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ATTITUDE SIMILARITY, EXPERTNESS AND
PERCEIVED COUNSELOR TRUSTWORTHINESS

BY

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B.A., Florida State University, 1984

THESIS
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This analogue study investigated the relationship between the "therapeugenic" (Bloom & Trautt, 1978) factors of attitude similarity and expertness on perceived trustworthiness of a confederate counselor. Several investigators have demonstrated that attitude similarity is positively related to perceived attractiveness, likeability and competence of counselors (Good, 1975; Griffitt & Byrne, 1970; Trautt, Finer & Calisher, 1980). There has been mixed support, however, for the notion that counselors who are perceived as "expert" will positively impact the counseling relationship (Brischetto & Merluzzi, 1981; Kunin & Rodin, 1982; Strong & Schmidt, 1970). The present study expanded previous research by jointly manipulating attitude similarity and perceived expertness to allow for assessment of both independent and interactive effects.

Fifty-one undergraduate students participated. Attitude similarity between "client" and "counselor" was manipulated by prescreening subjects with an attitude survey consisting of controversial topics (abortion, military spending, capital punishment, etc.). Subjects who scored in the extreme conservative or liberal range of the survey were randomly matched with a confederate counselor whose
introductory biographical sketch depicted him or her as attitudinally similar or dissimilar to the subject as well as either relatively experienced/expert or inexperienced/nonexpert in the field. The Counselor Rating Form (CRF) (LaCrosse & Barak, 1976) was utilized to measure the subjects' perceptions of counselor trustworthiness.

The mini-intake interview consisted of a 10-minute meeting between confederate counselor and subject. A set of questions were formulated to approximate topic areas covered in a clinical intake interview. Each subject was interviewed by a same-sex confederate counselor. Following informed consent procedures, subjects were read a brief biographical sketch of the counselor who would be interviewing them. This sketch contained aspects of education and experience as well as community/research activities and interests conveying both the degree of "expertness" and "attitude similarity". Immediately following the simulated interview, subjects completed the CRF.

Prior to the data collection, a three-part pilot study assessed reliability and validity of the attitude survey instrument and of the interview procedures. Test-retest reliability of the attitude survey yielded an $r = .94$. Questions from the "mini-intake" interview were rated for
level of personal intrusiveness to insure that all subjects would be asked the same proportion of personal questions during the 10-minute interview. Finally, the four biographical sketches were rated on the expert/nonexpert, conservative/liberal attitude dimensions to check their validity as stimulus materials.

A three-way ANOVA was performed with liberal/conservative, attitude similarity, and expertness as the independent factors and perceived trustworthiness as the dependent measure. No significant main effects were obtained. Similarly, the three-way interaction was not significant. A significant two-way interaction effect was demonstrated, however, between Liberalism/Conservatism and Expertness/Nonexpertness. Specifically, conservative subjects rated the nonexpert counselors significantly higher on trustworthiness than did the liberal subjects, while liberal and conservative subjects did not differ in trustworthiness ratings of expert counselors. Results were interpreted in terms of the conservative concept of individuality and nonintervention (Monaghan, 1984). Possible implications for the counseling setting were discussed.
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INTRODUCTION

The term "therapeugenic factors" has been proposed by Bloom, Weigel and Trautt (1977) and Bloom and Trautt (1978) to account for the factors which may increase the probability that any psychotherapeutic procedure will be effective independent of specific therapist techniques. These factors, such as therapist gender, fee of services, office decor, perceived expertness, and so forth were reconceptualized to replace the more commonly used terms as "placebo" or nonspecific factors. According to Bloom, Weigel and Trautt (1977, p. 867), these factors "differ from placebo factors in that they are not inert or incidental in the treatment of psychological maladjustment" and suggest that they are a part of active treatment of the client.

Attitude Similarity

In a study of attitude similarity and attraction to a psychotherapist, Good (1975) found that freshman-level students rated imaginary therapists who were attitudinally similar to themselves (measured by the Survey of Attitudes form which was marked to show the attitudes held by a hypothetical therapist on a variety of issues) significantly higher than attitudinally dissimilar ones, with respect to openmindedness, ability to promote feelings of ease, understanding of people, effectiveness as a psychotherapist,
personal attractiveness, and willingness to recommend to a friend (all of which were measured through the Therapist Judgement Scale). In addition, Trautt, Finer and Calisher (1980) found that undergraduate students rated a hypothetical therapist with similar attitudes as themselves (assessed by an attitude survey similar to the one used by Griffitt & Byrne, 1970) as more qualified, more likeable, and more interpersonally attractive. Results also indicated that the subjects were more willing to both recommend the therapist to a friend as well as seek therapy from him or her.

It has been suggested that attitude similarity may have a strong conditioning and learning component. In a paper by Griffitt and Byrne (1970, p. 43) describing procedures used in the paradigmatic study of attitude similarity and attraction, it was reported that "agreeing and disagreeing attitude statements act, respectively, as positive and negative reinforcers in learning situations" (Byrne, Griffitt & Clore, 1968; Byrne, Young & Griffitt, 1966; Golightly & Byrne, 1964; Lamberth & Gay, 1969; Reitz, Douey & Mason, 1968). They also reported that "agreeing and disagreeing attitude statements have been shown to evoke positive and negative evaluations of feelings" (Clore & Byrne, 1977, p. 43), and the finding that when previously neutral strangers are associated with agreeing and disagreeing statements, the strangers are then appropriately evaluated, either positively or negatively (Clore & Byrne,
In addition, when reinforcements not associated with attitudes are paired with another person, the effect on perceived attractiveness is similar to that found with attitudes (Golightly, 1965; Griffitt, 1968; Griffitt & Guay, 1969; Hughs, 1969; Kaplan & Olczak, 1969; McDonald, 1962).

**Expertness**

Perceived expertness has also been said to have an effect on the therapist's ability to influence the client. Briscetto and Merluzzi (1981) found that expert and nonexpert introductions of the therapist had no impact upon the subjects' perceptions of expertness. However, these authors suggested that the moderately competent behavior of the graduate student interviewers may have "neutralized" the impact of expert or nonexpert introductions. Using Goldstein's (1971) modification of the Client's Personal Reaction Questionnaire (Ashby, Ford, Guerney & Guerney, 1957), Speigel (1976) found that suggestions of expertness (defined on the basis of training and experience) through hypothetical biographical sketches and simulated taped interviews, produced higher evaluations of counselor competence than did attributed similarity (the basis of which was age and student status) for both "affiliative" (friendship) problems and academic problems, with which the hypothetical client was seeking help.
Similarly, Strong and Schmidt (1970a) in a study on the effects of perceived counselor "expertness" on counselor influence, demonstrated that "When the two sources of expertness [introduction of training and experience, and role, or behavior of the counselor] . . . are combined, subjects' in the expert condition change their self ratings [of need for achievement] significantly more than subjects' in the inexpert condition between the initial and third self-ratings" (p. 86). The change reflected an influence attempt by the interviewer by asking the subject how he would rate his achievement motivation in relation to other college men. The Edwards Personal Preference Schedule was used to assess the subjects' need for achievement and the Interview Reaction Questionnaire was utilized as a means by which to identify the differences between the expert and nonexpert roles. In another study conducted by Schmidt and Strong (1970), male college students identified "cues of expertness" after viewing videotapes of actual counselors (with varying degrees of training and experience) interviewing the same male client. The order of rated expertness was almost inversely related to the order of experience and training. The less experienced counselors were actually rated as being more responsive to the client on the videotape in addition to perceiving them as more logical and rational in their questioning. The authors suggested that the less experienced counselors were rated as
being more expert for two reasons: (a) "their greater responsiveness to the client," and (b) "the perceived logic and rationality of their questions" (p. 117). They claimed this was due to the counselor's familiarity or understanding of the client's problem, which was academic in nature.

Strong (1968) suggested a two-phase model of counseling as an interpersonal influence process based on cognitive dissonance theory. This theory holds that when an individual's cognitions about himself and the environment are inconsistent, he is motivated by the attendant discomfort to act in such a manner as to reduce dissonance. Gerard Egan (1982, p. 134) described how in the first stage, "counselors enhance their perceived expertness, attractiveness, trustworthiness and clients' involvement in counseling. In the second stage, counselors use their influence to precipitate opinion and/or behavior change in clients" (Corrigan, Dell, Lewis & Schmidt, 1980, p. 396). In support of this, Goldstein (1980) described what are called "relationship enhancers," which are behaviors that help counselors "establish an interpersonal power base with their clients" (Egan, 1982, p. 134). Such behaviors may include providing structure, modeling appropriate behavior, exhibiting attending skills and so forth, and lead to increased perceptions of "mutual liking, respect and trust" (p. 134). These reported perceptions are parallel to the
dimensions measured by the Counselor Rating Form (La Crosse & Barak, 1976) and are said to lead to increased levels of self-disclosure. Ultimately, such a relationship increases the likelihood that positive behavior change will occur.

A study conducted by Kunin and Rodin (1982) revealed that clients disclosed more of themselves to male than to female counselors when the counselors were either high on status or attractiveness. Subjects also rated high-status counselors as more empathic. Status of the counselors was manipulated by assigning stimulus photographs of hypothetical therapists with descriptions of "young PhD psychologists, who have completed internships and have had several years experience in counseling and psychotherapy" or "psychology graduate students currently engaged in clinical training, who have been counseling students on a part-time basis at the Student Health Center for less than a year" (p. 86). In a study by Hill (1975) on how the sex of the client and the sex and experience level of the counselor affects behaviors in counseling, results indicated that both male and female inexperienced counselors were most empathic and active and elicited more feelings from the same sex clients than with clients who were of the opposite sex. Here, experience level was manipulated by using actual counselors who were either at the practicum level of training or at the intern/staff level with at least two years experience in counseling. These counselors audiotaped
the second counseling session with one male and one female client, and following the session, both counselor and client completed satisfaction items about the session. The tapes were subsequently rated by graduate students for counselor and client activity levels, counselor's verbal behavior, and client's verbal behavior.

**Procedural Differences**

Most of the foregoing studies are limited in that the subjects were either told that they were evaluating a hypothetical therapist or they were led to believe that they were evaluating an actual practicing therapist whom they never had met. The study by Kunin and Rodin (1982), noted earlier, utilized stimulus photographs as a means by which to assess attractiveness. However, the Brischetto and Merluzzi (1981) study assessed the effects of level of expertness through the use of brief in vivo interviews, sometimes known as the "simulated interview technique." In the study conducted by Hill (1975) mentioned above, actual sessions between counselors and their clients were utilized for the purpose of studying behaviors in counseling. It is believed that the practical utility of a study in this area is enhanced when direct contact with the therapist is made. Therefore, a study that more closely resembles an actual therapy setting is necessary. The aforementioned studies demonstrate this need by their procedural limitations and threats to external validity.
This study attempted to improve upon previous research in an effort to provide a more natural setting which is analogous to a genuine therapist-client interchange, by including in vivo interactions rather than a mere description and/or photograph of the "therapist." The present study was designed to determine if attitude similarity and perceived counselor expertness influences ratings of trustworthiness toward the counselor. This study also expanded upon previous research in this area in that the manipulation of attitude similarity was combined with the variation of expert or nonexpert introductions of the confederate therapist, thus providing interaction effect information.

Counselor Rating Form and Trustworthiness

In this experiment, the subject's evaluation of a confederate therapist's trustworthiness was obtained using the Counselor Rating Form (LaCross & Barak, 1976), which is used to assess three dimensions of perceived counselor behavior: expertness, trustworthiness and attractiveness. These three variables have been investigated by Barak and LaCrosse (1975), whose study supported the existence of such dimensions. It was suggested by Corrigan (1978, p. 588), in his study on the perceived credibility of helpers, that "the perceived credibility may be dependent upon the perception of trustworthiness in conjunction with the perception of either expertness or attractiveness." These three
dimensions of helping behavior were found to be reliable as measured by the Counselor Rating Form (CRF), and can be differentiated both within and between counselors (LaCrosse & Barak, 1976). In a study conducted by LaCrosse (1980), the clinical utility of the CRF was supported by resulting in a positive relationship between initial and final perception of these dimensions and immediate postcounseling outcome of therapy in an inpatient drug treatment program.

The use of trustworthiness as a dependent measure is important to focus on because of the implications it has for client self-disclosure in the therapy setting. It is reasonable to assume that the more a client trusts his/her therapist, the more he/she will verbally communicate information about himself/herself. Another function that trustworthiness serves is the extent to which the counselor can influence the client. Therefore, studies in this area can facilitate the identification of what counselor characteristics or behaviors lead to increased counselor trustworthiness, and thus self-disclosure and change on the part of the client.

**Hypotheses**

It was hypothesized that the main effects of both low attitude similarity and low expertness would produce low trustworthiness ratings of the therapist. High attitude similarity and high expertness was expected to yield a high degree of trustworthiness. Furthermore, it was anticipated that the highest degree of trustworthiness ratings would be
obtained when subjects interacted with an attitudinally similar, "expert" confederate therapist. Conversely, the lowest degree of trustworthiness was expected to be attained in the attitudinally dissimilar, nonexpertness group. It was hypothesized that the interactive effects of low attitude similarity and high expertness as well as high attitude similarity and low expertness would produce an intermediate degree of trustworthiness on the part of the subject.

In summary, the four main conditions were as follows: 1) attitude similar, expert; 2) attitude similar, nonexpert; 3) attitude dissimilar, expert, 4) attitude dissimilar, nonexpert. There were a total of eight groups, each consisting of both males and females possessing liberal and conservative attitudes, based on an attitude survey designed for this study (see Appendix A).
METHOD

Design

The purpose of this analogue study was to investigate how attitude similarity between therapists and clients and level of ascribed expertise of the therapist can affect the client's evaluation of a therapist's trustworthiness. Thus, therapists' expertness and attitude similarity were manipulated in this experiment, with two levels of each variable. The four main treatment groups were as follows: 1) High attitude similarity, high expert; 2) High attitude similarity, low expert; 3) Low attitude similarity, high expert; 4) Low attitude similarity, low expert. Each group consisted of 12-13 subjects (with proportionate numbers of males and females), taken from undergraduate psychology courses at the University of Central Florida. Each group contained both males and females possessing "liberal" and "conservative" attitudes, based on an attitude survey designed for this study (see Appendix A), resulting in a total of eight conditions.

The counselors who were employed for this experiment were confederates. The subjects and confederate counselors were matched by sex to eliminate the effects of cross gender bias. Attitude similarity between subjects and confederate therapists was determined by scores from an attitude survey
which was comprised of current topics of interest (see Appendix A). The confederate therapist's level of expertness as well as his or her attitudes were manipulated through introductions proceeding a ten-minute interaction with the subject. Expertness was defined on the basis of education and experience. Attitudes were eluded to in the oral introductions via a description of the social and political interests and activities of the "therapist."

**Procedure**

**Pilot Study**

Nineteen female and 11 male undergraduate psychology students participated in a test-retest administration of the attitude survey (see Appendix A), which was devised for the purpose of placing subjects who scored in a liberal or conservative direction in the various "blocks" of the design when randomly assigning treatment conditions. The first administration of the attitude survey took place along with the presentation of the other two pilot questionnaires. The retest was given one week later in the same university setting, and was later analyzed for reliability.

Each question that the confederate therapist asked the subject in the "mini intake interview" was assessed as to its level of "personal intrusiveness" (see Appendix D). Twenty-one female and 11 male undergraduate psychology students were asked to rate 40 questions on a 5-point Likert-type scale ranging from "not personal at all" to
"extremely personal." This pilot procedure was conducted two weeks prior to the start of the experiment for the purpose of assuring that the more personal questions would be presented in a uniform fashion along with the less personally intrusive questions, since a certain degree of response variability was expected in the subjects' replies. Therefore, each subject in the second phase of the experiment presumably was asked the same number of questions from each of the five levels of personalness.

Another pilot procedure which was conducted in advance consisted of checking the validity of the four biographical sketches. This was accomplished by having 21 female and 11 male undergraduate psychology students rate the four counselor introductions on expert/nonexpert as well as conservative/liberal dimensions (see appendices B and C). Choices for both dimensions ranged from "expert" to "nonexpert" and "very conservative" to "very liberal." These descriptions were presented in randomized order across raters and were administered concurrently with the scale measuring personal intrusiveness of the interview questions.

Phase One

The first phase of the experiment involved introducing 96 subjects (students enrolled in undergraduate psychology courses) to the experiment and requesting their participation through an informed consent form (see Appendix E). Signatures were obtained on these forms before
completion of subsequent materials. The students were then asked to complete a demographic data sheet, an attitude survey and a Beck Depression Inventory (Beck, 1976a), (see appendices F, G and H, respectively). These questionnaires were completed during their class period at the University. The Beck Depression Inventory (BDI) was used for the purpose of preselecting a more "clinical-like" population. The attitude survey consisted of controversial topics of current interest. Only 9 of the 20 items in the survey were scored. The scored items consisted of attitudes (five "liberal" and four "conservative") that were included in the biographical scripts which were read to the subjects prior to the mini-intake interview.

After the prescreening was completed, only those subjects falling in the top 39% or bottom 39% of the attitude similarity continuum were selected for the second phase of the experiment. The 30 subjects who fell in the middle tercile on the measure of attitude similarity were excluded from participation. Originally, only those subjects whose responses on the BDI reflected the presence of at least a mild clinical depression were to be used. However, this objective was discarded after an insufficient number (nine) of subjects in this group was obtained (though they were still included in the total sample).

In preparation for the next phase, those labeled conservative and liberal were randomly matched with high and
low degrees of attitude similarity and with expert and nonexpert introductions between subjects and the confederate therapists. Subjects were subsequently telephoned by the experimenter and asked to participate in the second phase.

Phase Two

The second phase of the experiment involved individual meetings between the experimenter, the subject, and the confederate therapist. Data collection was completed over a two-week period.

When the subject arrived, he or she was given another informed consent form (see Appendix I). Again, the subject's signature was obtained on this form prior to further participation. Interviews and completion of all forms took place in two psychologists' offices at the University of Central Florida Psychology Department. Before the confederate counselor entered the office, the experimenter read a brief introduction (see Appendix J) and then introduced him or her as expert or nonexpert (defined in terms of education and experience). Also included in the introduction was a biographical sketch of the confederate therapist. Various community interests and activities which he or she had supposedly been engaged in the past were described (see Appendix K). This introductory biographical sketch was read aloud for the purpose of conveying to the subject the degree of "counselor" expertness and general attitudes ("conservative" or "liberal"). The experimenter
then left the room to retrieve the confederate therapist. Male subjects then interacted with the male confederate therapist for no longer than 10 minutes. Likewise, female subjects were interviewed by a female confederate therapist (see Appendix L). Counselors and subjects were interrupted by the experimenter after 10 minutes of interview time had elapsed. The lengths of interviews ranged from 5 to 10 minutes. Confederates were trained to follow the standardized interview format and did not record responses disclosed by the subjects. The confederate therapist then left the office and the experimenter administered the CRF to the subject for the purpose of evaluating the therapist in terms of trustworthiness (see Appendix M).

Following completion of the CRF, all subjects were debriefed in full as to the purpose and design of the study through both verbal and written explanation. At this time, they had an opportunity to ask questions as well (see Appendix N).

Following the debriefing stage, the subjects were given two questionnaires, one of which measured the believability, perceived conservativeness/liberalness, and perceived similarity to the confederate therapist (see Appendix O), and another which assessed stress level experienced by the subject (see Appendix P). All of the questions contained five point Likert-type choices.
While it was anticipated that subjects would not suffer from stress during the experiment, they were assessed on the degree of stress endured during the experiment in order to insure that no adverse effects occurred as a result of participation. Referrals to psychological services were to be provided if there was more than a "slight amount of stress" experienced by the subject (see Appendix P). However, there were no subjects who reported feeling more than a slight amount of stress, as measured by the stress assessment scale.

Finally, a "pledge of confidentiality" contract was signed by the subjects to ensure that information about the study would not be disclosed to other potential subjects (see Appendix Q).

**Subjects**

Nineteen male (M age = 25.37) and 32 female (M age = 24.16) undergraduate students enrolled in undergraduate psychology courses at the University of Central Florida participated as subjects. There were four to five males and eight females in each of the four main experimental conditions. The male confederate therapist was 30 years old and the female was 49 years old. Both were graduate students in Clinical Psychology at the University of Central Florida. The experimenter was a 24-year-old clinical psychology graduate student.
Data Analysis

Scores obtained from the CRF measuring the subjects' level of perceived trustworthiness towards a therapist, were collected. A three-way independent ANOVA (Attitude Similarity, Expertness, Liberalism/Conservatism), was utilized to evaluate the relationship between the degree of attitude similarity and therapist expertise, on subjects' evaluation of a confederate therapist's trustworthiness.
RESULTS

Pilot Study

A Pearson Correlation was performed on the scores from the two administrations of the attitude survey for the purpose of determining its reliability prior to the experiment. The pairs of scores from the 30 pilot subjects yielded a correlation coefficient of .94.

A matched t test (repeated measures) was performed to determine the validity of the four script conditions. The difference in mean ratings of expertness between the Expert and Nonexpert introductions was significant within both the Liberal [t(31) = -6.18, \( p < .001 \)] and Conservative [t(31) = -6.54, \( p < .001 \)] conditions. Likewise, significant differences in mean ratings of Liberalness and Conservativeness were identified between the Liberal and Conservative scripts within both the Expert [t(31) = 9.34, \( p < .001 \)] and Nonexpert [t(31) = 13.60, \( p < .001 \)] conditions.

Experiment

A three-way analysis of variance (ANOVA), utilizing a 2 (liberal/conservative) X 2 (expert/nonexpert) X 2 (attitude similarity/attitude dissimilarity) cell matrix was performed (SPSS/PC+, 1986). Analysis of variance for the main effect of Liberal (\( M = 67.00 \)) versus Conservative (\( M = 70.08 \)) on
the Trustworthiness dimension of the CRF was not significant, \( F(1,43) = 1.30, p = .26 \). Analysis of variance for the main effect of Expert (\( M = 68.48 \)) versus Nonexpert (\( M = 68.54 \)) on trustworthiness also was not significant, \( F(1,43) = .00, p = .99 \). Finally, there was no significant difference for the main effect of Attitude Similarity (\( M = 69.08 \)) versus Attitude Dissimilarity (\( M = 67.92 \)), \( F(1,43) = .24, p = .63 \).

Analysis of the two-way interaction of Liberal/Conservative and Expert/Nonexpert on trustworthiness revealed a significant difference (\( F(1,43) = 4.56, p = .04 \)). A univariate planned comparison (Brecht & Woodward, 1983) was conducted using Liberal/Conservative and Expert/Nonexpert as between factors, and the scores from the single dimension of Trustworthiness taken from the CRF, as the dependent measure. Table 1 shows the means and standard deviations for the Trustworthiness scores by the Liberal/Conservative and Expert/Nonexpert conditions. The univariate planned comparison revealed that conservative subjects rated the nonexpert counselor significantly higher on trustworthiness than did the liberal subjects, \( F(1,43) = 5.43, p = .02 \), while for the expert counselors, liberal and conservative subjects did not differ significantly in their trustworthiness ratings, \( F(1,43) = .49, p = .49 \).

Analysis for the interactions of Liberal/Conservative and Attitude Similarity/Attitude Dissimilarity as well as
Expert/Nonexpert and Attitude Similarity/Attitude Dissimilarity both failed to reach statistical significant; $F(1,43) = .004, p = .95$, and $F(1,43) = 2.18, p = .15$, respectively. Similarly, no significant difference was obtained in the ANOVA for the three-way interaction of Liberal/Conservative, Expert/Nonexpert and Attitude Similarity/Attitude Dissimilarity, $F(1,43) = .01, p = .93$. 
DISCUSSION

The results failed to confirm the primary hypothesis that there would be a positive relationship between attitude similarity, expertness and perceived counselor trustworthiness. In other words, similarity or dissimilarity of attitudes as well as level of expertise did not have a significant impact on the subjects' perceptions of counselor trustworthiness.

Consistent with the Brischetto and Merluzzi (1981) study, expert and nonexpert introductions of the counselor had no effect on trustworthiness ratings. In their study on the effects of therapist sex and level of expertness on the perceptions of subjects in an initial interview, they found that counselor introductions failed to affect both perceived expertness and trustworthiness. Post-hoc analyses of the present study revealed that the mean trustworthiness scores were virtually identical in both the expert and nonexpert conditions. However, 47% of the subjects incorrectly rated the counselor as either expert or nonexpert, based on the median score from the CRF Expertness dimension. The confederates, blind to the manipulation of treatment conditions, were trained to present themselves in a consistent manner with all subjects. Brischetto and Merluzzi (1981) reported how the "reasonably competent
therapist behavior" (p. 82) may have neutralized the differential effects of the expertness manipulation. Thus, the general interviewer proficiency that the confederates demonstrated could have had a similar influence in the present study. In addition, this finding may illustrate the indistinct nature of the verbal descriptions of the two levels of expertise.

There was no significant difference between the trustworthiness scores of the subjects in both the attitude similarity or attitude dissimilarity groups. In consideration of the subjects' verbal reactions to the experiment during the debriefing phase, it is suggested that they were reluctant to base their judgements (on the CRF) on a verbal introduction of the confederates alone. Rather, they would have preferred to be given more of a chance to observe the behavior and verbal communication of the counselor before evaluating him or her. Similarly, Kaul and Schmidt (1971), in a study on the empirical analysis of perceived trustworthiness and the factors influencing these perceptions in relation to the content and manner of communication, found that trustworthiness ratings were more influenced by the manner in which the interviewer acted (as opposed to the content of his communications) which was defined as "intonation, emphasis, position and gestures" (p. 543). In addition, post-questioning of the current sample revealed that 25% of the subjects incorrectly
perceived similarity between their own and the confederate's ascribed attitudes. However, it cannot be determined whether this was due to measurement error, or to the misunderstanding or inattention to the introductory biographical sketches. Indeed, some subjects reported that they could not remember what was said about the counselor before meeting him or her.

While neither Liberal/Conservative nor Expert/Nonexpert conditions alone were significant to produce a statistically significant effect, a significant two-way interaction was obtained from the Liberal/Conservative and Expert/Nonexpert variables. Specifically, subjects holding "conservative" attitudes scored significantly higher than those with "liberal" attitudes on counselor trustworthiness when interviewed by a nonexpert counselor. That is, if one tends to adhere to such beliefs as capital punishment, increased national defense and residential segregation (sample issues from the attitude survey; see Appendix G), then one would tend to trust a counselor described as a nonexpert more than one described as an expert. While this effect seems puzzling, one possible interpretation is that perhaps clients who are more conservative in their attitudes tend to trust a counselor who is relatively inexperienced (as opposed to an expert) due to the underlying assumption of the conservative concept of individuality and nonintervention. Monaghan (1984), in his political communication model of conservatives and liberals, described how
"varieties of individual persons offer resources which make communication possible" and "... the conservative view of human relationships may be understood in terms of its anchor in the principle of individuality and variety" (p. 418).
Thus, one might speculate that the "conservatives" in this study felt more comfortable with the nonexpert counselors because of their perception that a person who is inexperienced would not intervene or intrude upon his or her individuality. Of course, further research conducted in this particular area would serve to support or invalidate this idea.

Generally, both liberal and conservative subjects in each of the four main treatment groups tended to trust the confederate counselors about the same. It was also evident in the post-questioning analysis that slightly over half (51%) of the subjects reported that their own attitudes were similar to those of the counselor (of the 26 subjects whose attitudes were presumed to be similar to those of the confederate, 62% reported that they were in fact similar). Furthermore, it is interesting to note that all but two of the subjects rated the counselors as experts (when using a split-median method with the Expertness scores from the CRF). Subjects were undergraduate students generally in their 20s while the two confederates were graduate students who were 30 and 49 years old, respectively. It may be that the overall age difference between the confederates and
subjects as well as a tendency to give socially desirable responses ("Hawthorne Effect"), counselor competence and the nonjudgemental nature of their responses all could have contributed to increased attraction or respect for the counselors. In fact, the average Attractiveness rating as measured by the CRF was approximately the same as the overall Trustworthiness average ($M = 66.71$ and $M = 68.51$, respectively).

Although this study is subject to limitations inherent in analogue research, it nevertheless exemplifies the practicality of studying counselor variables. To the degree that counselor trust is enhanced early in the counseling process, self-disclosure will be facilitated and ultimately the therapeutic process itself. Therefore, the findings from the present study have possible implications for a therapeutic setting. Perhaps it is not as important as previously thought to focus on counselor credentials and attitude similarity to the client in determining the client's initial impression of the counselor. Instead, future research in the area of counselor variables affecting trustworthiness should focus more on the manner in which the counselor communicates and responds to the client, rather than external "therapeugenic factors." Furthermore, clinical exploration of these factors, utilizing actual practicing counselors and their clients, would increase the external validity of research conducted in this area.
### TABLE 1

MEANS AND STANDARD DEVIATIONS FOR TRUSTWORTHINESS SCORES BY LIBERAL/CONSERVATIVE AND EXPERT/NONEXPERT CONDITIONS

<table>
<thead>
<tr>
<th>COUNSELORS</th>
<th>SUBJECTS</th>
<th>Liberal</th>
<th>Conservative</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Experts</td>
<td></td>
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</tr>
<tr>
<td>M</td>
<td>69.77</td>
<td>67.08</td>
<td>68.43</td>
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<tr>
<td>SD</td>
<td>8.05</td>
<td>11.29</td>
<td>9.63</td>
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<tr>
<td>n</td>
<td>13</td>
<td>12</td>
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<tr>
<td>Nonexperts</td>
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<tr>
<td>M</td>
<td>64.23</td>
<td>72.85</td>
<td>68.54</td>
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<tr>
<td>SD</td>
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<td>10.44</td>
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<td>n</td>
<td>13</td>
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<td>26</td>
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<tr>
<td>Total</td>
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<tr>
<td>M</td>
<td>67.00</td>
<td>70.08</td>
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<tr>
<td>SD</td>
<td>9.71</td>
<td>10.15</td>
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<td>n</td>
<td>26</td>
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</table>

Note. Possible trustworthiness scores range from 12-84 on the Counselor Rating Form.
APPENDIX A

PILOT ATTITUDE SURVEY

Please read the following statements on the scale provided below. Then for each question that follows, circle ONE of the numbers on each scale that best corresponds to your belief or opinion.

<table>
<thead>
<tr>
<th>Strongly Agree</th>
<th>Mostly Agree</th>
<th>Somewhat Agree</th>
<th>Neither</th>
<th>Somewhat Disagree</th>
<th>Mostly Disagree</th>
<th>Strongly Disagree</th>
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<tr>
<td>X</td>
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</table>

1. Children in elementary or junior high schools should be taught sex education.

```
X X X X X X X  
1 2 3 4 5 6 7
```

2. I believe abortion is wrong, no matter what the circumstances are.

```
X X X X X X X  
1 2 3 4 5 6 7
```

3. I believe that capital punishment is wrong.

```
X X X X X X X  
1 2 3 4 5 6 7
```

4. Females under the age of 18 should not be allowed to obtain birth control.

```
X X X X X X X  
1 2 3 4 5 6 7
```

5. Children diagnosed as having acquired immune deficiency syndrome (AIDS) should be allowed to attend public schools.

```
X X X X X X X  
1 2 3 4 5 6 7
```
6. Children should be spanked or punished in some way for misbehaving.

   X X X X X X X
   1 2 3 4 5 6 7

7. I think that marijuana should be legalized, just like alcohol.

   X X X X X X X
   1 2 3 4 5 6 7

8. The drinking age should be over the age of 18.

   X X X X X X X
   1 2 3 4 5 6 7

9. People should be free to smoke wherever they so choose.

   X X X X X X X
   1 2 3 4 5 6 7

10. First-time offenders convicted of driving under the influence (DUI) should be required to serve a mandatory jail sentence.

    X X X X X X X
    1 2 3 4 5 6 7

11. I think it's okay to have sex just for the sake of enjoyment.

    X X X X X X X
    1 2 3 4 5 6 7

12. The husband should be the one who controls all the money in the household (checkbook, bills, expenses).

    X X X X X X X
    1 2 3 4 5 6 7

13. Homosexuals should be allowed to teach in our public schools.

    X X X X X X X
    1 2 3 4 5 6 7
14. Children should be taught a sense of patriotism by pledging our flag.

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15. Our government should stop wasting so much money on national defense.

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16. Children should be required to say a daily prayer in school.

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17. I would not care if people of a different race moved in next door to me.

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18. Hard rock songs should be required to carry ratings (like movies rated G, PG, R, and X) on the amount of sex, drugs and violence contained in the song.

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19. I think couples should live together for a period of time before marrying.

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20. The U.S. military should launch armed invasions to communist countries for the purpose of preventing as well as dislodging existing communist dictatorships.

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<td>7</td>
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</tbody>
</table>
APPENDIX B

INSTRUCTIONS FOR PILOT BIOGRAPHICAL SCRIPTS

Please read the following descriptions of hypothetical counselors. After reading all four descriptions, rate them on the Expert/Nonexpert and Conservative/Liberal dimensions provided at the bottom of each page.
APPENDIX C

PILOT BIOGRAPHICAL SCRIPTS

Dr. _______ is a licensed Clinical Psychologist who has been in private practice for nine years. He obtained his PhD in 1975 at Vanderbilt University and did his internship at St. Mary Catholic Family Center in Nashville. He has been married for 12 years and has two children. He enjoys boating and traveling with his family. He supports Vanderbilt University and occasionally takes his family up to Nashville so he can attend alumni meetings and fraternity functions. He is actively engaged in research and has written numerous articles on such topics as the authoritarian approach to child discipline, prosocial learning through the exposure to capital punishment, and prevention of traffic fatalities through the practice of mandatory jail terms for first-time DUI (driving under the influence) offenders. At Vanderbilt, he organized several rallies to increase the drinking age, and in the past ten years, he has lobbied to eradicate several early sex education programs in some local schools as well as to deter further local funding for several abortion clinics in the Central Florida area.

He is a member of a diversified set of groups including the American Psychological Association, the Orlando Chamber of Commerce, and is very active in a large, local Fundamentalist Church. He also used to be a member of the Organization for Suburban Segregation in 1981. He was an active campaigner for Ronald Reagan and is currently petitioning to increase our national defense in order to control the spread of communism in various countries.

Although Dr. _______ has many social and political interests, he is currently practicing psychotherapy full-time in the Central Florida area.

For the preceding counselor description, please indicate (by circling) the degree of perceived expertness as well as the degree of perceived conservativeness/liberalness.
<table>
<thead>
<tr>
<th>Expert</th>
<th>Moderately Expert</th>
<th>Undecided</th>
<th>Moderately Nonexpert</th>
<th>Nonexpert</th>
</tr>
</thead>
<tbody>
<tr>
<td>X</td>
<td>X</td>
<td>X</td>
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<td>1</td>
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<tr>
<td>Very Conservative</td>
<td>Moderately Conservative</td>
<td>Undecided</td>
<td>Moderately Liberal</td>
<td>Very Liberal</td>
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<tr>
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</tbody>
</table>
Dr. is a licensed Clinical Psychologist who has been in private practice for nine years. He obtained his PhD in 1975 at the University of California at Berkeley and did his internship at a San Francisco community mental health clinic. He has been married for six years and has one child. He enjoys boating and traveling with his family. He supports the University of California and occasionally returns to Berkeley to attend football games. He is actively engaged in research and has written numerous articles on such topics as marital equality, alternative deterrents to crime other than capital punishment, and the democratic approach to child behavior management. In the past ten years he has lobbied to develop early sex education programs in the public schools, increase funding for state operated abortion clinics, as well as to keep the drinking age at 18.

He is a member of a diversified set of groups including Greenpeace, the Committee for the Utilization of Solar Energy and the American Psychological Association. In the past he has campaigned for the George McGovern election and has organized several peace marches sponsored by the Unitarian Church. He was a member of the Organization for Suburban Desegregation in 1981 and he participated in various anti-apartheid demonstrations in Washington D.C. in January of 1986.

Although Dr. has many social and political interests, he currently is practicing psychotherapy full-time in the Central Florida area.

For the preceding counselor description, please indicate (by circling) the degree of perceived expertness as well as the degree of perceived conservativeness/liberalness.

<table>
<thead>
<tr>
<th>Expert</th>
<th>Moderately</th>
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<tr>
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<td>Expert</td>
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<table>
<thead>
<tr>
<th>Very Conservative</th>
<th>Moderately Conservative</th>
<th>Undecided</th>
<th>Moderately Liberal</th>
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<tbody>
<tr>
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</table>
is a psychology graduate student currently engaged in clinical training at the master's degree level. He received his bachelor's degree in 1984 at Boston College. He has had no experience as a professional counselor but has been counseling for a few months at a local mental health center as part of his internship experience. He has been married for 12 years and has two children. He enjoys boating and traveling with his family. He supports Boston College and occasionally takes his family up to Boston so he can attend alumni meetings and fraternity functions. At Boston College he participated in several rallies to increase the drinking age, close down several abortion clinics in the Boston area, and to increase national defense. He also participated in several undergraduate literature reviews including such topics as the authoritarian approach to child discipline, the societal benefits of capital punishment and the prevention of traffic fatalities through the practice of mandatory jail terms for first-time DUI (driving under the influence) offenders.

He is a member of a diversified set of groups; he is very active in a large, local fundamentalist church; he is a member of the Organization for Suburban Segregation and a student affiliate of the American Psychological Association. He also volunteers much of his time working with the Boy Scouts. In the past he has helped distribute flyers for the Reagan re-election campaign as well as for the Orange County School system in order to abolish existing sex education classes in various public schools.

Although he has many social and political interests, he is currently counseling part-time as a part of his internship, so as to gain experience in the field of psychology.

For the preceding counselor description, please indicate (by circling) the degree of perceived expertness as well as the degree of perceived conservativeness/liberalness.

<table>
<thead>
<tr>
<th>Expert</th>
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<td>X</td>
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</table>
is a psychology graduate student currently engaged in clinical training at the master's degree level. He received his bachelor's degree in 1984 at San Francisco State University. He has had no experience as a professional counselor but has been counseling for a few months at a local abortion clinic as a part of his internship experience. He has been married for 6 years and has no children. He enjoys boating and traveling with his wife. He supports San Francisco University and occasionally returns to San Francisco to attend football games. At San Francisco State University he participated in several rallies to keep the drinking age at 18 and to abolish capital punishment. He also participated in several undergraduate literature reviews including such topics as marital equality, the democratic approach to child behavior management, and the benefits of suburban desegregation.

He is a member of a diversified set of groups including Greenpeace and the Committee for the Utilization of Solar Energy. He also is a student affiliate of the American Psychological Association. In the past he has helped distribute flyers for the George McGovern election and has also participated as a student representative for the anti-apartheid demonstrations in Washington D.C. in January of 1986 as well as various peace marches sponsored by the Unitarian Church. He also has lobbied to develop early sex education programs in the Central Florida area.

Although has many social and political interests, he is currently counseling part-time as part of his internship requirement, so as to gain experience in the field of psychology.

For the preceding counselor description, please indicate (by circling) the degree of perceived expertness as well as the degree of perceived conservativeness/liberalness.

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<tr>
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</table>
APPENDIX D

PILOT PERSONAL INTRUSIVENESS SCALE

Please rank the following questions as to their level of personal intrusiveness using the scale provided below:

Not personal at all  Slightly Personal  Moderately Personal  Highly Personal  Extremely Personal

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</table>

1. How old are you?
2. Do you live on campus?
3. Which dorm?
4. Do you live with your parents?
5. Do you have a roommate?
6. Do you like having a roommate?
7. How long have you been living in this area?
8. Where did you live before that?
9. Did you grow up there?
10. How do you like Central Florida?
11. Are you in a sorority or fraternity?
12. What is your major?
13. What is your favorite class?
14. When do you expect to graduate?
15. What do you plan to do when you graduate?
16. Do you plan to stay in the Central Florida area?
17. What do you think you'll be doing ten years from now?
18. What is your favorite thing to do in your spare time?
19. Do you have a boyfriend/girlfriend?
20. How long have you been dating?
21. Have you ever had any kind of severe illnesses or physical trauma?
22. What kind?
23. When was that?
24. Were you hospitalized?
25. For how long?
26. Have you been sleeping well lately?
27. Has your appetite been okay lately?
28. Have you lost or gained more than ten pounds recently?
29. Do you have any brothers or sisters?
30. How many?
31. How old are they?
32. Do they live in Florida?
33. Are your parents married, separated or divorced?
34. Where do they live?
35. Have you ever been in any kind of counseling before?
36. Are you working anywhere?
37. What do you do?
38. Are you currently looking for (another) a job?
39. Are you currently taking any medications?
40. Which ones?
APPENDIX E

PHASE ONE CONSENT TO PARTICIPATE

The two questionnaires which you are being asked to complete are for the purpose of obtaining subjects for a research project. The attitude survey consists of 20 questions regarding current topics or controversial issues. The Beck Inventory consists of 21 questions assessing one's general mood or feelings that one has been experiencing recently. Some individuals will be selected to participate in a second phase of the research project.

Due to the importance of obtaining completely objective information for this experiment, we are withholding from you some selected information related to the exact nature of what we are studying. This information will be fully disclosed to you following your participation in the experiment. You will then have an opportunity to ask questions regarding this study at that time. If you are not selected for further participation, or you wish to not continue beyond this point, and you would like to inquire about the nature of the study, the experimenter will be happy to send you a copy of the summarized results. Simply print your name and address at the bottom of this page if you are interested in receiving such information.

Completion of these questionnaires is voluntary, and you will not be penalized in any way if you choose not to complete them. You may terminate your participation at any time.

All information obtained in these questionnaires will be kept strictly confidential. A code number appears on both questionnaires so that your name is not associated with your responses. It is necessary that we have your first name and phone number, however, so we can get in touch with you if you are selected for participation in the second phase. This is why a separate identification card is provided along with the questionnaires. These cards will be destroyed following the tabulation of results. Again, they will not be associated with your responses on the questionnaires. Only those people directly involved in this project will have access to this information. This includes the experimenter, Sharon McKay (Psychology graduate student), and John M. McGuire, PhD, of the University of Central Florida Psychology Department.
If you so desire, you may have access to the results of this project as soon as it is completed. The results will be contained in a bound thesis in the UCF Library sometime this year, under the names of the above mentioned people.

Please sign your name below if you understand and agree to the above conditions. This form will be maintained independent of all research data.

Optional name & address: ____________________________

__________________________

__________________________

__________________________

__________________________

__________________________

Signature
APPENDIX F

DEMOGRAPHIC DATA SHEET

First name: 
Phone number: 
Age: 
Sex: 
**APPENDIX G**

**PHASE ONE ATTITUDE SURVEY**

Please read the following statements on the scale provided below. Then for each question that follows, circle ONE of the numbers on each scale that best corresponds to your belief or opinion.

<table>
<thead>
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<th>Strongly Agree</th>
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<th>Somewhat Agree</th>
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<td>7</td>
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</table>

1. Children diagnosed as having acquired immune deficiency syndrome (AIDS) should be allowed to attend public schools.

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2. Children in elementary or junior high schools should be taught sex education.

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3. Hard rock songs should be required to carry ratings (like movies rated G, PG, R, and X) on the amount of sex, drugs and violence contained in the song.

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4. I believe abortion is wrong, no matter what the circumstances are.

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5. I think that marijuana should be legalized, just like alcohol.

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6. I believe that capital punishment is wrong.

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7

7. Females under the age of 18 should not be allowed to obtain birth control.

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7

8. Children should be spanked or punished in some way for misbehaving.

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7

9. People should be free to smoke wherever they so choose.

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7

10. If the voting age is 18, then the drinking age should be 18 too.

    X   X   X   X   X   X   X   X
    1   2   3   4   5   6   7

11. I think it's okay to have sex just for the sake of enjoyment.

    X   X   X   X   X   X   X   X
    1   2   3   4   5   6   7

12. First-time offenders convicted of driving under the influence (DUI) should be required to serve a mandatory jail sentence.

    X   X   X   X   X   X   X   X
    1   2   3   4   5   6   7

13. Children should be required to say a daily prayer in school.

    X   X   X   X   X   X   X   X
    1   2   3   4   5   6   7
14. Our government should stop wasting so much money on national defense.

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7

15. Homosexuals should be allowed to teach in our public schools.

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7

16. The husband should be the one who controls all the money in the household (checkbook, bills, expenses).

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7

17. Children should be taught a sense of patriotism by pledging our flag.

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7

18. I would not care if people of a different race moved in next door to me.

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7

19. I think couples should live together for a period of time before marrying.

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7

20. The U.S. military should launch armed invasions to communist countries for the purpose of preventing as well as dislodging existing communist dictatorships.

   X   X   X   X   X   X   X   X
   1   2   3   4   5   6   7
### APPENDIX H

#### BECK INVENTORY

Name ___________________________ Date ___________________________

On this questionnaire are groups of statements. Please read each group of statements carefully. Then pick out the one statement in each group which best describes the way you have been feeling the PAST WEEK. 

**INCLUDING TODAY** Circle the number beside the statement you picked. If several statements in the group seem to apply equally well, circle each one. Be sure to read all the statements in each group before making your choice.

<p>| | |</p>
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| 1 | 0 I do not feel sad  
   | 1 I feel sad  
   | 2 I am sad all the time and I can't snap out of it  
   | 3 I am so sad or unhappy that I can't stand it  |
| 2 | 0 I am not particularly discouraged about the future  
   | 1 I feel discouraged about the future  
   | 2 I feel I have nothing to look forward to  
   | 3 I feel that the future is hopeless and that things cannot improve  |
| 3 | 0 I do not feel like a failure  
   | 1 I feel I have failed more than the average person  
   | 2 As I look back on my life, all I can see is a lot of failures  
   | 3 I feel I am a complete failure as a person  |
| 4 | 0 I get as much satisfaction out of things as I used to  
   | 1 I don't enjoy things the way I used to  
   | 2 I don't get real satisfaction out of anything anymore  
   | 3 I am dissatisfied or bored with everything  |
| 5 | 0 I don't feel particularly guilty  
   | 1 I feel guilty a good part of the time  
   | 2 I feel quite guilty most of the time  
   | 3 I feel guilty all of the time  |
| 6 | 0 I don't feel I am being punished  
   | 1 I feel I may be punished  
   | 2 I expect to be punished  
   | 3 I feel I am being punished  |
| 7 | 0 I don't feel disappointed in myself  
   | 1 I am disappointed in myself  
   | 2 I am disgusted with myself  
   | 3 I hate myself  |
| 8 | 0 I don't feel I am any worse than anybody else  
   | 1 I am critical of myself for my weaknesses or mistakes  
   | 2 I blame myself all the time for my faults  
   | 3 I blame myself for everything bad that happens  |
| 9 | 0 I don't have any thoughts of killing myself  
   | 1 I have thoughts of killing myself, but I would not carry them out  
   | 2 I would like to kill myself  
   | 3 I would kill myself if I had the chance  |
| 10 | 0 I don't cry any more than usual  
   | 1 I cry more now than I used to  
   | 2 I cry all the time now  
   | 3 I used to be able to cry, but now I can't cry even though I want to  |
| 11 | 0 I am no more irritated now than I ever am  
   | 1 I get annoyed or irritated more easily than I used to  
   | 2 I feel irritated all the time now  
   | 3 I don't get irritated at all by the things that used to irritate me  |
| 12 | 0 I have not lost interest in other people  
   | 1 I am less interested in other people than I used to  
   | 2 I have lost most of my interest in other people  
   | 3 I have lost all of my interest in other people  |
| 13 | 0 I make decisions about as well as I ever could  
   | 1 I put off making decisions more than I used to  
   | 2 I have greater difficulty in making decisions than before  
   | 3 I can't make decisions at all anymore  |
| 14 | 0 I don't feel I look any worse than I used to  
   | 1 I am worried that I look older or unattractive  
   | 2 I feel I can no longer make changes in my appearance  
   | 3 I believe that I look unattractive  |
| 15 | 0 I can work about as well as before  
   | 1 It takes an extra effort to get started at doing something  
   | 2 I have to push myself very hard to do anything  
   | 3 I can't do any work at all  |
| 16 | 0 I can sleep as well as usual  
   | 1 I don't sleep as well as I used to  
   | 2 I wake up 1-2 hours earlier than usual and find it hard to get back to sleep  
   | 3 I wake up several hours earlier than I used to and cannot get back to sleep  |
| 17 | 0 I don't get more tired than usual  
   | 1 I get tired more easily than I used to  
   | 2 I get tired from doing almost anything  
   | 3 I am too tired to do anything  |
| 18 | 0 My appetite is no worse than usual  
   | 1 My appetite is not as good as it used to be  
   | 2 My appetite is much worse now  
   | 3 I have no appetite at all anymore  |
| 19 | 0 I haven't lost much weight, if any, lately  
   | 1 I have lost more than 10 pounds  
   | 2 I have lost more than 10 pounds by eating less  
   | 3 I have lost more than 15 pounds  |
| 20 | 0 I am no more worried about my health than usual  
   | 1 I am worried about physical problems such as aches and pains, or upset stomach; or constipation  
   | 2 I am very worried about physical problems and it's hard to think of much else  
   | 3 I am so worried about my physical problems that I cannot think about anything else  |
| 21 | 0 I have not noticed any recent change in my interest in sex  
   | 1 I am less interested in sex than I used to be  
   | 2 I am much less interested in sex now  
   | 3 I have lost interest in sex completely  |

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APPENDIX I

PHASE TWO CONSENT TO PARTICIPATE

This is an experiment on attitudes and how they can affect one's perception of a counselor or psychologist. You will be asked to speak to a counselor in private for 10 minutes, where he or she will ask you some questions about your background such as family, school, employment and previous counseling experience. Some of the questions are personal in nature, and you are free to withhold any information you may have reservations about disclosing. Your responses to the questions will not be recorded in any way. After this brief interview, you will be asked to fill out some forms, one of which is the Counselor Rating Form. It contains dichotomous adjectives regarding your perception of the counselor with whom you spoke. Due to the importance of obtaining completely objective information for this experiment, we are withholding from you some selected information related to the exact nature of what we are studying. This information will be fully disclosed to you following your participation, and you will have an opportunity to ask questions regarding this study at that time. You are free at any time to terminate participation and withdraw from the experiment. If you decide to withdraw, you still will be given credit for participating. In that case, any information already obtained from you will be destroyed and not used in tabulating our results. In addition, all information will be strictly confidential as well as anonymous. In other words, your questionnaire responses will be identified by a number, and only those people directly involved in this project will have access to the data. This includes the experimenter, Sharon McKay (Psychology graduate student), and John M. McGuire, PhD, of the University of Central Florida Psychology Department. If you so desire, you may have access to the results of this experiment as soon as it is completed. The results will be contained in a bound thesis in the UCF library sometime this year. We will be happy to send you a copy of the summarized results if you wish. Simply print your name and address at the bottom of this page if you are interested in obtaining
such information. Please sign your name below if you understand and agree to the above conditions. These forms will be maintained independent of all research data.

________________________________________

Signature

Name & address for summarized results (optional):

________________________________________

________________________________________

________________________________________
APPENDIX J

PHASE TWO INTRODUCTION

I am going to give you a brief description of a counselor who you will be speaking to for ten minutes. He/she will be asking you some questions about yourself. Please be brief when answering the questions since he/she must ask you all of the predetermined questions within the allotted ten minutes. Also, please hold any questions you may have about the research until the experiment is over, which will be in approximately 20-30 minutes. Afterwards, you will be asked to evaluate him/her using the Counselor Rating Form described to you earlier. The counselor's name is Ray/Kay Johnson.
APPENDIX K

BIOGRAPHICAL SCRIPTS

#1(LE)

Dr. Johnson is a licensed Clinical Psychologist who has been in private practice for nine years. He/she obtained his/her PhD in 1975 at University of California at Berkeley and did his/her internship at a San Francisco community mental health clinic. He/she has been married for six years and has one child. He/she enjoys boating and traveling with his/her family. He/she supports the University of California and occasionally returns to Berkeley to attend football games. He/she is actively engaged in research and has written numerous articles on such topics as marital equality, alternative deterrents to crime other than capital punishment, and the democratic approach to child behavior management. In the past ten years he/she has lobbied to develop early sex education programs in the public schools, increase funding for state operated abortion clinics, as well as to keep the drinking age at 18. Currently he/she is petitioning to decrease our national defense spending.

He/she is a member of a diversified set of groups including Greenpeace, the Committee for the Utilization of Solar Energy and the American Psychological Association. In the past he/she has campaigned for the George McGovern election and has organized several peace marches sponsored by the Unitarian Church. He/she used to be a member of the Organization for Suburban Desegregation in 1981.

Although Dr. Johnson has many social and political interests, he/she currently is practicing psychotherapy full-time in the Central Florida area.
Ray/Kay is a psychology graduate student currently engaged in clinical training at the master's degree level. He/she received his/her bachelor's degree in 1984 at San Francisco State University. He/she has had no experience as a professional counselor but has been counseling for a few months at a local abortion clinic as a part of his/her internship experience. He/she has been married for six years and has no children. He/she enjoys boating and traveling with his/her husband/wife. He/she supports San Francisco University and occasionally returns to San Francisco to attend football games. At San Francisco State University he/she participated in several rallies to keep the drinking age at 18 and to abolish capital punishment. He/she also participated in several undergraduate literature reviews including such topics as marital equality, the democratic approach to child behavior management, and the benefits of suburban desegregation. Currently he/she is petitioning to decrease our national defense spending.

Ray/Kay is a member of a diversified set of groups including Greenpeace and the Committee for the Utilization of Solar Energy. He/she also is a student affiliate of the American Psychological Association. In the past he/she has helped distribute flyers for the George McGovern election and has also participated as a student representative in various peach marches sponsored by the Unitarian Church. He/she also has lobbied to develop early sex education programs in several public schools in the Central Florida area.

Although Ray/Kay has many social and political interests, he/she is currently counseling part-time as part of his/her internship requirement, so as to gain experience in the field of psychology.
Dr. Johnson is a licensed Clinical Psychologist who has been in private practice for nine years. He/she obtained his/her PhD in 1975 at Vanderbilt University and did his/her internship at St. Mary Catholic Family Center in Nashville. He/she has been married for 12 years and has two children. He/she enjoys boating and traveling with his/her family. He/she supports Vanderbilt University and occasionally takes his/her family up to Nashville so he/she can attend alumni meetings and fraternity/sorority functions. He/she is actively engaged in research and has written numerous articles on such topics as the authoritarian approach to child discipline, prosocial learning through the exposure to capital punishment, and prevention of traffic fatalities through the practice of mandatory jail terms for first-time DUI (driving under the influence) offenders. At Vanderbilt, he/she organized several rallies to increase the drinking age, and in the past ten years, he/she has lobbied to eradicate several early sex education programs in some local schools as well as to deter further local funding for several abortion clinics in the Central Florida area.

Dr. Johnson is a member of a diversified set of groups including the American Psychological Association, the Orlando Chamber of Commerce, and is very active in a large, local Fundamentalist Church. He/she also used to be a member of the Organization for Suburban Segregation in 1981. He/she was an active campaigner for Ronald Reagan and is currently petitioning to increase our national defense.

Although Dr. Johnson has many social and political interests, he/she is currently practicing psychotherapy full-time in the Central Florida area.
Ray/Kay is a psychology graduate student currently engaged in clinical training at the master's degree level. He/she received his/her bachelor's degree in 1984 at Boston College. He/she has had no experience as a professional counselor but has been counseling for a few months at St. Mary Catholic Family Center as a part of his/her internship experience. He/she has been married for 12 years and has two children. He/she enjoys boating and traveling with his/her family. He/she supports Boston College and occasionally takes his/her family up to Boston so he/she can attend alumni meetings and fraternity/sorority functions. At Boston College he/she participated in several rallies to increase the drinking age, close down several abortion clinics in the Boston area, and to increase national defense. He/she also participated in several undergraduate literature reviews including such topics as the authoritarian approach to child discipline, the societal benefits of capital punishment and the prevention of traffic fatalities through the practice of mandatory jail terms for first-time DUI (driving under the influence) offenders.

Ray/Kay is a member of a diversified set of groups; he/she is very active in a large, local Fundamentalist Church; he/she is a member of the Organization for Suburban Segregation and a student affiliate of the American Psychological Association. He/she also volunteers much of his/her time working with the Boy/Girl Scouts. In the past he/she has helped distribute flyers for the Reagan re-election campaign as well as for the Orange County School system in order to abolish existing sex education classes in various public schools.

Although Ray/Kay has many social and political interests, he/she is currently counseling part-time as a part of his/her internship, so as to gain experience in the field of psychology.
APPENDIX L

MINI INTAKE INTERVIEW

After reading the biographical sketch to the subject (in the office), the experimenter will leave momentarily to retrieve the confederate counselor. The experimenter will then introduce the S to the CC by saying something like "____, this is the person who I just told you about, Dr. or Mr./Mrs. ____.

"Hello. It's nice to meet you _____. Okay, let's see...."

1. How old are you ____? Uh huh.
2. Do you live on campus?
   YES: Oh. Which dorm? Oh I see.
   NO : Oh. Do you live with your parents then?
      Oh I see.
3. What's your favorite thing to do in your spare time? Oh I see.
4. So how long have you been living in this area? Okay.
5. Where did you live before that? Uh huh.
6. Did you grow up there? Uh huh.
7. Do you have a roommate?
   YES: Do you like having a roommate?
   NO : Oh, so you're all by yourself then, huh?
   YES: Oh, well that's good.
   NO : Yea, I guess you have a lot more privacy then, huh?
8. Do you have a boyfriend/girlfriend?
   YES: How long have you been dating?
      (If married, "How long have you been married?")
   NO : Oh okay.
9. How do you like Central Florida?
   POSITIVE: Oh, well that's good.
   NEGATIVE: Oh, you'd rather be back in _____, huh?
      (Or, if no previous location mentioned):
      Oh, this hot weather is just too much, huh?
10. What do you plan to do when you graduate?
    PLANS : That sounds good
    NO PLANS: You really haven't decided yet, huh?
11. Okay, let's see.... Have you ever had any kind of severe illnesses or physical trauma?
    YES: Okay. When was that? Uh huh. Were you hospitalized? Uh huh. For how long? Oh, okay. Let's see....
    NO : Oh okay.
12. Are you in a sorority/fraternity?
    YES: Oh, which one? Good.
    NO : Okay.
13. When you graduate, do you plan to stay in the Central Florida area? I see.
14. Okay..... Have you been sleeping well lately?
    YES: Okay.
    NO : No? You must be pretty tired then, huh?
    IF NONE: Oh really?
17. So what do you think you'll be doing ten years from now? Uh huh. or, "I see."
18. Oh yea. What about your appetite, has it been okay lately?
    YES: Okay.
    NO : No? Have you gained or lost more than 10 pounds recently? Uh huh.
19. When do you expect to graduate? Oh I see.
20. Are you working anywhere?
    YES: What do you do? Oh I see.
    NO : Are you looking for a job?
        YES: Well good luck.
        NO : Okay.
21. Alright.... Have you ever been in any kind of counseling? Uh huh.
22. So.... What about your family, do you have any brothers or sisters?
    YES: How many? How old are they (is he/she)? Uh huh.
    NO : Oh, so you're an only child, huh?
23. Are your parents married, separated or divorced? I see.
24. Where do they live?
25. Okay, are you currently taking any medications?
    YES: Okay, what kind? Okay.
    NO : Alright.
If you have a lot of time left before the ten minute limit is up (Subject has not elaborated much), ask the following few questions:

"So what made you decide to want to go to college?
   I see....
What do you think you'd be doing now if you hadn't decided to go to college?
   Really? Uh huh.
Okay.... I guess that's about it. It was very nice meeting you.

(Otherwise, when the ten minutes are up, the experimenter will knock on the door and then enter the office.)
APPENDIX M

COUNSELOR RATING FORM

Listed below are several scales which contain word pairs at either end of the scale and seven spaces between the pairs. Please rate the counselor you just saw on each of the scales.

If you feel that the counselor very closely resembles the word at one end of the scale, place a check mark as follows:

fair __:__:__:__:__:X: unfair
OR
fair X:__:__:__:__:__:unfair

If you think that one end of the scale quite closely describes the counselor then make your check mark as follows:

rough __:X:__:__:__:__:smooth
OR
rough __:__:__:__:__:__:X:smooth

If you feel that one end of the scale only slightly describes the counselor, then check the scale as follows:

active __:__:X:__:__:__:passive
OR
active __:__:__:__:__:__:passive

If both side of the scale seem equally associated with your impression of the counselor or if the scale is irrelevant, then place a check mark in the middle space:

hard __:__:__:__:__:X:__:__:soft

Your first impression is the best answer.

PLEASE NOTE: PLACE CHECK MARKS IN THE MIDDLE OF THE SPACES

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<th>Disagreeable</th>
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<td>Unalert</td>
<td>Alert</td>
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<td>Analytic</td>
<td>Diffuse</td>
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<td>Unappreciative</td>
<td>Appreciative</td>
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<td>Attractive</td>
<td>Unattractive</td>
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<td>Casual</td>
<td>Formal</td>
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<td>Cheerful</td>
<td>Depressed</td>
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<td>Vague</td>
<td>Clear</td>
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<td>Distant</td>
<td>Close</td>
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<td>Compatible</td>
<td>Incompatible</td>
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<td>Unsure</td>
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<td>Suspicious</td>
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<td>Indifferent</td>
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<td>Inexperienced</td>
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<td>Inexpert</td>
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deceitful ___:___:___:___:___:___ straightforward
trustworthy ___:___:___:___:___:___ untrustworthy
genuine ___:___:___:___:___:___ phony
warm ___:___:___:___:___:___ cold
APPENDIX N

DEBRIEFING

The purpose of this study was to investigate how perceived attitude similarity between counselors and clients, and perceived level of expertise of the counselor can affect the client's evaluation of the counselor's trustworthiness. The counselor with whom you spoke was a confederate: he/she was playing either an expert or a nonexpert role, depending on which person he/she was speaking to. The introductory statements that were read to you were false. The script was designed to give you an impression that he/she was either conservative or liberal in his/her attitudes in certain preselected areas. We matched him/her to subjects who expressed similar or dissimilar attitudes on these selected topics, based on the results of the attitude survey that was given to you in your psychology class. We also introduced him/her as being an expert or nonexpert. We wanted to see how these two variables, attitude similarity and expertise, would affect your perception of him/her. It was hypothesized that the more similar your attitudes are to the counselor (based on your responses from the attitude survey), the more you will be likely to trust him/her. It was also hypothesized that the "expert" counselors would be perceived as more trustworthy.

It not only will be interesting to determine the results of this experiment, but the conclusions may be valuable to the field of psychology. The findings may help in designing a therapeutic environment which is optimal in terms of the client trusting his/her therapist. To the degree that counselor trust is enhanced early in the counseling process, client self-disclosure will be facilitated and ultimately the therapeutic process itself. Potential knowledge like this would not be possible without the cooperation of people like yourself. We would like to therefore extend to you our sincerest thanks for contributing your time to this endeavor.
APPENDIX O

POST QUESTIONING

1. Before you were debriefed at the conclusion of your participation in this experiment, how much did you believe that the person you were speaking to was actually the one described to you just prior to being introduced to him/her? (Circle one)
   a. Strongly believed
   b. Moderately believed
   c. Neutral
   d. Moderately disbelieved
   e. Strongly disbelieved

2. Please rate the confederate counselor on his/her level of conservativeness/liberalness based on the introductory description of him/her: (Circle one)
   a. Very conservative
   b. Moderately conservative
   c. Neutral
   d. Moderately liberal
   e. Very liberal
3. How similar (in your general attitudes) were you to the "Counselor" to whom you spoke? (Circle one)

a. Very similar
b. Moderately similar
c. Undecided
d. Moderately dissimilar
e. Very dissimilar
APPENDIX P

STRESS ASSESSMENT SCALE

1. Indicate (by circling) the degree of stress that you experienced when listening to the experimenter describe the counselor to whom you spoke:
   a. No stress whatsoever
   b. Slight amount of stress
   c. Moderate amount of stress
   d. High amount of stress
   e. Extreme amount of stress

2. Indicate (by circling) the degree of stress that you experienced when you were being interviewed by the counselor:
   a. No stress whatsoever
   b. Slight amount of stress
   c. Moderate amount of stress
   d. High amount of stress
   e. Extreme amount of stress
3. Indicate (by circling) the degree of stress that you experienced when the experimenter debriefed you:
   a. No stress whatsoever
   b. Slight amount of stress
   c. Moderate amount of stress
   d. High amount of stress
   e. Extreme amount of stress

4. Would you be willing to participate in similar psychological research in the future given your experience in this one?
   Circle one: YES  NO
   Why or why not?
APPENDIX Q

PLEDGE OF CONFIDENTIALITY

It is crucial that the results obtained in this research project are unbiased and completely objective. Therefore, we are asking that you do not disclose the nature or purpose of this experiment to any other student, regardless of whether they are in your class or not. Of course, after all the data are collected, it will not matter if you discuss the experiment with your friends or classmates. We anticipate that the data collection will be completed by July 31st, 1986.

By signing my name below, I am agreeing to the above pledge of confidentiality, effective until July 31st, 1986. I also agree that I have been "debriefed" to my satisfaction and that I have been given the opportunity to obtain more details about the experiment by providing my name and address so as to receive a summary of the procedure and results.

__________________________________________
Date

__________________________________________
Signature
### APPENDIX R

#### RAW DATA

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REFERENCES


Statistical Package for the Social Sciences, Inc. (1986). *SPSS/PC+* [Computer program]. Chicago, IL.
