services provided on campus. Also concerning participants with numerous prior counseling experiences, a conceptual fit can be explained by the differences in their responses to question 17 regarding areas of therapist expertise.

When compared to participants with fewer or no prior counseling experiences, participants who reported seeking counseling three to five or six or more times more strongly preferred a therapist who had expertise in the specific issues of depression, anxiety, eating disorders, and abuse. These are counseling issues which typically require numerous sessions and for which relapse is a concern, thus often requiring repeated visits to a mental health professional. This explanation for the occurrence of DIF for such participants was further supported by the qualitative data collected through the open-ended questions in the survey, as participants most frequently reported depression, anxiety, and eating disorders as issues for which they had previously sought counseling.

The occurrence of DIF regarding preferences for the expertise of therapists is also exemplified by and can be explained for different groups of participants.

Differential item functioning occurring for participant preferences for therapists' specific expertise is easily understood by examining which groups of participants more or less strongly preferred certain areas of therapist expertise. For example, females more strongly preferred a therapist who had expertise in eating disorders while males showed significantly less of a preference. Acknowledging that individuals with eating disorders are more likely to be female (Martin, 2001), the gender difference in preference for a therapist with expertise in this area can be comprehended without difficulty. Another example illustrates this point for participants with different sexual orientations.

Participants with different sexual orientations endorsed significantly different preferences for certain therapist characteristics. While heterosexual participants indicated significantly less of a preference for a therapist with expertise on the issue of sexual identity/orientation, lesbian/gay, bisexual, and "other" sexual orientation participants reported a stronger preference for a therapist with such expertise. Similarly, participants who reported their sexual orientation as lesbian/gay, bisexual, or "other" sexual orientation reported a stronger preference for a therapist trained in multicultural counseling. One explanation that ties together the findings may be that non-heterosexual participants have a strong desire to seek therapy from a counselor who is knowledgeable about the issues affecting individuals with diverse sexual orientations and thus likely to be more comfortable discussing such issues with their clients. Clients may similarly view therapist with expertise in sexual identity issues as being more understanding and less judgmental than therapist without expertise in this area. The occurrence of DIF indicating that lesbian/gay and bisexual participants reported less of a preference for a pastoral counselor and all participants generally reported a preference for a therapist who is *nonjudgmental* and *trustworthy* may further support this explanation for the given preference of participants with diverse sexual identities. Differences in preferences between racial/ethnic groups can be easily understood in the same manner.

Differences in preferences for numerous therapist characteristics were found among various racial, ethnic and cultural groups throughout the survey results. When compared to Caucasian participants, participants from all other racial/ethnic backgrounds

reported a stronger preference for a therapist who is trained in multicultural counseling. Likewise, non-native English-speaking participants – presumably not from the cultural majority in American – also reported a strong preference for a therapist who is trained in multicultural counseling compared to native English-speaking participants. A preference for a therapist trained in issues related to one’s diverse racial/ethnic/cultural background, such as multicultural counseling, may suggest that students generally prefer a therapist with the same background and nationality as their own.

Similarly, while Caucasian participants reported less of a preference for a therapist with expertise on racial/ethnic/cultural identity issues, Asian American and non-native English speaking participants reported a stronger preference for a therapist with racial/ethnic/cultural identity expertise. This finding is understandable when considering the difficulties that some Asian American and foreign-born individuals have in try to adjust and assimilate to the norms of American culture. These difficulties may lead such individuals to seek therapist from a professional trained in understanding and approaching their individual needs for counseling. Therefore, in the case of therapist training, the results seem to confirm the particularist theory mentioned in the literature review that clients prefer to seek counseling from therapists whose backgrounds reflect the interests of their clients (Tyler, Brome, & Williams, 1991). One final example of this relates to marital status.

Several times throughout the survey, a preference for a therapist similar to participants in terms of martial status was supported. Compared to other groups of participants, married/partnered participants reported a stronger preference for a therapist similar to them in terms of marital status (i.e.: married or partnered participants reported a preference for a married or partnered therapist). Likewise, married/partnered and divorced participants reported a stronger preference for a therapist who has expertise in the area of marital discord and is a Marriage and Family therapist. These findings may suggest that participants desire to seek counseling from a professional trained in or who can personally relate to their own life experiences or background. On the other hand, results from question 19 on actual therapist demographics do not meet the expectations arising from the literature or the assumptions of the particularist theory.

Particularist Theory

Surprisingly, although DIF occurred for preferences for a therapist trained in multicultural counseling and all of the items related to therapist demographics, participants generally reported an indifference regarding their preferences for a therapist of similar demographic backgrounds as themselves, with the exception of native language. Therefore, in the case of demographic information, results from question 19 on therapist demographic characteristics do not especially reflect the literature and what is presumed by the particularist theory. To review, the current literature has shown numerous findings in which clients prefer ethnically similar counselors (Cole, Wampold, Casali, 1995; López, López, & Fong, 1991; Atkinson, Poston, Furlong, & Mercado, 1989; Bennett, & BigFoot-Sipes, 1991; BigFoot-Sipes, Dauphinais, LaFromboise, Bennett, & Rowe, 1992). Instead, based on the findings of this study, a lack of a preference indicates participant indifference for client-therapist match of variables such as gender, race, age, etc. What remains uncertain, however, is whether students genuinely do not have a preference for a therapist in terms of the therapist's demographic background; or if rather students did not feel comfortable expressing such a preference. As is, the results indicate that a match between client-therapist demographic background generally "does not matter" to students surveyed, with the exception of native language, to which most participants agreed strongly to a preference for a therapist with the same native language as themselves.

Differences in preferences may illustrate differences in the meaning of certain therapist variables for subgroups. For example, differences in preferred therapist level of education or training could support a preference for some subgroups to seek therapy from a counselor with more recognition or a different level of knowledge about therapist training, indicating difference in understanding the profession. A lack of understanding about therapists' professional qualifications was further evidenced by the survey data, as *Medical degree in Psychiatry* was a misfitting item in question 16, possibly due to common misconceptions regarding the difference between a psychologist and psychiatrist. Additionally, the qualitative data served as support for the quantitative data analyzed in the study.

Qualitative Support

Throughout the study's results, qualitative data consistently supported the quantitative data collected in the survey. For example, the rationale for not seeking therapy in the past as not having the financial resources supports the fact that nearly half of the participants were not knowledgeable about the availability of counseling services on campus, as such services are free to the survey participants as well as all students at the university. Concerning word associations of "help," "helper," and "helpful," a generally positive and facilitative perspective of the profession was indicated, which is similar to aforementioned findings in the current body of literature (Koch, 2001) validated quantitative ratings for overall favorable impressions of counseling as well as overall outcomes for previous therapy, as provided earlier in the survey.

Implications

The results of the study are pertinent to college campus counseling centers and counselor training programs for a variety of reasons. The implications may be helpful in training clinicians, even those already in the field. The therapist characteristics perceived by student participants in this study (e.g., *good listener*, *makes me feel comfortable*, and *nonjudgmental*) provide insight to training directors and counseling center staff on which skills need emphasized in counseling sessions. Knowledge of which characteristics student clients view as important can indicate which aspects of psychotherapy should be better monitored by clinicians for areas of improvement and greater client satisfaction or benefit. Understanding the preference of university students for particular therapist characteristics can assist campus counseling centers to better meet the needs of their student clients. For example, due to the general preference of minority students for a therapist who is trained in multicultural counseling, particular emphasis on multicultural issues by training directors and supervisors may be warranted.

Additionally, the findings could also be utilized in planning public relations or advertising campaigns, making student better aware of available services and the training/expertise of campus counselors. Again, due to the preference for therapist with multicultural training, advertisement of and publicity for campus counseling centers might include information on the therapists' multicultural competencies and perspectives. However, before implications can be inferred from the data and translated into practice

by campus counseling centers and therapists, limitations of the study should be addressed.

Limitations of the Study

Along with the advantages of using Web-based methods for survey research, limitations arise and may pose a threat to the reliability and validity of Web-based measurements. Overall, surveys tend to have strong reliability and weak validity estimates (Nardi, 2003). One of the most important limitations to which researchers should pay close attention is response rates for Web-based methods of data collection. As reported, the response rate for participants in this study was 15.9%, which initially seems low but is to be expected when the context of the sampling frame is considered. In fact, several studies using undergraduate university students as the sampling population have yielded similar response rates, with an average response rate of 14.16% but some as low as 2.07% (Morrell, Cohen, Bacchi, & West, 2005). Likewise, and related to mental health surveys, researchers in a similar university setting received a 5.08% response rate to an emailed Web-based survey asking questions about student mood, drug use, and thoughts of harming oneself (Farrell, 2005). Therefore, a response rate of nearly 16% as in this study should not be automatically viewed as inadequate, especially when compared to response rates in studies with similar participant groups. Of additional concern, Web-based methods have been shown to produce a lack of representation in the data of various groups.

A lack of representativeness is a limitation that specifically applies to this study and involves restrictions placed on the sample population, which is inherent to the use of a Web-based measurement due to limited access for certain socioeconomic and demographic groups. However, a comparison of the demographic information on the sampling frame against the demographic information provided by participants reveals that the sample of participants included in this study's analyses closely mirror the population from which they originated in terms of gender, race/ethnicity and age. Still, because participation requires participants to have access to the Internet and be inclined to participate, generalizations can only be made to groups of students at universities with similar email access and similar demographic populations. Thus said, triangulation through the utilization of several e-surveying methods for the intention of including non-

Web users provides a way for researchers to enjoy the benefits of survey research while overcoming the limitations of only employing Web-based survey methods. Additionally, the employment of Rasch analysis provides tests of (parallel form) reliability and (criterion and concurrent) validity. Another strength of the Rasch model is sample variance.

Perhaps the most widely cited advantage to using any statistical method from the family of Rasch models of analysis is the independence of item and person estimates from the sample (Linacre, 1994). When compared to the limiting assumptions of the CTT approach, the Rasch family of statistical models provides researchers with a method free from sample-dependence. The freedom of the sample from item dependence on difficulty and person ability means estimates will hold true for every sample within the population and not merely for the sample being tested. This advantage is of particular importance to studies in which surveys are being used as the instrument of measurement. It is essential parameter estimates are not dependent on the sample because the generalizability of the results to the population would then be unreliable and external validity would be threatened. As Rupp and Zumbo argue, "...for inferences to be equally valid for different populations of examinees or different measurement conditions, parameters in the psychometric models used for data analysis need to be invariant" (p. 64). Thus, the Rasch methods used in the study help provide more reliable and valid results than results yielded from surveys not examined by IRT models of analyses.

Conclusion

While the literature provides a solid base of knowledge in the area of therapist characteristics and their influence on alliance and outcomes, no clear consensus has been reached on the influence of client preferences for therapist characteristics. This study on therapist characteristics attempted to find relationships between student-preferred therapist characteristics and the demographic information provided by students in their survey responses based on the assumption that different groups, identifiable by demographic information as well as self-reported prior experiences with counseling, could produce very different preferences for the same sets of therapist characteristics. In fact, results supported the hypotheses that preferences exist among undergraduate university students and that the preferences are mediated by student demographics. Both the open- and closed-ended responses lend support for these findings.

In this study, students generally rated therapist characteristics as preferred or of no concern or opinion. Given the positive nature of the survey items, this result is not unexpected or surprising, but compounds the problem of finding a clear consensus among university student populations. Even with the limitations present, however, the information collected and analyzed in this study contributes to the base of knowledge and provides additional evidence as to some preferences of student clients for certain therapist characteristics. The data collected also shows differentiation of preferences between subgroups of student participants. Results from the revised Web-based survey represent a foundation of support for the use of Web-based data collection methods in future studies on therapist characteristics. The findings from the survey responses as well as the analysis of the instrument itself have helped determine the direction of Web-based survey methods for further investigation in the area of therapist variables in psychotherapy research.

Appendix

Consent Form

Hello, my name is Jennifer Weber. I am a doctoral student in the department of Educational and Counseling Psychology at the University of Kentucky. I am conducting a study examining university student preferences for counselors/therapists as collected and measured by an online survey, which I have created based on concepts in the psychotherapy literature. You are invited to participate because your input in this matter is greatly needed. Your responses may help guide college campuses in providing services to university students such as yourself. You could also win one of five \$100 prizes for completing the survey. The survey includes items regarding information of a personal nature. However, no fields, including those requesting information of a personal nature, require an answer in order to submit. Your participation and submitted answers will be terminated if you indicate that you are under the age of 18 years-old. Below is the informed consent regarding the study and relevant contact information. Thank you for your time and participation. I appreciate your support in this endeavor.

Link to survey and entry for drawing: <http://www.coe.uky.edu/surveyor/?Survey=JW>

Consent to Participate in a Research Study

Therapist Characteristic Preferences

You are being invited to take part in a research study about preferences for certain therapist characteristics. You are being invited to participate in this research study because you are a student at the University of Kentucky. If you take part in this study, you will be one of thousands to do so. The person in charge of this study is Jennifer A. Weber, M.S. [PI] of the University of Kentucky. She is being supervised by Dr. William E. Stilwell [Advisor]. There may be other people on the research team assisting at different times during the study.

This online study measures student preferences for certain counselor/therapist characteristics including counseling approaches and style, level of training and experiences, and demographics. The study also examines which characteristics are preferred in a therapist by different groups of people based on participant-identified characteristics. Completion of the survey will take approximately 15-20 minutes. Your participation is completely voluntary and no additional participation is necessary after submitting your responses to the online survey. You must be 18 years of age or older to be eligible to complete the survey.

To the best of our knowledge, the things you will be doing have no more risk of harm than you would experience in everyday life. There is no guarantee that you will get any benefit from taking part in this study. However, you will be given a chance to be entered in five \$100 prizes at the closing of the survey. You will have the decision whether or not to be entered in the drawings. The contact information you provide for the drawing will

not be used to identify your responses to the survey. It will be kept in a password-protected email account deleted immediately following the drawings. Of the 18,862 students invited to take part in the survey, it is anticipated that a maximum of 14,147 students will choose to do so. If all 14,147 students enter themselves in the drawing, your odds of winning one of the five prizes will be approximately .007% (1 of 14147, 1 of 14146, 1 of 14145, 1 of 14144, and 1 of 14143, respectively).

Your responses to the survey are anonymous and will be combined with information from other people taking part in the study. In order to assure anonymity, please do not put your name or any other identifying information anywhere on the accompanying questionnaire. When we write up the results to share it with other researchers, we will write about this combined information.

While Internet technology can provide reasonable security, there is always a risk that a third party may intercept the survey. In order to minimize this possibility, you should EXIT/CLOSE the browser as soon as you finish responding to the survey and have submitted your responses.

If you have questions about the study, you can contact the investigator, Jennifer A. Weber at (859) 257-6093 or jweber@uky.edu or the research supervisor, William E. Stilwell at (859) 257-5997 or westil3@uky.edu. If you have any questions about your rights as a research volunteer, contact the staff in the Office of Research Integrity at the University of Kentucky at 859-257-9428 or toll free at 1-866-400-9428, referencing Protocol Number 05-0860-P4S.

Access the survey by clicking on the link below or cut and paste the address below onto your internet browser.

<http://www.coe.uky.edu/surveyor/?Survey=JW>

Let us thank you in advance for your participation. Your time and responses are greatly appreciated.

Survey: Preferences for a Counselor/Therapist

Thank you for taking the time to fill out this survey. Submitting your responses implies acknowledgement of informed consent. No fields require an answer in order to submit your responses. If you have any questions or comments please email Jennifer Weber at jweber@uky.edu. Please follow the directions as indicated.

Participant Information

1. Are you...?

- Female
- Male

2. With what race/ethnicity do you most strongly identify yourself?

- African American/Black
- American Indian/ Native American/Alaskan
- Asian/Pacific Islander American
- Biracial/Multiracial American
- European American/Caucasian
- Hispanic/Latino(a) American
- Other, please specify:

3. What is your age (in years)?

4. Is English your native language?

- Yes
- No

5. What is your marital status?

- Single
- Married

- Partnered
- Separated
- Divorced
- Widowed
- Other, please specify:

6. How would you describe your sexual orientation?

- Heterosexual/Straight
- Lesbian/Gay
- Bisexual
- Other, please specify:

7. What is the highest level of education you have obtained?

- Some high school
- High school diploma/GED
- Vocational/Technical school (2 years)
- Some college
- Associates degree (A.S.)
- Bachelors degree (B.S., B.A.)
- Masters degree (M.S., M.Ed., M.A., M.B.A., etc.)
- Doctoral degree (Ph.D., Ed.D., Psy.D., M.D., J.D., etc.)
- Other, please specify:

8. How often have you sought counseling from a therapist?

- Never Once or Twice 3-5 times More than 6 times
-

9. If you have ever sought counseling, briefly list what issue(s) prompted you to seek therapy (e.g.: depression, anxiety, trauma, specific disorders, etc.). If you have not sought counseling, skip this question and answer the next.

10. If you have not sought counseling, what specific reasons influenced your decision (e.g.: no need, negative impression, therapist not available, etc.)?



11. Which of the following best describes your overall impression of counseling?

- Very Unfavorable Unfavorable Neutral Favorable Very Favorable
-

12. Which of the following best describes the overall outcome of your previous counseling experience(s)?

- Very Unfavorable Unfavorable Neutral Favorable Very Favorable N/A
-

13. Do you know what counseling services are available to you on campus?

- Yes
- No

14. Would you be embarrassed to use the counseling services on campus?

- Yes
- No

For the remainder of the survey, imagine that you are experiencing a distressing time or event in your life and that you want to seek help from a counselor/therapist at the college counseling center.

Therapist Characteristics

15. Select the three (3) characteristics of a therapist that are most important to you as a client from the following list.

- | | |
|--|--|
| <input type="checkbox"/> good listener | <input type="checkbox"/> collaborative |
| <input type="checkbox"/> understanding | <input type="checkbox"/> open to my feedback |

- | | |
|--|---|
| <input type="checkbox"/> empathetic | <input type="checkbox"/> comfortable talking about diversity |
| <input type="checkbox"/> encouraging | <input type="checkbox"/> discloses information about him/herself |
| <input type="checkbox"/> helps me stay focused | <input type="checkbox"/> offers new perspectives |
| <input type="checkbox"/> challenging | <input type="checkbox"/> supportive |
| <input type="checkbox"/> competent | <input type="checkbox"/> warm |
| <input type="checkbox"/> gives me feedback | <input type="checkbox"/> resourceful |
| <input type="checkbox"/> makes me feel comfortable | <input type="checkbox"/> nonjudgmental |
| <input type="checkbox"/> confirms my reactions | <input type="checkbox"/> explains my therapy assignments |
| <input type="checkbox"/> respectful | <input type="checkbox"/> attractive |
| <input type="checkbox"/> distant | <input type="checkbox"/> likes me |
| <input type="checkbox"/> explains unfamiliar terms | <input type="checkbox"/> critical |
| <input type="checkbox"/> genuine | <input type="checkbox"/> other, please specify:
<input type="text"/> |
| <input type="checkbox"/> trustworthy | |

Instructions: For items 16 through 19, indicate to what extent you agree that the therapist characteristic is preferable to you on a scale in which **SD = Strongly Disagree**, **D = Disagree**, **A = Agree**, and **SA = Strongly Agree**.

Therapist Training and Experience

16. I would prefer to seek counseling from a therapist whose highest degree is...

	SD	D	A	SA	No Opinion
Bachelors (B.S., B.A.)	<input type="checkbox"/>				
Master's (M.S., M.S.W., M.Ed., M.A.)	<input type="checkbox"/>				
Doctoral/Professional degree in Psychology	<input type="checkbox"/>				

(Ph.D./Psy.D.)

Medical degree in Psychiatry (M.D.)	<input type="checkbox"/>				
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17. I would prefer to seek counseling from a therapist who has expertise on the specific issue of...

	SD	D	A	SA	No Opinion
Grief/Loss	<input type="checkbox"/>				
Marital Discord	<input type="checkbox"/>				
Depression	<input type="checkbox"/>				
Anxiety	<input type="checkbox"/>				
Sexual Identity/Orientation	<input type="checkbox"/>				
Racial/Ethnic/Cultural Identity	<input type="checkbox"/>				
Religious/Spiritual Conflicts/Identity	<input type="checkbox"/>				
Eating disorders (Anorexia, Bulimia, etc.)	<input type="checkbox"/>				
Abuse (physical, sexual, verbal, emotional, etc.)	<input type="checkbox"/>				
Trauma (crime, war experiences, accidents, natural disasters, etc.)	<input type="checkbox"/>				
Bipolar Disorders	<input type="checkbox"/>				
Schizophrenic Disorders	<input type="checkbox"/>				
Personality disorders (Borderline PD, Antisocial PD, Narcissistic PD, etc.)	<input type="checkbox"/>				
Physical Illness/Disability	<input type="checkbox"/>				

18. I would prefer a therapist who is...

	SD	D	A	SA	No Opinion
Licensed	<input type="checkbox"/>				
Board Certified	<input type="checkbox"/>				
a Marriage and Family Therapist	<input type="checkbox"/>				
a Pastoral Counselor	<input type="checkbox"/>				
Trained in multicultural counseling	<input type="checkbox"/>				

Therapist Demographics

19. I would prefer a therapist who is similar to me in terms of...

	SD	D	A	SA	No Opinion
gender	<input type="checkbox"/>				
race/ethnicity	<input type="checkbox"/>				
age	<input type="checkbox"/>				
native language	<input type="checkbox"/>				
marital status	<input type="checkbox"/>				
sexual orientation	<input type="checkbox"/>				
ability/disability	<input type="checkbox"/>				
religious beliefs	<input type="checkbox"/>				

20. What other therapist characteristics are important to you that were not mentioned in the survey?

21. List three words you associate with counselors/therapists.

Word 1

Word 2

Word 3

Thank you for completing the survey.

To be entered in the five \$100 drawings for having completed the survey, please fill in the required information below. Your contact information will not be linked to your survey responses and will be deleted immediately following the drawings.

Name (first name only is acceptable):

Email address (university or personal is acceptable):

Re-enter email address for verification:

Thank you for your time.

If you are experiencing a distressing time or event in your life and would like to obtain more information on counseling services available to you on campus, please visit the Counseling and Testing Center Website at:

<http://www.uky.edu/StudentAffairs/Counseling/>

Table A1

Survey Question Constructs and Sources from Literature

Construct	Source
Counseling Style/Approach	
Good listener	Grosenick & Hatmaker, 2000
Understanding	Grosenick & Hatmaker, 2000; Horvath, 2001; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996; Lafferty, Beutler, & Crago, 1989; Najavits & Weiss, 1994
Empathetic	Coady & Wolgien, 1996; Najavits & Strupp, 1994; Grosenick & Hatmaker, 2000; Hersoug, Hoglend, Monsen, & Havik, 2001; Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Karver, Handelsman, Fields, & Bickman, 2005; Karver, Handelsman, Fields, & Bickman, 2006; Keijsers, Schaap, & Hoogduin, 2000; Najavits & Weiss, 1994
Encouraging	Grosenick & Hatmaker, 2000; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996; Lafferty, Beutler, & Crago, 1989
Helps me stay focused	Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996
Challenging	Horvath, 2001
Competent	Chatoor & Krupnick, 2001; Trepka, Rees, Shapiro, Hardy, & Barkham, 2004; Grosenick & Hatmaker, 2000; Reed & Holmes, 1989; Karver, Handelsman, Fields, & Bickman, 2005; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996
Gives me feedback	Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996
Makes me feel comfortable	Karver, Handelsman, Fields, & Bickman, 2005; Karver, Handelsman, Fields, & Bickman, 2006; Knox, Hess, Petersen, & Hill, 1997; Najavits & Weiss, 1994
Confirms my reactions	Grosenick & Hatmaker, 2000; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996; Najavits & Weiss, 1994
Respectful	Grosenick & Hatmaker, 2000; Karver, Handelsman, Fields, & Bickman, 2005; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996; Najavits & Weiss, 1994

Construct	Source
Distant	Ackerman & Hilsenroth, 2001
Explains unfamiliar terms	Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Karver, Handelsman, Fields, & Bickman, 2005; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996
Genuine	Karver, Handelsman, Fields, & Bickman, 2005; Karver, Handelsman, Fields, & Bickman, 2006; Keijsers, Schaap, & Hoogduin, 2000; Knox, Hess, Petersen, & Hill, 1997; Najavits & Weiss, 1994
Trustworthy	Grosenick & Hatmaker, 2000; Karver, Handelsman, Fields, & Bickman, 2005; Karver, Handelsman, Fields, & Bickman, 2006; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996; Lafferty, Beutler, & Crago, 1989
Collaborative	Horvath, 2001; Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Karver, Handelsman, Fields, & Bickman, 2005; Karver, Handelsman, Fields, & Bickman, 2006; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996
Open to my feedback	Cabaj & Klinger, 1996; Grosenick & Hatmaker, 2000; Horvath, 2001; Karver, Handelsman, Fields, & Bickman, 2005; Karver, Handelsman, Fields, & Bickman, 2006
Comfortable talking about diversity	David & Erickson, 1990
Offers new perspectives	Knox, Hess, Petersen, & Hill, 1997
Supportive	Grosenick & Hatmaker, 2000; Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Keijsers, Schaap, & Hoogduin, 2000; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996; Lafferty, Beutler, & Crago, 1989
Warm	Coady & Wolgien, 1996; Najavits & Strupp, 1994; Grosenick & Hatmaker, 2000; Hersoug, Hogle, Monsen, & Havik, 2001; Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Karver, Handelsman, Fields, & Bickman, 2005; Karver, Handelsman, Fields, & Bickman, 2006; Keijsers, Schaap, & Hoogduin, 2000; Najavits & Weiss, 1994
Resourceful	Grosenick & Hatmaker, 2000
Nonjudgmental	Cabaj & Klinger, 1996; Grosenick & Hatmaker, 2000

Construct	Source
Explains my therapy assignments	Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Karver, Handelsman, Fields, & Bickman, 2005; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996
Attractive	--
Likes me	Edwards, 2004
Critical	Ackerman & Hilsenroth, 2001
Training	Blatt, Sansilow, Zuroff, & Pilkonis, 1996 (MD/PhD); Davidson, Scott, Schmidt, Tata, Thornton, & Tyrer, 2004; Reed & Holmes, 1989; Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Jones, Botsko, & Gorman, 2003; Najavits & Weiss, 1994; Wampold & Brown, 2005
Credentials	Gathered from pilot study qualitative data
Demographics	
Gender (sex)	Bowman, 2001; Blatt, Sansilow, Zuroff, & Pilkonis, 1996; Flaskerud & Liu, 1991; Grosenick & Hatmaker, 2000; Hersoug, Hoglemd, Monsen, & Havik, 2001; Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Jones, Botsko, & Gorman, 2003; Karver, Handelsman, Fields, & Bickman, 2005; Liddle, 1996; Najavits & Weiss, 1994; Sterling, Gottheil, Weinstein, & Serota, 2001; Sterling, Gottheil, Weinstein, & Serota, 1998; Wampold & Brown, 2005; Liljestrand, Gerling, & Saliba, 1978
Race/ethnicity	Blatt, Sansilow, Zuroff, & Pilkonis, 1996; Erdur, Rude, Baron, Draper, & Shankar, 2000; Flaskerud & Liu, 1991; Sterling, Gottheil, Weinstein, & Serota, 2001; Sterling, Gottheil, Weinstein, & Serota, 1998; Vocisano, Klein, Arnow, Rivera, Blalock, & Rothbaum, et al., 2004
Age	Blatt, Sansilow, Zuroff, & Pilkonis, 1996; Chevron, Rounsaville, Rothblum, & Weissman, 1983; Davidson, Scott, Schmidt, Tata, Thornton, & Tyrer, 2004; Hersoug, Hoglemd, Monsen, & Havik, 2001; Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Najavits & Weiss, 1994; Vocisano, Klein, Arnow, Rivera, Blalock, & Rothbaum, et al., 2004; Wampold & Brown, 2005

Construct	Source
Native language	Flaskerud & Liu, 1991; Huppert, Bufka, Barlow, Gorman, Shear, & Woods, 2001; Karver, Handelsman, Fields, & Bickman, 2005; Krupnick, Sotsky, Simmens, Moyer, Elkin, Watkins, & Pilkonis, 1996
Marital status	Blatt, Sansilow, Zuroff, & Pilkonis, 1996
Sexual orientation	Cabaj & Klinger, 1996; Jones, Botsko, & Gorman, 2003; Liddle, 1996; Liljestrang, Gerling, & Saliba, 1978
Ability/disability	--
Religious beliefs	Blatt, Sansilow, Zuroff, & Pilkonis, 1996; Smith, 1999; Gibson & Herron, 1990

Table A2

Pilot Study Item Statistics for Misfitting Items

Item Number	Infit Mean Square Value	Outfit Mean Square Value
3	1.21	1.66
8	1.49	1.48
12	1.54	1.65
14	1.49	1.74
19	1.44	1.17
25	1.76	1.90

Note. Data from Winsteps output Table 10.1. Parameters equal 1.35 for infit values and 1.36 for outfit values.

Table A3

Pilot Study Item Statistics in Order of Misfit [abbreviated version]

Item Number	Model S.E.	INFIT		OUTFIT		Item Description
		MNSQ	ZSTD	MNSQ	ZSTD	
3	.26	1.82	3.1	1.89	3.4	Sympathetic
14	.28	1.25	1.1	1.56	2.2	Comfortable with diversity
12	.27	1.27	1.2	1.45	1.9	Validates my thoughts
8	.27	1.44	1.9	1.41	1.8	Uses humor
5	.28	1.27	1.3	1.33	1.4	Focused

Note. Data from Winsteps output Table 10.1. Highlighted items indicate misfit

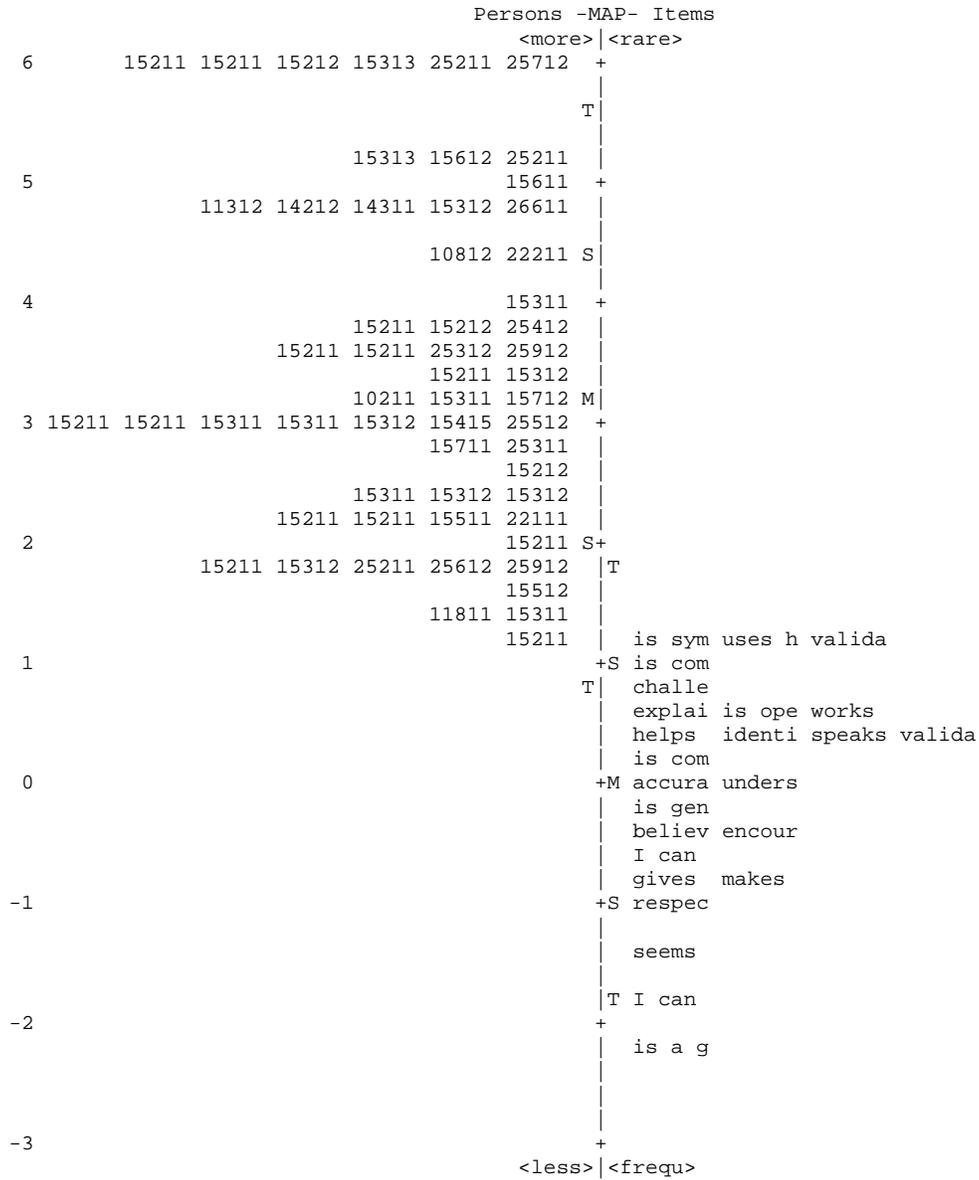


Figure A1. Pilot Study Hierarchy Map of Persons and Items taken from Winsteps output Table 1.

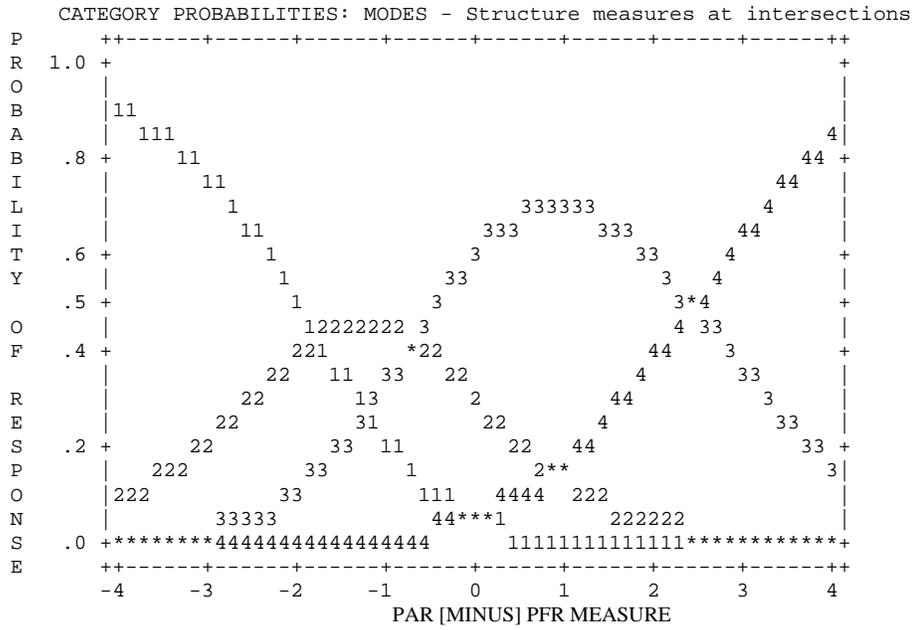


Figure A2. Pilot Study Category Probability Curve taken from Winsteps output Table 21.

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