

THE INFLUENCE OF COUNSELOR CREDIBILITY, PROGNOSTIC
EXPECTATION AND SUBJECT LOCUS OF CONTROL
ON ADOLESCENTS' PERCEPTION OF
COUNSELOR CHARACTERISTICS

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CHAPTER I

INTRODUCTION

Statement of the Problem

The provision of mental health services through counseling and psychotherapy has long been recognized as a multidimensional, interactive process. Client and counselor characteristics as well as situational factors have been found to mediate counseling process and outcome. Over the past two decades, social psychological research in the area of interpersonal influence has been extended to the counseling and psychotherapy setting (Strong, 1968). For the most part, empirical study has focused on the utilization of source characteristics (e.g., counselor credibility, attractiveness and expectation) in efforts to enhance the counselor's role as an influencing agent. Other significant variables in the interpersonal influence process important to client-counselor interactions have been essentially ignored, particularly with adolescent populations. Message variables (e.g., message incongruity, discrepancy) and recipient characteristics (e.g., client locus of control and expectation) have been identified as significant factors in counseling process and outcome (Corrigan, & Schmidt, 1980; Dorn, 1984; Heppner & Dixon, 1981).

Further research in response to these criticisms is indicated.

The purpose of this study was to examine the interplay of source and recipient variables in an effort to synthesize previously divergent interpersonal influence research in counseling. Specifically, this study was designed to evaluate the main and interactive functions of counselor credibility, subject locus of control and counselor prognostic expectation on the perceived counselor characteristics of expertness, trustworthiness and attractiveness. The effect of these independent variables on the subjects' cognitive recall of treatment manipulations was also of interest.

The Social Influence Model (Strong, 1968) proposes that two factors are essential to interpersonal influence in the counseling setting. Efforts to enhance the client's perception of counselor characteristics such as expertness, trustworthiness (jointly defined as credibility) and attractiveness as well as to increase client involvement in the counseling process have found general empirical support with adult populations (Corrigan et al., 1980; Goodyear & Robyak, 1981; Johnson & Matross, 1977; Strong, 1979). Although it has been recognized that social influence processes also exert a significant impact on child and adolescent client-counselor interactions, few empirical studies have established an adequate conceptual framework (Bernstein & Figioli, 1983; Hartley, 1969; Lee, Halberg,

Jones & Haase, 1980; Mezzano, 1971; Porche & Banikiotis, 1982). Research efforts to date have demonstrated a significant relationship between client attitude and behavior change and counselor credibility and other counselor characteristics in elementary children (Hartley, 1969); counselor gender and presenting problem in high school students (Boulware & Holmes, 1970; Lee et al., 1980); attitudinal information, counselor race and client gender (Porche & Banikiotis, 1982); and counselor credibility, gender and age in young adolescents (Bernstein & Figioli, 1983). However, inadequate replication and methodological considerations have been noted (Corrigan et al., 1980). Specifically, these authors suggest that the generalizability of analogue studies (presentation of a simulated counseling session) common to social influence research is inherently restricted to the initial phases of counseling. However, recent investigations relating client dropout statistics to counseling process and outcome variables uphold the efficacy of social influence model research focusing on the initial phases of treatment (Adelman, Kaser-Boyd & Taylor, 1984; Day & Reznikoff, 1980b; Holmes & Urie, 1975). Replication of these efforts, and extension to include mediating variables not yet explored, may clarify the nature of social influence in client-counselor interactions.

In consideration of potential mediating variables related to social influence processes, the theoretical personality construct of locus of control as a measure of

generalized reinforcement expectancy (internal-external attribution of control) has been given attention in the literature with evidence generally supporting its utility (Baker, 1979; Brannigan, Rosenberg & Loprete, 1977; Joe, 1971; Lefcourt, 1966; Rotter, 1954, 1960, 1975). A significant distinction is noted between generalized locus of control expectancy providing predictability across situations, and specific expectancy (e.g., counselor prognostic expectation) drawn from immediate experience and observation (Nowicki & Duke, 1978; Rotter, 1975).

Subsequently, these authors suggest that a generalized expectancy should provide a significant predictive effect within novel or ambiguous situations due to failure of the setting to provide specific expectation cues. Therefore, subject locus of control may be conceptualized as a significant generalized expectancy particularly impacting the initial counseling session when the experience is likely viewed as novel or ambiguous.

Locus of control as a personality construct has been significantly related to process and outcome objectives in counseling and psychotherapy primarily with adult populations (Brannigan et al., 1977; Baker, 1979). For example, the locus of control construct has been related to psychological adjustment (Joe, 1971); personality characteristics and self-concept (Kuypers, 1972; Liberty, Bernstein & Moulton, 1966; Tesiny & Lefkowitz, 1982); psychotherapeutic intervention (Baker, 1979, Brannigan et al., 1977); and adaptive

functioning (Lefcourt & Wine, 1969; Phares, Wilson & Klyver, 1971).

Within the counseling context, Nowicki and Duke (1978) argue that the identification of the individual client's general and specific expectancies is crucial to the development of effective counseling interventions. Frank (1976) provides further speculation that the primary goal of counselor-client interaction is to enhance the client's mastery over his/her social environment. Related to social influence research, motivating client attitudinal and behavioral change may be facilitated by developing stronger internal locus of control orientations (Lefcourt, 1976; MacDonald, Majumder, & Greever, 1972; Singer, 1970). In contrast, clients with external orientations have been found to require more extensive, long-term psychotherapy as compared to internal clients (Killman & Howell, 1974), and internally oriented university counseling center clients were found to differ from externals in counseling readiness, presenting problems, duration of treatment, and outcome measures (Nowicki & Duke, 1978). Thus, the utility of client locus of control as a personality construct measuring generalized expectancy has been substantiated within the counseling setting, both as a process and outcome factor.

Little experimental effort has been directed toward an evaluation of the locus of control construct in counseling with child and adolescent populations. Rothbaum, Wolfer and Visintainer (1977) evaluated the differential coping

behaviors of fourth and twelfth grade students and reported that internals were more active (evidencing acting-out behaviors), while externals experienced more internalized conflicts and passivity. In contrast, self-attributions and coping style related to goal-oriented target behaviors in group counseling was best predicted at the moderate level of the internal-external dimension (Gatz, Tyler & Pargament, 1978). Consistent with adult studies (Doctor, 1971; Gore, 1962; Richie & Phares, 1969), internally oriented children were found to resist the counselor's attempts of subtle influence as compared to their external counterparts. These results also may indicate a differential social influence effect based upon locus of control orientation in adolescent populations (Midlansky & McKnight, 1980). Other authors, however, failed to replicate these findings in fourth and tenth grade students suggesting that the construct is too generalized to effectively influence a specific counseling situation (Dougherty, Horne & Ollendich, 1978). Further research to clarify these issues appears warranted.

In contrast to locus of control as a generalized expectancy, specific expectations toward counseling represents a third important dimension of social influence in counseling research. Goldstein (1962) presented one of the early investigations to assess specific prognostic and participant role expectations on counseling outcome and client/therapist interactions, speculating that client

attitude and behavior change was related to specific situationally determined expectations. Since that time, the effects of client (Berman, 1980; Bootzin & Lick, 1979) and therapist expectations (Heitler, 1976) on the suggestibility of adult clients has received mixed empirical support. In an effort to clarify these issues, Berman (1980) presented a comprehensive quantitative analysis of client and counselor/therapist expectation research, finding that in methodologically superior studies, client expectancy toward treatment process and outcome lacked predictive ability while counselor/therapist expectancy significantly influenced the prediction of counseling process and outcome measures.

In view of the recognition of the role of expectation in psychotherapeutic gain, preparatory experiences often have been provided clients prior to the onset of counseling or psychotherapy. Pretherapy preparation procedures have demonstrated a significant effect on such treatment variables as improved attendance and reduction of premature terminations (Heitler, 1976). Initial research efforts were conducted after realization that inappropriate child/adolescent and parent expectations contributed to premature treatment terminations at psychiatric and psychological treatment facilities (Day & Reznikoff, 1980b; Richardson & Cohen, 1968). In addition, Adelman et al. (1984) suggest that counseling gain may be related to increased child/adolescent participation in the initial

referral process leading to an improved commitment to counseling.

Little research, however, has been specifically directed toward the evaluation of counselor prognostic expectations particularly with child and adolescent clients. Some authors do report that the child's initial level of functioning as well as therapist prognostic expectation represent significant predictors of goal attainment in psychotherapy (Wurmser, 1974). Bonner and Everett (1982), however, found that prognostic expectations did not significantly influence elementary school children's attitudes toward psychotherapy or expectation of psychotherapeutic outcome. Additional research is indicated to determine the effect counselor prognostic expectation has on counseling outcome and client perception of counselor characteristics in adolescent populations.

In summary, progress in empirical validation of theoretical systems of counseling and psychotherapy has called for an integration of affective, cognitive, and behavioral treatment intervention strategies into a broadly based system of interpersonal influence. The extension of the Social Influence Model to adolescents and evaluation of the mediating effects of other variables related to the interpersonal influence process, specifically subject locus of control and counselor prognostic expectation, provides potential integration of existing literature. The ultimate objective is directed toward improving mental health care

for this population.

Significance of the Study

This investigation derived significance from a recognition of the preponderance of psychological needs evident in adolescents today. The Joint Commission on Mental Health of Children reported estimates of approximately 10 million school age children and adolescents with moderate to severe emotional disturbance (Gottlieb, 1973). Other estimates provide a range of 8 to 12 percent of the total adolescent population in need of some form of mental health care (Hersh, 1979). Adolescents, in particular, have only recently been recognized as a minority group with special problems and needs related to social-emotional growth and development. Borgers and Woodmancy (1983) suggest that the powerlessness of adolescents to self-advocate adds to the intensity of the existing problem. Many adolescents are reticent to seek out counseling even within the school setting where such services are often readily available. Therefore, professional counselors providing mental health care to adolescents are charged with the significant responsibility to enhance their effectiveness to influence attitude and behavioral change through skill development based upon empirical evidence.

Definition of Terms

Social-Interpersonal Influence Process - The interpersonal

influence process represents one individual's attempt to alter the behaviors, attitudes, or feelings of another (Heppner & Dixon, 1981). Specifically related to the counseling setting, interpersonal influence is modulated by the interaction of perceived characteristics of the counselor by the client (Goldstein, 1966), namely, perceived expertness, trustworthiness, and attractiveness (Strong, 1968).

Perceived Counselor Expertness - Perceived counselor expertness represents "...the client's belief that the counselor possesses information and means of interpreting information which allow the client to obtain valid conclusions about and deal effectively with his problems" (Strong & Dixon, 1971, p. 562). This perception is based upon a recognition of counselor knowledge, skill, ability, and professional experience as a result of specialized training and education.

Perceived Counselor Trustworthiness - A trustworthy counselor is perceived by the client as an open, sincere individual not motivated by personal gain. Counselor behavior is viewed as dependable and predictable. Strong (1968) defined trustworthiness as:

...paying close attention to the client's statements and other behavior, by communicating his concern for the client's welfare, by avoiding statements indicating exhibitionism or perverted curiosity, and by assuring confidentiality of all transactions (p. 222).

An additional significant dimension of trustworthiness is

the maintenance of confidentiality within the client-counselor relationship.

Perceived Counselor Attractiveness - Perceived attractiveness is considered a peripheral characteristic to the social influence process. It represents the client's positive feelings about the counselor such as "liking and admiration for him, desire to gain his approval and desire to become more similar to him" (Schmidt & Strong, 1971, p. 348). Within the counseling setting, the client views the attractive counselor as similar in attitude, value, past experience, and cultural identification (Strong & Maltross, 1973).

Counselor Credibility - Counselor credibility is based upon the integration of two factors within the interpersonal influence process. Specifically, communications perceived as credible are derived from a counselor who evidences characteristics of "expertness" and "trustworthiness" (Hovland, Janis & Kelly, 1953).

Locus of Control - Locus of control represents a personality construct of generalized expectancy toward the perception of causality as based upon internal or external attributions. Specifically,

...internal control refers to the perception of positive and/or negative events as being a consequence of one's own actions and thereby under personal control; external control refers to the perception of positive and/or negative events as being unrelated to one's own behaviors in certain situations and, therefore, beyond

personal control (Lefcourt, 1966, p. 207).

Generalized Expectation - Generalized expectations are viewed as a set of personality constructs (e.g., locus of control) that define the parameters of generalization and provide the potential for broadly-based, low-level prediction derived from a limited set of data (Rotter, 1975). General expectancies are particularly salient within unstructured, novel and ambiguous settings.

Specific Expectation - Specific expectations represent attitudes, attributions, or opinions (.e.g., counselor prognostic expectation) applicable to a specific well-defined situational context and provide greater prediction across the same subclass and poorer prediction within a dissimilar context (Rotter, 1975). Specific expectations primarily develop out of similar, familiar, nonambiguous situations of repeated exposure and the observation of overt behavior.

Prognostic Expectation - In the current investigation, prognostic expectation represents the degree of client improvement anticipated by the counselor prior to and during during counseling process (Berman, 1980; Bonner & Everett, 1982).

Participant Role Expectation - Participant role expectations are "...the anticipations held by the therapist and client regarding the behaviors that will be shown by both participants in the therapeutic relationship" (Bonner & Everett, 1982, p. 2).

Hypotheses

The primary objective of the study was to evaluate the main and interactive effects of counselor credibility presentation counselor prognostic expectation, and subject locus of control on adolescents' perception of counselor characteristics. Since the investigation is primarily exploratory in nature attempting to integrate divergent theoretical constructs, the following null hypotheses tested at the .05 level of significance are presented:

Hypothesis 1. There is no significant difference in perceived counselor characteristic ratings of adolescents under two levels of counselor credibility presentation.

Hypothesis 2. There is no significant difference in perceived counselor characteristic ratings of adolescents under two levels of counselor prognostic expectation.

Hypothesis 3. There is no significant difference in perceived counselor characteristic ratings of adolescents under two levels of subject locus of control.

Hypothesis 4. Counselor credibility presentation will not significantly interact with counselor prognostic expectation in predicting perceived counselor characteristic ratings in adolescents.

Hypothesis 5. Level of subject locus of control will not significantly interact with counselor credibility presentation in predicting perceived counselor characteristic ratings in adolescents.

Hypothesis 6. Level of subject locus of control will not significantly interact with counselor prognostic expectation in predicting perceived counselor characteristic ratings in adolescents.

Hypothesis 7. There is no significant global interaction between counselor credibility presentation, subject locus of control and counselor prognostic expectation in predicting perceived counselor characteristic ratings in adolescents.

Assumptions

The present investigation assumes that each of the experimental treatment conditions, specifically counselor credibility presentation and counselor prognostic expectation, provides a manipulation of perceived counselor characteristics. This assumption recognizes the importance of establishing useful comparisons between experimentally manipulated variables. Subsequently, each level of counselor credibility presentation and counselor prognostic expectation is assumed to be of maximum effectiveness for that specific treatment group. The selection of stimulus variable levels was based upon previous experimental efforts and a pilot study conducted with a nonparticipant sample.

Based upon the selection of subject locus of control as an organismic variable, an additional assumption suggests the differential emergence of the personality construct in elementary school age children. In addition, enhanced

discriminative ability with adolescent populations is implied (Brody & Carter, 1982; Coady, Fellers & Knewavel, 1981; Dollenger, Thelen & Walsh, 1980).

Limitations

Specific limitations inherent in the current experimental design need to be mentioned. External validity factors related to generalization of the results appear limited by population characteristics. Subjects utilized in the study will be selected from a population represented by a single school district restricted to a limited geographical area. Generalization of the findings is not warranted.

The analogue nature of the stimulus presentation suggests external validity problems that also may hamper generalization of the results. Analogue research may not be comparable from one analogue to another (Corrigan et al., 1980; Dorn, 1984). In addition, analogue studies are generally thought to lack generalizability to the natural counseling setting, although maintaining a specific utility in studies exploratory in nature (Bernstein & Figioli, 1983; Corrigan et al., 1980). However, the use of an analogue stimulus presentation in the current study is justified due to the exploratory nature of the investigation assessing the interactions of variables not previously studied jointly as well as the lack of empirical effort toward understanding the social influence process with adolescent populations (Munley, 1974).

An additional limitation is based upon the sample being drawn from a school population that has several middle school counselors on staff. This may have already established a set of expectations toward counseling prior to the initiation of the current study (Lee et al., 1980). Efforts to address such difficulties are directed toward establishing a general criteria for subject selection. Participants were selected based upon their lack of extended previous involvement (e.g., more than ten sessions) in school or mental health agency based counseling or psychotherapy.

Organization of the Study

The present chapter provided an introduction to the area of investigation including a statement of the problem, and the significance of the study, definition of terms, hypotheses, assumptions and limitations. Chapter II contains a review of the literature salient to the study. Chapter III describes research design and methodology considerations such as sample and population, independent and dependent variables, materials, apparatus and procedures. Chapter IV includes an introduction to the statistical methods used to analyze the data as well as a presentation of the results of the study. Chapter V provides a discussion of the findings, conclusions, and recommendations for further research.

CHAPTER II

REVIEW OF THE LITERATURE

The Social Influence Model

In reviewing the literature related to the dynamics of interpersonal influence, counseling was consistently viewed as a multidimensional, interactive process of client, counselor and situational variables. In this study, efforts were directed toward the synthesis of divergent areas of inquiry within an interpersonal influence context. Specifically, the main and interactive effects of counselor credibility, subject locus of control and counselor prognostic expectation on perceived expertness, trustworthiness, attractiveness and cognitive recall were evaluated in a young adolescent population.

This chapter provides an overview of interpersonal influence research in the area of counseling and psychotherapy. Specifically, the Social Influence Model (Strong, 1968) is introduced briefly followed by a review of studies relevant to child and adolescent populations. Research on the utility of the locus of control construct in predicting counseling process and outcome variables is also reported. This chapter is concluded by reviewing the role of expectation in counseling and psychotherapy. A summary of the literature review is also provided.

Introduction to Social Influence

The Social Influence Model presented by Strong (1968) bases its construct validity upon Festinger's (1957) Cognitive Dissonance Theory. Theoretically, dissonance is enhanced within the communication process when perceived communicator opinion differs from that of the recipient. One form of resolution involves the individuals altering their attitudes or opinions to that of the communicator (e.g. counselor) suggesting a useful application to the process of counseling and psychotherapy. Strong (1968) subsequently presented a two-phase model of counseling focusing specifically on client attitude and behavior change. The process of interpersonal influence included:

(1) the counselor's influence power over the client by enhancing his perceived credibility (expertness and trustworthiness) and attractiveness (liking, similarity and compatibility) and (2) the persuasability of the client by enhancing his involvement in counseling (p. 223).

Subsequently, it was assumed that the counselor's communication of empathic understanding, warmth, genuineness and competence facilitated the client's perception of the counselor as expert, trustworthy, and attractive and enhanced client participation in the counseling process.

The availability of several comprehensive reviews of

the social influence literature permits only a brief discussion of these salient features related to the current investigation (Corrigan et al., 1980; Dorn, 1984; Goodyear & Robyack, 1981; Heppner & Dixon, 1981; Johnson & Matross, 1977; Kerr, Claiborn & Dixon, 1982; Strong, 1979).

Generally, the extensive body of experimental investigation has significantly supported Strong's (1968) two-phase model of counseling as an interpersonal influence process.

Subsequently, counseling may be viewed as a series of influence determined interventions developed to facilitate counselor social power, reduce resistance to change, and enhance psychotherapeutic outcome. Social power under this framework is conceptualized as the exertion of control over positive and negative sanctions delivered to the client as a result of attitudinal and behavioral change.

In an evaluation of the first stage of Strong's Social Influence Model, empirical studies have supported the factor of perceived counselor expertness in attitude and behavioral change (Barrick, Hatkin & Dell, 1982; Schmidt & Strong, 1970; Siegel & Sell, 1978; Strong & Schmidt, 1970a). Specific presentations of counselor expertness have included visible objective evidence of training, reputational information, verbal and nonverbal counselor behaviors and prestige cues (Heppner & Dixon, 1981). Corrigan et al. (1980) provide a cautionary note

suggesting that the generalization of analogue design studies, predominant in the literature, is limited to the initial phases of the counseling process. The authors call for increased efforts to study expertness factors within the natural counseling setting.

Trustworthiness cues within the counseling setting have received little experimental study. Subsequently, there appears to be a general lack of knowledge related to the impact of the significantly important dimension of perceived trustworthiness on the therapeutic relationship and counseling process. Trustworthiness, however, has been conceptualized as inherent in the social role of the counselor (Strong, 1968). In any event, the social influence factor of perceived trustworthiness has received support in a number of studies (Claiborn, 1979; Kaul & Schmidt, 1971; Rothmeier & Dixon, 1980; Strong & Schmidt, 1970b). These authors have reported the facilitation of perceived counselor trustworthiness through responsive nonverbal behaviors, behaviors associated with confidentiality, interpretative rather than supportive statements, self-disclosures, as well as counselor gender (Heppner & Dixon, 1981).

Perceived attractiveness represents the final counselor characteristic dimension related to the Social Influence Model. Heppner and Dixon (1981) present a review of several

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nonverbal behaviors that have been related to client perceptions of counselor attractiveness. Specifically, these include smiles, eye contact, body posture, gestures, and shoulder orientation. Verbal behaviors such as a well modulated talking level and self-disclosures also have been found to be positively related to counselor attractiveness (Carter, 1978; Greenberg, 1969; LaCrosse, 1975; Strong & Dixon, 1971). Other research has not provided consistent support across the attractiveness dimension (Schmidt & Strong, 1971). Corrigan et al. (1980), however, present a critical review of experimental methodology in evaluating perceived counselor attractiveness. The authors suggest that the attractiveness dimension is supported primarily through the debilitating effects related to the presentation of excessively unattractive treatment conditions demonstrated in a majority of the research. Evidential cues such as setting, counselor gender, and attire have demonstrated inconsistent findings while behaviorally oriented indicators appear to provide a stronger positive effect.

Although most reviews of the Social Influence Model suggest general support (Dorn, 1984; Heppner & Dixon, 1981), other authors take issue with this interpretation, suggesting that the findings do not clearly support Strong's (1968) two-stage model (Corrigan et al., 1980).

The counselor's inherent social power may provide an influencing effect regardless of the initial preparatory manipulation attempt (Dorn, 1984). The investigation of additional intervening variables may provide insight into existing differences within the social influence process literature.

Methodological considerations primarily related to the manipulation of counselor characteristic presentations recently has been addressed (Corrigan et al., 1980; Heppner & Dixon, 1981; Dorn, 1984). Specifically, Corrigan et al. (1980) point to a greater complexity in counselor-client interactions than is suggested in Strong's (1968) initial conceptualization. The failure of research methodology to adequately establish external validity leads to poor generalizability due to inherent limitations of the analogue design (Munley, 1974). Poor instrumentation also has hampered valid and reliable measurement of perceived counselor characteristics. The current availability of a more adequately standardized Counselor Rating Form (Barak & LaCrosse, 1975) provides a partial solution to some of the measurement difficulties.

In a further discussion of limitations to current investigation, Heppner and Dixon (1981) point to the failure of interpersonal influence research to go beyond an evaluation of source (counselor) characteristics primary to

the influence process. The authors suggest that an extension of social influence research needs to focus on other communication dimensions such as message variables and recipient (client) characteristics. Particularly salient to the current investigation, recipient characteristics related to locus of control and client-counselor expectation impact the social influence process, thereby mediating the counselor's efforts. These factors have been found to be important variables in counseling outcome research (Ford, 1978; Richie & Phares, 1969) and subsequently, may affect client perceptions of counselor characteristics and the interpersonal influence process affecting client-counselor interactions (Dorn, 1984).

Social Influence Research

Although a significant body of research exists evaluating the Social Influence Model with adult populations, investigation of the impact of perceived counselor characteristics on the counseling and psychotherapy process in child and adolescent populations has been a neglected area of inquiry. Only a few empirical studies (Bernstein & Figioli, 1983; Hartley, 1969; Lee et al., 1980; Littrell & Littrell, 1982; Mezzano, 1971; Porche & Banikiotis, 1982) have utilized social

influence dimensions with children and adolescents.

In an early investigation aimed at evaluating perceived counselor credibility, Hartley (1969) conducted a five-week experimental field study with fifth grade children participating in a structured group counseling experience. Perceived credibility (defined as expertness and trustworthiness) was assessed during the process of time-limited structured group counseling. Varied sources of credibility were presented in the form of high versus low credibility introduction (e.g., emphasis on high qualifications, experience level, and positive personal attributes versus emphasis on limited experience and qualifications). In a review of the results, the authors suggested that significant differences in perceived counselor credibility as measured by Counselor Rating Form scores were obtained with the high credibility group perceiving counselor characteristics more positively. The differences persisted throughout the experiment. A trend analysis, however, indicated that all groups improved credibility ratings over time and that changes during the counseling process occurred at the same rate with initial differences persisting throughout the study.

In a more recent investigation, Lee et al. (1980) extended the evaluation of credibility characteristics through assessment of preference for counselor

characteristics and perceived credibility of the counselor in view of vocational and child rearing client concerns. Post-test measures on twelfth and thirteenth grade secondary school students suggested that counselor gender made a significant difference related to client concern, but did not evidence differential effect in perceived counselor credibility. Specifically, male and female subjects both preferred a male counselor for vocational concerns and a female counselor for issues of child rearing. These results replicate a previous study presented by Boulware and Holmes (1970) which indicated that the relationship between counselor gender and credibility may be relevant only for those clients who evidence a preference.

Porche and Banikiotis (1982) initiated a uniquely designed study to assess cross-cultural differences on the effect of attitudinal information and subsequent perceived counselor characteristics. Through presentation of racial and attitudinal information regarding hypothetical male and female counselors, the authors report significantly higher perceived attractiveness, trustworthiness, and expertness, as well as social attraction for those counselors described as attitudinally similar to the subjects. Interestingly, white counselors were rated significantly higher than black counselors on the attractiveness dimension exclusively. In

addition, race of counselor was observed to interact with counselor gender. White female counselors were perceived as significantly more expert than similarly presented black female counselors with ratings of male counselors not found to be influenced by the racial variable. A significant application of the study suggests that attitudinal information is an important factor in a subject's perception of counselor characteristics. When working with ethically dissimilar clients, a counseling stance of neutrality with minimal self-disclosure may enhance client perceptions early in the treatment process.

Subsequently, credibility introductions, counselor and client gender as well as the presentation of similar and dissimilar attitudinal information have been found to impact client perceptions on counselor characteristics. Bernstein and Figioli (1983) present a recent investigation assessing the generalization of credibility cues found salient in adult populations to perceived counselor characteristics in young adolescents. The manipulation of high versus low credibility introductions as well as participant and counselor gender were established through an audio tape analogue counseling session. In accord with the results reported by Hartley (1969), participants assigned to the high credibility group rated counselors significantly higher on the social influence dimensions of

attractiveness, expertness, and trustworthiness, as well as overall confidence in the counselor's skills and abilities. Likewise, the variables of perceived expertness and trustworthiness were found most influential in establishing the significant credibility result, supporting the definition of credibility as a combination of these dimensions (LaCrosse & Barak, 1976). A significant counselor gender-counselor credibility introduction interaction was also found suggesting a differential perception of counselor characteristics for male and female subjects. Findings support prior conclusions that high versus low credibility presentations provide a potent initial impact on perceived counselor characteristics (Claiborn, 1979; Claiborn & Schmidt, 1977; Siegel & Sell, 1978).

Inconsistent findings related to previous research suggests credibility differs operationally from adolescents to college students to adult subjects on various dimensions such as formal and informal dress (Kerr & Dell, 1976), the use of professional language (Atkinson & Carskadden, 1975), as well as the impact of counselor gender on the disclosure of client concerns (Mezzano, 1971). Subsequently, further investigation is apparently warranted in an effort to extend social influence model interventions to counseling and psychotherapy efforts with children and adolescents.

The sparsity of the research to date is deleterious to the development of adequate treatment paradigms with these populations.

Locus of Control

Introduction to Locus of Control

Locus of control as a theoretical construct has evidenced the greatest amount of empirical investigation of any single personality dimension. A significant number of reviews are available suggesting that evidence generally supports the validity of the locus of control construct in relation to a wide range of behaviors such as achievement and learning situations, conformity and risk taking, personality characteristics and self-concept, psychological adjustment, as well as interventions in the form of counseling and psychotherapy (Baker, 1979; Brannigan et al., 1977; Lefcourt, 1966; Joe, 1971; Phares, 1965; Rotter, 1966, 1975). Subsequently, the present review is restricted to those areas specifically related to locus of control and counseling and psychotherapy.

Rotter (1966) presents the personality construct of locus of control as generalized expectancy of reinforcement within a social learning context. Rotter indicates that:

When a reinforcement is perceived by the subject as following some action of his own but not being entirely

contingent upon his action...it is typically perceived as the result of luck, chance, fate, as under the control of powerful others, or as unpredictable because of the great complexity of the forces surrounding him... labeled this a belief in external control. If the person perceives that the event is contingent on his own behavior or his own relatively permanent characteristics, we have termed this a belief in internal control (p. 1).

Continuing, expectations are predicted as generalizing from a novel and ambiguous situation across a wide array of situations which are viewed as similar. From a social learning theory perspective, one would expect that the more precisely a situation is defined (e.g., counselor credibility presentation, counselor prognostic expectation), the less salient the role of a generalized expectancy in predicting behavioral differences in individuals. In addition, internally controlled individuals are described as significantly more resistant to subtle efforts of manipulation unless given a conscious choice and perceiving the situation as in their best interest. Externally oriented individuals, expecting control from the would evidence less response restrictiveness in their behavior (Joe, 1971).

Implications drawn from the locus of control

literature provide an impetus for future research. Specifically, Rotter (1966, 1975) reviews a series of investigations suggesting that the individual who has an internal orientation is more likely to initiate efforts to improve his/her environmental situation while externals would evidence greater acceptance and passivity. In fact, some authors have suggested the principle focus of all forms of counseling and psychotherapy is the belief in individual control over one's environment (Rotter, 1975; Singer, 1970). Implications point to psychotherapeutic efforts to modify expectancy more toward an internal orientation. Specifically related to psychological adjustment, studies suggest that individuals at the extremes of the internal-external locus of control continuum are more socially-emotionally maladjusted than individuals within the moderate range (Gillis & Jessor, 1970; Joe, 1971). This suggests that the relationship between locus of control and psychological adjustment may not be linear.

Due to evidence suggesting a lack of predictability on the locus of control dimension in some specific setting, Rotter (1975) provided a clarification of the generalized expectancy construct. He suggests that any measure of broad generalized expectancy (e.g., locus of control) facilitates a low level of predictability in a large number

of situations. Conversely, a restricted and more specific expectancy (e.g., preparatory expectation, counselor prognostic expectation) provides a high level of predictability for situations of the same subclass, but poor prediction across differing situations. Subsequently, the locus of control conceptualization is viewed as less salient in structured, familiar, or unambiguous situations. However, the locus of control concept remains particularly important in the area of counseling and psychotherapy which may be perceived as novel and ambiguous by clients particularly early in the treatment process.

Locus of Control Research in Counseling

A review of the literature reveals that locus of control as a personality construct has been empirically related to counseling and psychotherapy as both a causative and mediating variable impacting outcome measures (Baker, 1979). The generalized expectancy is viewed both as an adaptive style as well as relating to maladjustment and psychotherapeutic intervention strategies (Brannigan et al., 1977). Additional findings are suggestive of a relationship between internality and behavioral adaptation, environmental adaptation, and self-concept (Kuypers, 1972; Lefcourt & Wine, 1969). Concomitantly, externality has tended to be empirically related to psychological

dysfunction such as defensiveness (Phares et al., 1971), anxiety (Liberty et al., 1966), and depression (Calhoun, Cheney & Dawes, 1974; Tesiny & Lefkowitz, 1982).

In counseling and psychotherapy, it has been demonstrated that internally-oriented clients evidence a greater likelihood than externals to experience increased motivation and involvement as well as a successful therapeutic outcome (Killman & Howell, 1974). Externals may be viewed as requiring a more intensive, long-term therapeutic effort than internals to make similar gains. A general finding presented by Baker (1979) in a review of a series of studies suggests that successful psychological treatment was for the most part found to increase internal locus of control in clients ranging from low socioeconomic status children to middle class adult clients. In addition, external clients may very well benefit from a structured therapeutic intervention in a spaced time format while internal clients may achieve optimum therapeutic gain in a setting characteristic of limited control and structure (Killman, Albert & Sotile, 1975; Lefcourt, 1966).

For the most part, empirical evidence supporting the concept of locus of control in the counseling and psychotherapy context has been derived from adult populations. For example, Nowicki and Duke (1978) present an analogue investigation, differentiating between specific

expectancies based upon previous experience and observable behavior and generalized expectancies along the locus of control dimension. They found that internals differ from externals in their counseling readiness needs, presenting problems, length of treatment and psychotherapeutic gain. In general, externals remained in the counseling setting over a longer period of time with internals showing significantly greater improvement on outcome measures. Significant emphasis was placed upon the critical nature of the initial counselor-client contact and its subsequent effect on the overall length of treatment.

Focusing on the relationship between locus of control and the interpersonal influence process, some earlier investigators have reported greater influence exerted by internally controlled experimenters than their external counterparts on subjects involved in an attitude change study (Phares, 1965). Other investigators found that internals were more resistant than externals to both subtle and overt forms of social influence (Doctor, 1971; Gore, 1962; Richie & Phares, 1969). Resistance to change in internal-oriented individuals may be based, in part, upon their characteristic tendency to demonstrate concentration and attentiveness to external environmental cues.

Along these theoretical lines, Richie and Phares (1969) present an investigation suggesting the differential

effects of influence in low versus high prestige attitude change conditions. Specifically, external female undergraduate subjects exhibited less change than internals in a low prestige attitude change group when compared to the high prestige condition. In addition, externals exhibited significantly more change under conditions of high prestige than under low prestige. The authors concluded that internals are likely more responsive to the overall content of the influence attempt rather than to prestige characteristics of the communicator. Richie and Phares (1969) suggest implications for the counselor indicating

...when attempted influence is overt, internals apparently perceive the choice to respond or not to respond as still within their control, thus allowing them to accept or reject the influence as they choose (p. 142).

Subsequently, one can anticipate a differential effect on social influence processes (e.g., counselor credibility presentation, counselor prognostic expectation) given the locus of control orientation of clients seeking psychotherapeutic intervention.

Efforts to evaluate the relationship between the locus of control construct and counseling and psychotherapy with children and adolescents have been less than successful. A

limited number of studies are available, calling for increased inquiry in this area. Of the research available, Rothbaum et al. (1977) conducted a study to assess the relationship between type of coping behavior and locus of control as a process related to the attribution of causality to internal or external factors. The authors indicated that children between the fourth and twelfth grade level evidencing the greatest frequency of "inward behaviors" (conflicts within the self; "helplessness") had less internal locus of control orientation when compared with children experiencing the greatest frequency of "outward behaviors" (conflicts with the environment; "reactance"). Therefore, the authors concluded that children with an internal orientation would be unlikely to evaluate situations as significantly uncontrollable when compared to their external counterparts. This consideration has implications related to active client participation in the counseling and psychotherapy setting (Strong, 1968).

Inconsistencies have been reported in locus of control studies of student's perceptions of various counseling techniques when compared to adult investigations of similar methodology. For example, Dougherty et al. (1978) evaluated fourth and tenth graders on their response to differing counseling techniques; advice giving, Adlerian

interpretation and analytically derived interpretation. Analogue video tape presentations differentiated by age and sex were utilized to present eight problem areas previously defined by Helner and Jessell (1974). Overall, students at both grade levels indicated the most predominant need within the counseling setting was for advice regarding specific situational concerns. A significant finding was the subject's rejection of interpretative statements. Locus of control did not function as a discriminating variable. The authors concluded that locus of control may be too generalized a factor to enhance prediction within specific counseling situations.

In a later study utilizing a different research paradigm, Midlarsky and McKnight (1980) found that experience of success and failure and evaluation by a powerful authoritative figure, both considered situational variables, demonstrated a masking effect on the predispositional variable of locus of control. However, the impact of locus of control as a generalized expectancy was evidenced in future tasks when situationally specific influences were reduced. The authors concluded that evaluative feedback may be viewed as subtle, covert attempts to influence, thus affecting internal locus of control subject performance. These studies taken jointly are suggestive of the complexity of situationally

determined factors in relation to the predictability and overall usefulness of the locus of control construct.

Consistent with adult-oriented studies, the modification of children's and adolescents' locus of control orientation has been demonstrated through psychological intervention. Gatz et al. (1978) evaluated the change in high school students' self attributions and coping style through participation in a group counseling experimental field study. A small group counseling format utilizing certified high school counselors yielded multiple outcome measures to assess goal attainment, locus of control, and coping style. Results suggested that counselors perceived internal oriented clients as attaining more group counseling goals while moderate levels of locus of control orientation generally provided a better prediction of goal attainment for students. Significant effect for race provided evidence that externally oriented black students utilizing an active coping style achieved more personal goals in comparison to white subjects. The authors suggest caution in the counselor's efforts to encourage all clients regardless of race toward excessive internal orientation.

The modification of locus of control orientation for first and third grade elementary school age children was demonstrated in a study by Reimanis (1974). The author

argued that locus of control has been shown to be clearly established in children at the third grade level (Coady et al., 1981; McGhee & Crandall, 1968). Classroom teachers were prepared in the development of internality in children through enhanced training procedures. The results indicate that participant children increased significantly in internal control after three months of weekly counseling sessions with trained teachers while no gain was detected with control group participants. However, no permanent improvement was recognized in academic achievement or locus of control orientation indicating a time limitation to the effectiveness of interventions for the experimental children.

In summary, locus of control appears to be a salient generalized personality construct providing predictive power in counseling, psychotherapy and the academic setting for child and adolescent populations. The identification of a client's locus of control orientation represents a useful first step in the development and implementation of intervention strategies through counseling and psychotherapy for child and adolescent populations. Locus of control orientation related to influence susceptibility is suggested as a mediating variable in the social influence process.

Expectation in Counseling and Psychotherapy

Introduction to Expectation Theory

Client-therapist expectations have been recognized as significantly influencing the process and outcome of counseling and psychotherapy. Specifically, counselor-therapist expectations (Heitler, 1973, 1976; Hoen-Saric, Frank, Imber, Nash, Stone & Battle, 1964; Sloane, Cristal, Pepernic & Staples, 1970), client expectations (Berman, 1980; Kazdin, 1979; Bootzin & Lick, 1979; Goldstein, 1962; Rosen, 1976; Wilkins, 1979) as well as the client-counselor interactive function of expectations (Orne & Wender, 1968; Strupp & Bergin, 1969; Wilkins, 1973) have each provided the impetus for empirical investigation and a recognition of the usefulness of altering those expectations through pretherapy preparation procedures. In an early effort to clarify the role of expectation in counseling and psychotherapy, Goldstein (1962) reviewed the literature and differentiated between prognostic and participant role expectancies relevant to both client and therapist. Goldstein's initial efforts explored the relationship between expectation and placebo effects in psychotherapy with adult clients, suggesting that it was important to rule out the expectation placebo effect in order to attribute the outcome of psychotherapy to a specific

treatment approach. Goldstein related specific expectations to the client's level of suggestibility, subsequently linking expectation to the process of interpersonal influence. Goldstein also alluded to internal locus of control orientation by describing some clients as self-motivated, perceiving themselves as the primary source of help. The author's review suggested that therapist prognostic expectations may provide a significantly greater influence effect on counseling and psychotherapy outcome when compared to client expectations.

Later reviews assessing the impact of client prognostic expectations on the outcome of counseling and psychotherapy were inconsistent with earlier studies, suggesting that no causal relationship existed between expectancy and psychotherapeutic gain (Wilkins, 1979). Other studies have revealed that therapist-counselor prognostic expectations provided a significant impact on outcome measures (Berman, 1980; Martin, Sterne, Moore & McNairy, 1977). Martin et al. (1977) attempted to differentiate between the predictive and causative effect of prognostic expectations on psychotherapeutic gain in a hospitalized adult schizophrenic population. The authors evaluated general prognostic expectations reflective of training and experience independent of specific client and patient-specific therapist expectations. Within this

restricted sample, results indicated a significant relationship between therapist expectancies and patients' post-treatment adjustment both immediately at discharge and upon follow-up. It was also found that combined expectations provided superior predictive ability of patients' adjustment at discharge as compared to general or patient-pacific expectancies, exclusively. The authors interpreted the results as supporting a predictive hypothesis of therapist expectancies, suggesting no support for a causative interpretation.

Although Wilkins (1979) argued that therapist expectations had little impact on client outcome measures in counseling and psychotherapy, Berman (1980) provided a comprehensive review in an examination of patient and therapist expectancies through quantitative analysis. From the quantitative review, Berman indicated that across all studies, both patient and therapist expectancies exhibited small, but statistically significant relationships with outcome measures of treatment success. In studies of superior methodological design, patient expectancy did not continue to demonstrate a significant correlation whereas therapist expectation evidenced a significant relationship with outcome. From these findings, therapist expectancy was viewed as serving a self-fulfilling role in psychotherapeutic intervention.

Overall, pretherapy expectations provide information regarding the process and outcome of counseling and psychotherapy and also serve an influence function altering the client's attitudes and beliefs regarding their treatment experience (Childress & Gillis, 1977). Subsequently, social influence variables such as therapist prestige, expertise, knowledge, and warmth appear directly related to expectation considerations. In fact, pretherapy preparation methods can facilitate the ability of the counselor-therapist to influence client attitude and behavior. Counselor-therapist expectations may determine the future direction of treatment as early as the first interview (Orne & Wender, 1968). In summary, the function of expectations in counseling and psychotherapy in adult populations provides a two-fold purpose: Preparation procedures that reorient treatment expectations may alter the process of counseling and psychotherapy; and counselor-therapist prognostic expectations may play a predictive, self-fulfilling role in psychotherapeutic outcome.

Expectation Research in Counseling

Although little attention has been given the role of expectation in the process and outcome of counseling and psychotherapy with children and adolescents, the empirical evidence that does exist suggests similar importance of the

concept as evidenced in adult populations (Bonner & Everett, 1982; Day & Reznikoff, 1980a; Holmes & Urie, 1975). Day and Reznikoff (1980b) suggested that inappropriate child, parent and therapist role expectation in psychotherapy were related to client dropout. In a more recent investigation, Adelman et al. (1984) evaluated the client's participation in the psycho-therapeutic process and its subsequent impact on treatment outcome. A survey questionnaire was administered to assess the client's understanding of the referral process, reaction and initial adjustment to proposed short-term psychotherapy, as well as therapeutic outcome. Participants included 10 to 19-year-old children and adolescents experiencing psycho-educational and personal difficulties. The results indicated that there was a significant failure for child and adolescent clients to actively participate in the referral process in lieu of competency in understanding the overall treatment approach. In addition, a strong relationship was reported between the client's motivational readiness and initial commitment to treatment and subsequent adjustment and outcome measures. The authors concluded that continued research is indicated in the assessment of child and adolescent participation in the treatment decision-making process.

Various approaches have been used in preparing

children and adolescents for psychotherapy (e.g., role induction interview, pretherapy vicarious modeling, audio tape and video tape presentations, etc.). Mondy (1969) found that the validity of psychological evaluation in children increased when the child was provided advanced preparation material through reading of a brochure designed to enhance treatment expectations. Holmes and Urie (1975) evaluated the efficacy of a preparation interview to enhance appropriate expectations in six to nine and nine to twelve-year-old children prepared for treatment at one of two community mental health centers. Preparation procedures were held in interview format. The authors found that therapy preparation reduced premature terminations which suggested that more clients were able to take advantage of the opportunity to benefit from treatment. This interpretation was suggested in view of the findings that therapy preparation did not influence the process of psychotherapy in terms of therapist attraction for client, or therapist expectation and therapist ratings of client improvement over an initial six session treatment program. The authors concluded that video taped preparations may be more effective than an interview format. Methodological considerations indicated that therapy information is often confounded with therapy expectation in the preparation process. In addition, a child and adolescent client's

previous experience with counseling and psychotherapy would greatly reduce the overall impact of preparation materials.

Little attention has been directed toward a better understanding of prognostic expectations in counseling and psychotherapy with children and adolescents. Wursmer (1974) conducted an outcome study of brief psychotherapy with children to assess the predictability of change expected by the therapist and its relationship to treatment outcome. A multiple regression analysis suggested that for all outcome measures, the best predictors were a measure of initial level of functioning and the level of therapeutic gain expected by the therapist. Perhaps therapist expectations are directly related to the client's severity of psychological distress.

As discovered in social influence theory research and locus of control studies, it is possible that the impact of prognostic expectations on the process and outcome of counseling and psychotherapy may be restricted to the initial phases of treatment. Day and Reznikoff (1980a) provide initial empirical support for this interpretation. The overall purpose of their study was to assess preparatory pretherapy techniques with child psychotherapy clients. A video tape modeling of preparational procedure was administered to both parents and child clients. Outcome measures included assessment of both parents' and

children's treatment expectations, appointment keeping, drop-out rate, child treatment verbalizations, as well as satisfaction ratings. Seven 12-year-old boys comprised the sample, selected from those clients seeking outpatient services at a child psychiatric clinic. The video tape presentation was entitled "What's Therapy" which sets forth a set of expressive and play therapy scenes. The Therapy Survey was administered as the pre-post dependent measure.

A manipulation check validated the potency of the preparatory video tape procedures since parents and children receiving preparatory stimulation prior to treatment scored significantly higher in correct expectations when compared to a control group. These initial difference dissipated through the course of treatment and by the sixth therapy session no significant differences were indicated between the prepared and nonprepared groups. Prepared clients evidenced superior appointment keeping with control group subjects showing more cancellations and no-shows.

As an extension of the work of Day and Reznikoff (1980a), Bonner and Everett (1982) constructed an audio taped analogue study evaluating the effect of client preparation and the influence of therapist prognostic expectation on psychotherapy attitudes, expectations, and receptivity in children. Subjects' ages ranged from six to

eleven years. The audio tape analogue represented a simulation of a radio interview with a child therapist that included introduction information, preparation information, and high versus low levels of prognostic expectation. Multiple measures were taken to assess (a) expectation regarding the structure of therapy, (b) resistance to change, (c) child attraction and receptiveness to the therapist, (d) child prognostic expectations, and (e) parent, child, and therapist roles within the treatment process.

The authors found that children evidenced a significantly positive set of expectations for psychotherapy outcome and are highly attracted and receptive to the psychotherapist. Children's expectations of treatment outcome were found to be raised by preparation procedures. An interaction effect was found between age and expectation indicating that older children (9-11 years) were found to have significantly more appropriate expectations than their younger counterparts (6-8 years). No significant influence effect on the dimensions of therapist attraction and receptivity were indicated under preparation procedures and prognostic expectation conditions. Bonner and Everett speculated that the instrumentation was inadequate to clearly differentiate children's attitudes on these dimensions. They also

believed that their reticence to present an adequately low prognostic expectation dialogue hindered the differential effect.

In summary, a review of the literature has suggested the efficacy of evaluating client and therapist expectations to enhance process and outcome dimensions in counseling and psychotherapy with both adult and child/adolescent clients. Although current investigations have demonstrated moderate support for the influence of these factors on psychotherapeutic process and outcome, the findings remain inconsistent and unclear. Subsequently, continued research in the area of expectation in counseling and psychotherapy is indicated.

Summary

The literature review gains significance from the premise that counseling and psychotherapy is a dynamic, interactive process utilizing client, counselor, and situational characteristics to facilitate attitude and behavioral change. Current theoretical efforts have been directed toward the extension of social psychological research in developing a social influence approach to psychotherapeutic intervention. Specifically, most efforts have focused on an analysis of source (e.g., counselor) characteristics salient to the interpersonal influence

process. The current study recognizes limitations to these efforts based upon the exclusion of recipient (e.g., client) characteristics such as client locus of control and counselor prognostic expectation representing empirically validated factors in the overall influence process.

The Social Influence Model has been given substantial attention within the area of counseling and psychotherapy research. Empirical support has been generated through an evaluation of multidimensional efforts toward influencing client participation and change. Based upon the manipulation of perceived counselor expertness and trustworthiness (credibility) as well as attractiveness characteristics, therapeutic counselor-client interactions have been enhanced. Few studies, however, have extended social influence process theory to child and adolescent populations even though a significant need for psychological intervention has been recognized. Generalization of results from adult studies is limited due to the divergent nature of population characteristics. Available research with child and adolescent samples suggest a significant relationship between perceived counselor characteristics and credibility introduction, counselor-client gender and race, presenting problem, age, and attitudinal similarity. Results, however, remain inconsistent and warrant further investigation.

Locus of control as a generalized expectancy important to the interpersonal influence process has been found to provide moderate predictability across situations, eventually diminishing its predictive capacity due to exposure, observation, and immediate experience. This personality construct is viewed as providing an important influencing effect particularly during the initial phase of the counseling and psychotherapy when the situation is likely perceived as ambiguous and novel. Research evidence suggests a significant relationship between client locus of control orientation and psychotherapeutic process and outcome. Within this context, the counselor assumes an important role in mediating positive and negative reinforcement contingencies through interpersonal interactions with the client. The identification of general and situationally specific expectations fosters the development of appropriate client intervention strategies based upon individual need. Although locus of control orientation has been found to be clearly established at the elementary school age level, empirical investigation with child and adolescent populations has been relatively neglected.

Counselor-client expectation represents a final, situationally specific factor significant to the interpersonal influence process of counseling and

psychotherapy. Prognostic and participant role expectancy research has enhanced efforts to structure initial psychotherapeutic encounters through various pretherapy preparation experiences. Although expectation research has provided limited, contradictory recommendations, particularly with child and adolescent populations, continued efforts are warranted. Specifically, counselor prognostic expectation has been found to influence psychotherapeutic process and outcome while client expectation has been related to the overall length of the counseling experience. The expectation concept continues to be an important area for further investigation.

The literature review recognizes the utility of evaluating the interactive function of subject locus of control and counselor prognostic expectation within the social influence model conceptualization, particularly in child and adolescent populations. Previous research efforts have failed to integrate these unique factors in a systematic effort to clarify the interpersonal influence process in counseling and psychotherapy. Methodological considerations limiting generalizability of previous research provide a justification for continued inquiry.

CHAPTER III

RESEARCH DESIGN AND METHODOLOGY

Introduction

An empirical rationale has been established in the preceding literature review to evaluate the interpersonal influence effect of counselor credibility, subject locus of control, and counselor prognostic expectation on perceived counselor characteristics. The inclusion of these theoretical constructs is directed toward an intergration of seemingly divergent but parallel areas of inquiry related to counselor-client interactions within the initial phases of counseling and psychotherapy. A recognition of the increasing psychological needs of young adolescents allows an extension of previous research methodology to this population. In this chapter, a description of research design and procedural methodology is provided. Specifically included is a discussion of the sample and population, independent variables, dependent variables, apparatus, and procedure.

Sample and Population

Participants in the study included 104 adolescents (58 male, 46 female) selected from one seventh and eighth grade middle school population of 262 students in a semi-rural community in north central Oklahoma. Ages ranged from 12-7

to 14-5 years. The local school district provides educational services to approximately 1680 students. Criterion for inclusion in the study consisted of the subjects' lack of previous extended involvement (i.e., more than ten sessions) in individual counseling or psychotherapy within the public school or inpatient/outpatient mental health setting. Participation in the study was voluntary and parents signed a consent form (see Appendix A).

The study was conducted during the spring semester, 1986. A young adolescent population was recruited to enhance the likelihood that participants would be relatively naive toward the counseling experience, thus providing optimum potential for manipulation of experimental treatment conditions. In addition, 63 (30 male, 33 female) nonexperimental subjects were selected for the pilot study from a neighboring school district with comparable population characteristics.

Population characteristics of the community are described as predominantly white and middle class, with an economic base consisting of light industry, agricultural and service-oriented businesses. The 1980 census established a total population at 8,950 with 92 percent of the residents being of Caucasian origin and 8 percent primarily of American Indian and Mexican-American descent.

Independent Variables

Counselor Credibility Presentation

Based upon the purpose of the study, the presentation of counselor credibility introductions was manipulated as an independent stimulus variable. Specifically, two fixed levels of credibility presentations were selected: High Credibility Presentation and Low Credibility Presentation. Levels on the independent variable were in accord with previous counselor credibility manipulations with children and adolescents (Bernstein & Figioli, 1983; Lee et al., 1980; Hartley, 1969).

Subject Locus of Control

Locus of Control (Nowicki & Strickland, 1973; Rotter, 1966, 1975) represents a second independent variable selected at two fixed levels operationally; Internal and External. The theoretical construct has been found to be an overall valid measure of generalized reinforcement expectancy related to the attribution of causality to internal or external factors (Joe, 1971; Rotter, 1975) as well as salient to counseling and psychotherapy (Baker, 1979; Brannigan et al., 1977).

Counselor Prognostic Expectation

Counselor prognostic expectation was employed as an additional, independent stimulus variable. This dimension has been defined, in part, operationally in accord with Berman (1980), Goldstein (1962), and Bonner and Everett (1982) representing the counselors' expectations toward the clients' potential for therapeutic gain at the conclusion of the counseling process. Levels on the independent variable included High Counselor Prognostic Expectation and Low Counselor Prognostic Expectation conditions.

Dependent Variables

For purpose of the investigation, four dependent measures were used to assess the main and interactive effects of experimental treatment conditions. Three dependent variables were operationally defined as individual subscale scores for perceived expertness, trustworthiness, and attractiveness derived from administration of a modified Counselor Rating Form (Barak & LaCrosse, 1975; Bernstein & Figioli, 1983). A fourth dependent measure consisted of the total recall score obtained from administration of the 18-item Cognitive Recall Questionnaire designed specifically for this study.

Materials and Apparatus

To evaluate the effects of experimental treatment conditions, a series of four audio tape presentations were constructed to administer counselor credibility and counselor prognostic expectation information followed by a uniform ten-minute simulated counseling session. Counselor prognostic expectation statements were constructed from descriptions of this dimension in previous research (Bonner & Everett, 1982). Descriptions represented factors of potential counseling outcome (e.g., how the adolescent anticipates thinking, feeling and acting after counseling; how much problems are expected to change). Based upon the authors' recommendations, modifications were made to enhance the negative, pessimistic quality of low prognostic expectations used in this study.

A pilot study initially was conducted to gather data useful in the construction of sample appropriate descriptions of counselor credibility and to match the simulated counseling session presenting problems with current male and female adolescent concerns. Sixty-three nonparticipant seventh and eighth grade students evidencing comparable demographic characteristics to the experimental sample comprised the pilot study group. These students were randomly selected from a junior high school population in a nearby school district.

Pilot study procedures included small group (n = 12-16) administration of two rating scales specifically designed to assess general perceptions of counselor credibility and presenting problem concerns salient to young adolescents. Specifically, the procedures used to develop high and low counselor credibility statements were modeled after the efforts of Bernstein and Figioli (1983). The authors' "counselor description survey" is comprised of 29 descriptors of counselor credibility presented in a Likert Scale, forced-choice (1-4) response style. A student rating of 4 indicated that the descriptor was perceived as "very important" to counselor credibility; a rating of 3 indicated a "good" credibility characteristic; a 2 indicated a "somewhat helpful" characteristic while a 1 described the counselor as "not credible." As indicated in Table 1, means for each descriptor were calculated from weighted scores and rank-ordered to determine the high and low counselor credibility statement groups. The number of descriptors in each group was determined by the natural division of scores. A copy of the survey and directions for administration are contained in Appendix B.

In efforts to construct a simulated initial counseling session reflective of presenting problems characteristic of the young adolescent sample, pilot study subjects also were asked to complete the Survey of Student Concerns (Mezzano,

TABLE 1

Rank Ordered Results of the Counselor
Description Survey

(N = 63)

Counselor Description	Mean	Group Placement	Group Mean
Students say this counselor:			
-Accepts feelings and thoughts of students and never makes fun of them	3.60	high	
-Is someone who won't tell anyone what you talk about	3.60	high	
-Cares about students	3.52	high	
-Understands students' side of a conflict	3.49	high	3.47
-Is easy to understand	3.36	high	
-Shows respect to students	3.36	high	
-Is patient	3.36	high	
-Knows "how to counsel"	3.18		
-Is cheerful	3.13		
-Is helpful	3.10		
-Has a sense of humor	3.06		
-Is "really good"	3.05		
The counselor's title is Ph.D. (to get the Ph.D. degree one must go to college 7-8 years. It also requires years of studying on how to be a good counselor)			
	3.01		
Students say this counselor:			
-Admits to having similar problems as students do	2.95		
-Has a lot of good ideas	2.92		

TABLE 1 (Continued)

Counselor Description	Mean	Group Placement	Group Mean
The counselor has been counseling many years	2.89		
The counselor knows the names of most the students	2.84		
The counselor is young	2.63		
The counselor has a lot of extra training	2.63		2.82
The counselor is often seen with students	2.56		
The counselor teaches other counselors how to be good counselors	2.54		
The counselor visits classrooms often	2.35		
The counselor is well known for the books and magazine articles he (she) has written on counseling.	2.25		
The counselor enjoys rock music	1.97	low	
The counselor is old	1.97	low	
The counselor really dresses up	1.87	low	1.77
The counselor drives a sports car	1.75	low	
The counselor's hair style is in fashion	1.59	low	
The counselor wears designer jeans	1.46	low	

TABLE Scores Represent:

- 4 - Very Important
- 3 - Important
- 2 - Somewhat Helpful
- 1 - Describes a Counselor Not Credible

1971). On the survey, student concerns are presented in seven groupings labeled Health and Development; School; Home and Family; Boy and Girl Relationship; the Future-Vocational and Education; Moral and Religious; and Self-Centered. Subjects were instructed to rank-order the groupings in order of importance with a ranking of 1 indicating "most important" and 7 presenting "least important" concerns. Subjects were also requested to indicate counselor gender preferences for each student concern group. Weighted scores and overall rank comparisons were calculated for male and female subjects across male and female counselor preferences. Selection of the presenting problem, providing a primary focus on the simulated counseling session, was based upon the highest rank-order scores found equivalent for both male and female adolescents. As presented in Table 2, School and Home and Family problems were selected for inclusion, ranking most consistently across gender as significant adolescent concerns. A copy of the survey and directions for administration are found in Appendix C.

With the selection of presenting problems, a script for the simulated counseling session was developed. The script follows a "standard initial interview" format (Bernstein & Figioli, 1982). The counselor provided active participation in the counseling session through the use of

TABLE 2

Results of the Survey of Student Concerns

Student Concern Group	Male Counselor Preference		Female Counselor Preference		Total Counselor Preference	
	Score*	Rank	Score	Rank	Score	Rank
I. Health and Physical Development						
Male	88	4	36	3	124	4
Female	5	2	94	3	99	1
Total					223	3
II. School**						
Male	56	2	40	4	96	1**
Female	31	6	85	1	116	3**
Total					212	1**
III. Home and Family**						
Male	48	1	62	6	110	2**
Female	13	4	91	2	104	2**
Total					214	2**
IV. Boy and Girl Relationship						
Male	103	7	33	1.5	136	5
Female	2	1	117	5	119	4
Total					255	4
V. The Future-Vocational and Education						
Male	82	3	33	1.5	115	3
Female	53	7	98	4	151	6
Total					266	5
VI. Moral and Religious						
Male	86	5	63	7	149	7
Female	18	5	141	7	159	7
Total					308	7
VII. Self-Centered						
Male	93	6	54	5	147	6
Female	12	3	137	6	149	5
Total					296	6

* Scores were weighted to reflect student rankings (1-7).

** Relative rankings and student concerns selected as presenting problems in the initial counseling session.

basic attending skills (e.g., rapport building, clarification, open-ended questions, paraphrasing, focusing; Ivy, 1982). The overall focus of the session was based upon school concerns (e.g., not spending enough time in study, not liking school, worrying about grades) and home and family concerns (e.g., parents not understanding me, parents separated or divorced, wanting love and affection). Using the Fry Formula, the readability of the script was calculated and found consistent at the fifth grade tenth month to sixth grade second month level across all passages. These results indicated that the content of the initial counseling session should have been easily comprehended by the experimental sample.

The actual taping of the simulated counseling session was accomplished with an eighth grade male student not involved in the experimental or pilot study and a doctoral level counseling psychologist acting as client and counselor, respectively. The content of the script and the authenticity of the simulated audio tape was evaluated by two Ph.D. counseling psychologists and two advanced counseling psychology graduate students. Their reviews indicated that the simulated audio tape was a valid reflection of structured data-gathering, rapport-building techniques typical of an initial counseling interview. Complete transcripts of counselor credibility presentation

and counselor prognostic expectation statements and the initial counseling session script are presented in order of presentation in Appendix D.

Instrumentation

Nowicki-Strickland Locus of Control Scale for Children

The Nowicki-Strickland Scale for Children (CNS-IE) is a paper and pencil task requiring yes-no responses to 40 items (Nowicki & Strickland, 1973). The authors have reported acceptable reliability and validity in over 200 studies with scores not found correlated to I.Q. scores or sex (Nowicki, 1979, 1982). Split-half reliability scores on the standardization sample ranged from .63 to .81. Test-retest reliability scores across a six-week period were reported ranging from .63 to .71 for third and tenth grade students, respectively. No evidence of social desirability response bias was indicated. Significant concurrent validity correlations were reported between the CNS-IE and other locus of control measures: the Rotter I-E Scale (Rotter, 1966), .61 and .38; the Intelligence Achievement Responsibility Questionnaire (Crandall, Katkovski & Crandall, 1965), .31 and .51; and the Bailer Locus of Control Scale (Bailer, 1961), .41. The authors also report significant correlations between the CNS-IE and reading, math achievement, grade point average as well as

evidence of construct validity on prejudice, popularity, and delay of gratification dimensions. A copy of the CNS-IE, and directions for its administration is provided in Appendix E.

Counselor Rating Form

Barak and LaCrosse (1975) developed the Counselor Rating Form (CRF) as a measure of adult client's (e.g., subjects) perceptions of counselor characteristics on three dimensions: expertness, trustworthiness, and attractiveness. The scale is constructed of 36 bi-polar adjectives with 12 pairs corresponding to each of the separately scores subscale dimensions. Items are scored on a seven-point scale and summed across each subscale to compute expertness, trustworthiness, and attractiveness scores.

The authors report adequate split-half reliability coefficients for each dimension: expertness, .87; trustworthiness, .90; and attractiveness, .85 (Barak & LaCrosse, 1976). The CRF has been found significantly related to past counseling outcome based upon initial scores on the three subscale dimensions (LaCrosse, 1980). Extensive use of the CRF in experimental investigation suggests its sensitivity to the manipulation of various perceived counselor characteristics and behaviors (Corrigan

et al., 1980; Dorn, 1984; Heppner & Dixon, 1981).

In the present study, a modified adolescent form of the CRF extensively field tested with an eighth grade population by Bernstein and Figioli (1983) was utilized. The authors modified the original scale by reducing the bipolar items to nine pairs rated on an eight-point scale. Specific items for each dimension included: expertness (unintelligent-intelligent, inexperienced-experienced, unskillful-skillful); trustworthiness (untrustworthy-trustworthy, unreliable-reliable, insincere-sincere); and attractiveness (unfriendly-friendly, unlikeable-likeable, cold-warm). Comprehensibility was assessed at adequate levels. Appendix F contains a copy of the Counselor Rating Form and directions for its administration.

Cognitive Recall Questionnaire

A cognitive recall questionnaire was developed to determine if participants were able to understand and recall essential content from the counselor credibility, counselor prognostic expectation and initial counseling session material (Ruppel & Kaul, 1982). Specifically, an 18-item, true-false questionnaire was developed, utilizing four different scoring keys matched to the content of each treatment condition. Immediately following presentation of the simulated audio tape and assessment on the perceived

counselor characteristic dependent measures, the recall questionnaire was administered. Responses were recorded by the subjects on the test form. A total score was obtained by calculating the sum of correct recall responses. A copy of the questionnaire, directions for its administration and a set of scoring keys are presented in Appendix G.

Procedure

The purpose of this investigation was directed toward an integration of concepts derived from social influence theory, locus of control research and counselor expectation studies. Within this framework, counseling was recognized as an interpersonal influence process. In an effort to test the hypotheses, a 2 (High Counselor Credibility Presentation, Low Counselor Credibility Presentation) x 2 (High Prognostic Expectation, Low Prognostic Expectation) x 2 (Internal Subject Locus of Control, External Subject Locus of Control) factorial design was employed to generate the following treatment groups:

Group 1: High Counselor Credibility Presentation, High Counselor Prognostic Expectation, Internal Subject Locus of Control. Internal locus of control adolescents were presented an audio tape describing the counselor with high credibility statements, high prognostic expectation statements and the simulated counseling session.

Group 2: High Counselor Credibility Presentation, High Counselor Prognostic Expectation, External Subject Locus of Control. External locus of control subjects heard an audio tape describing the counselor with high credibility statements, high prognostic expectation statements and the simulated counseling session.

Group 3: High Counselor Credibility Presentation, Low Counselor Prognostic Expectation, Internal Subject Locus of Control. Internal locus of control adolescents were presented an audio tape describing the counselor with high credibility statements, low prognostic expectation statements followed by the simulated counseling session.

Group 4: High Counselor Credibility Presentation, Low Counselor Prognostic Expectation, External Subject Locus of Control. External locus of control subjects heard an audio tape describing the counselor with high credibility statements, low prognostic expectation statements and the simulated counseling session.

Group 5: Low Counselor Credibility Presentation, High Counselor Prognostic Expectation, Internal Subject Locus of Control. Internal locus of control subjects were presented an audio tape describing the counselor with low credibility statements, high prognostic expectation statements and the simulated counseling session.

Group 6: Low Counselor Credibility Presentation, High

Counselor Prognostic Expectation, External Subject Locus of Control. External locus of control adolescents were presented an audio tape describing the counselor with low credibility statements, high prognostic expectation statements followed by the simulated counseling session.

Group 7: Low Counselor Credibility Presentation, Low Counselor Prognostic Expectation, Internal Subject Locus of Control. Internal locus of control adolescents heard an audio tape describing the counselor with low credibility statements, low prognostic expectation statements followed by the simulated counseling session.

Group 8: Low Counselor Credibility Presentation, Low Counselor Prognostic Expectation, External Subject Locus of Control. External locus of control adolescents were presented with low credibility statements, low prognostic expectation statements and the simulated counseling session.

Procedures used in the actual study were accomplished in in three phases. Phase 1 represented the preliminary assessment on the subject locus of control variable and assignment of subjects to treatment conditions; Phase 2, administration of the audio tape containing the experimental treatment conditions and simulated counseling session; and Phase 3, measures on the criterion variables to assess differential treatment effect and cognitive recall. Three weeks were required to complete all phases

of the study.

Phase 1, measurement on the subject locus of control variable was accomplished through administration of the Nowicki-Strickland Locus of Control Scale for Children (Nowicki & Strickland, 1973) to all seventh and eighth grade participants. Testing was conducted in a small group setting (n = 20-25) by trained examiners with teachers available as proctors. To establish levels on the subject locus of control variable, obtained scores were rank-ordered, and a median split method was used to assign subjects to internal and external orientation (Median = 13, Range = 2-24, n = 52). Subjects were then randomly assigned to one of the eight treatment condition groups previously described. These efforts were implemented to insure that internal and external locus of control subjects were evenly distributed across treatment conditions.

During Phase 2, the experimental manipulations were group administered based upon the assignment of subjects to the eight treatment conditions previously described (n = 13). A trained research assistant provided instructions to participants prior to playing the audio tape appropriate to each group assignment. Sessions were conducted at the middle school in a quiet room free from distraction. A high quality, portable cassette tape recorder was used to insure a clear reproduction of the audio tape presentation.

Appendix D provides transcripts of instructions for study participants, counselor credibility presentation and counselor prognostic expectation statements and the initial counseling session script.

In Phase 3, measures on the dependent variables were obtained. Immediately following the audio tape presentation, instruments assessing the adolescent's perception of counselor expertness, trustworthiness and attractiveness (Counselor Rating Form) and the adolescent's recall of counselor credibility, counselor prognostic expectation and counseling session statements (Cognitive Recall Questionnaire) were presented to each participant. Instructions were read aloud to the group prior to each adolescent recording his or her responses on the test forms.

The sessions for each treatment group lasted approximately 30 minutes over four consecutive days. Subjects were debriefed immediately following collection of measures on the dependent variables. Specific efforts were directed toward positively reorienting participant perceptions and expectations toward the process of counseling.

CHAPTER IV

RESULTS OF THE STUDY

Introduction

The major purpose of the study was to evaluate the main and interactive effects of counselor credibility, prognostic expectation and subject locus of control on the perceived counselor characteristics of expertness, trustworthiness and attractiveness. Also of interest were the effects of the independent variables on the subject's cognitive recall of the treatment manipulations and initial counseling session content. This chapter provides a description of the statistical analysis of the data, the degree to which null hypotheses were supported and supplemental unhypothesized results.

A 2 (High Credibility Presentation, Low Credibility Presentation) x 2 (High Prognostic Expectancy, Low Prognostic Expectation) x 2 (Internal Locus of Control, External Locus of Control) multivariate factorial analysis of variance (MANOVA) with Wilks' lambda criterion was used to analyze the raw data (Tabachnick & Fidell, 1983). The use of the MANOVA statistic assumes a statistically significant correlation between the three dependent measures of counselor characteristics, namely perceived expertness, trustworthiness and attractiveness (Biskin, 1980). To

evaluate this assumption Pearson Correlation Coefficients were initially calculated. Finally, a separate 2 x 2 x 2 univariate analysis of variance (ANOVA) was conducted to examine the effects of each of the three between subjects variables on the scores from the Cognitive Recall Questionnaire. Post hoc analysis of the ANOVA results was accomplished through calculation of the Omega Squared Strength of Association statistic (w^2), an estimate of the amount of variance that can be accounted for in the population (Linton & Gallo, 1975). Confidence intervals were established at $p < .05$ in efforts to test the various statistical procedures for significance.

Statistical Analysis of the Data

Pearson correlation coefficients calculated on the dependent variables of perceived expertness, trustworthiness and attractiveness are presented in Table 3. The correlational analysis revealed significant positive correlations between perceived expertness and both trustworthiness ($r = .64, p < .001$) and attractiveness ($r = .56, p < .001$). A significant positive correlation was also found between perceived trustworthiness and attractiveness ($r = .56, p < .001$).

These correlations indicated that the seventh and eighth grade participants significantly associated the counselor

TABLE 3

Correlation Coefficients for Perceived
Counselor Characteristics

	Expertness	Trustworthiness	Attractiveness
Expertness	—	.64*	.56*
Trustworthiness		—	.56*
Attractiveness			—

*p < .001

characteristics of expertness, trustworthiness and attractiveness in their response to treatment conditions. In other words, the assumption that the dependent measures were related to a single underlying variable, namely, positive counselor characteristics, is supported. In addition, the two dependent variables of perceived expertness and trustworthiness yielded the highest correlation, suggesting support for previous research indicating that these dimensions define counselor credibility (Hovland et al., 1953). Finally, the results of the correlational analysis justify the appropriate use of MANOVA as the statistical method of choice to test the experimental hypotheses.

To evaluate the effect of counselor credibility, prognostic expectation and subject locus of control on perceived counselor characteristics, a three-way fixed effects multivariate analysis of variance was performed. The results of the MANOVA using Wilks' lambda criterion are reported in Table 4. Means and standard deviations for the dependent variables are presented in Table 5. An analysis of these results based upon the specific null hypotheses under consideration are presented below:

1. There is no significant difference in perceived counselor characteristic ratings of adolescents under two levels of counselor credibility

TABLE 4

Multivariate Analysis of Variance of The Effects of Counselor Credibility Presentation, Counselor Prognostic Expectation and Subject Locus of Control on Perceived Counselor Characteristics

Source	Eigen Value	% of Variance	Cumulative %	Canonical Correlation	Wilks' Lambda	DF	F	Sign. of F
Credibility Presentation	.047	100	100	.213	.955	3	1.49	.222
Prognostic Expectation	.035	100	100	.184	.966	3	1.09	.356
Locus of Control	.022	100	100	.146	.979	3	.69	.564
Credibility Presentation x Prognostic Expectation	.007	100	100	.083	.993	3	.22	.884
Credibility Presentation x Locus of Control	.006	100	100	.078	.994	3	.19	.901
Prognostic Expectation x Locus of Control	.019	100	100	.137	.981	3	.59	.620
Credibility Presentation x Prognostic Expectation x Locus of Control	.011	100	100	.104	.989	3	.34	.795

TABLE 5

Means and Standard Deviations for Perceived Counselor Characteristics by Counselor Credibility Presentation, Counselor Prognostic Expectation and Subject Locus of Control

Variable and Locus of Control of Subject	High Prognostic Expectation				Low Prognostic Expectation			
	High Credibility		Low Credibility		High Credibility		Low Credibility	
	M	SD	M	SD	M	SD	M	SD
Expertness								
LOC-I	20.92	2.36	20.31	3.07	19.77	3.12	19.15	4.47
LOC-E	21.00	2.42	19.31	2.29	19.92	3.30	19.87	3.46
Trustworthiness								
LOC-I	21.54	3.33	21.38	2.72	20.92	3.50	20.15	3.44
LOC-E	21.54	2.82	20.38	2.22	19.77	3.96	19.61	3.75
Attractiveness								
LOC-I	20.31	5.02	21.08	2.33	20.85	3.23	20.31	2.43
LOC-E	20.38	2.90	20.38	2.69	19.15	4.49	20.54	2.76

presentation.

The hypothesis predicted no significant main effect based upon type of counselor credibility presentation. Retention of this null hypothesis was supported as the level of counselor credibility presentation, high-low, used to predict the perceived counselor characteristics of expertness, trustworthiness and attractiveness was found to be nonsignificant, $F(3,94) = 1.49, p > .05$. The results indicated that subjects receiving high counselor credibility statements did not significantly differ in their ratings of the counselor from those subjects receiving low counselor credibility statements.

2. There is no significant difference in perceived counselor characteristic ratings of adolescents under two levels of counselor prognostic expectation.

Multivariate analysis of variance failed to obtain significant results for the counselor prognostic expectation main effect, $F(3,94) = 1.09, p > .05$. These results suggest that subjects receiving high counselor prognostic expectations did not differ significantly in their rating of counselor characteristics from those subjects receiving low prognostic expectations. As a result of these findings, null hypothesis two was not rejected.

3. There is no significant difference in perceived

counselor characteristic ratings of adolescents under two levels of subject locus of control.

This hypothesis predicted no significant main effect based upon the subjects' locus of control. Results from the multivariate analysis of variance failed to reject the null hypothesis, $F(3,94) = .69, p > .05$. Subsequently, the results indicate that internal locus of control subjects did not evidence significantly different counselor characteristic ratings as compared to external locus of control subjects.

4. Counselor credibility presentation will not significantly interact with counselor prognostic expectation in predicting perceived counselor characteristic ratings in adolescents.

This hypothesis predicted no significant interaction effect between the counselor credibility presentation and counselor prognostic expectation conditions. Significant results were not obtained when the multivariate analysis of variance was calculated, $F(3,9) = .22, p > .05$. These results indicate that subject ratings of the perceived counselor characteristics of expertness, trustworthiness and attractiveness were not significantly dependent upon levels of counselor credibility and prognostic expectation. Thus, null hypothesis four was not rejected.

5. Level of subject locus of control will not

significantly interact with counselor credibility presentation in predicting perceived counselor characteristic ratings in adolescents.

Multivariate analysis of variance revealed nonsignificant results when subject locus of control, counselor credibility and the ratings of perceived counselor credibility were analyzed, $F(3,94) = .19, p > .05$. Therefore, internal and external locus of control subjects presented with high or low counselor credibility statements did not indicate significantly different ratings on perceived counselor characteristics. Based on these findings, null hypothesis five was not rejected.

6. Level of subject locus of control will not significantly interact with counselor prognostic expectation in predicting perceived counselor characteristic ratings in adolescents.

Hypothesis six predicted no significant interaction effect between subject locus of control and counselor prognostic expectation. Once again, the statistical analysis produced nonsignificant results, $F(3,94) = .59, p > .05$. Seventh and eighth grade participants in the study did not provide significantly different perceived counselor ratings based upon internal-external locus of control subject characteristics and high-low prognostic expectation statements. Therefore, the null hypothesis was not

rejected.

7. There is no significant global interaction between counselor credibility presentation, subject locus of control and counselor prognostic expectation in predicting perceived counselor characteristic ratings in adolescents.

Multivariate analysis of variance performed on the subjects' perceived counselor characteristic ratings yielded a nonsignificant global interaction effect, $F(3,94) = .34, p > .05$. These results indicate that the prediction of perceived expertness, trustworthiness and attractiveness was not significantly enhanced by evaluating the interplay of counselor credibility, prognostic expectation and subject locus of control. Accordingly, null hypothesis seven was not rejected.

Supplemental Statistical Analysis

In this study, the purpose of including the Cognitive Recall Questionnaire as a dependent measure was twofold: (a) to evaluate participant attentiveness and recall of content from counselor credibility and prognostic expectation treatment conditions as well as the initial counseling session material, and (b) to determine the main and interactive effects of counselor credibility presentation, prognostic expectation and subject locus

of control in predicting total recall scores. In order to determine the significance of these effects, a 2 (High Credibility Presentation, Low Credibility Presentation) x 2 (High Prognostic Expectation, Low Prognostic Expectation) x 2 (Internal Locus of Control, External Locus of Control) univariate analysis of variance (ANOVA) was calculated. Table 6 presents results of the ANOVA for scores on the Cognitive Recall Questionnaire.

The three-way fixed effects ANOVA was analyzed on the data for cognitive recall, and significant main effects for counselor credibility presentation, $F(1,96) = 87.42, p < .001$, counselor prognostic expectation, $F(1,96) = 179.19, p < .001$, and subject locus of control, $F(1,96) = 6.88, p < .05$, were revealed. Comparison of main effect cells means reveals a consistent pattern under counselor credibility and prognostic expectation conditions. Specifically, seventh and eighth grade students presented with high credibility statements ($M = 15.02, SD = 2.57$) scored significantly higher on cognitive recall items as compared to the low credibility group ($M = 12.35, SD = 2.40$). In similar fashion students receiving high prognostic expectations ($M = 15.60, SD = .92$) scored significantly higher than the low prognostic expectation group ($M = 11.77, SD = 1.89$). In addition, internal locus of control subjects ($M = 14.06, SD = 1.28$) recalled significantly

TABLE 6

Analysis of Variance of the Effects of Counselor
Credibility Presentation, Counselor Prognostic
Expectation and Subject Locus of Control on
Cognitive Recall Questionnaire Scores

	DF	Mean Square	F	Significance of F
Credibility Presentation	1	185.779	87.43	.000
Prognostic Expectation	1	380.779	179.19	.000
Locus of Control	1	14.625	6.88	.010
Credibility Presentation x Prognostic Expectation	1	14.625	6.88	.010
Credibility Presentation x Locus of Control	1	10.471	4.93	.029
Prognostic Expectation x Locus of Control	1	2.779	1.31	.256
Credibility Presentation x Prognostic Expectation x Locus of Control	1	3.471	1.63	.204
Error	96	2.125	--	—

greater credibility, prognostic expectation and counseling session content as compared to external locus of control subjects ($M = 13.31$, $SD = 1.41$). The total sample ($N = 104$) obtained a mean and standard deviation of 13.68 and 2.81, respectively.

More importantly, the ANOVA summarized in Table 6 (p. 82) also detected a significant interaction effect between level of credibility presentation and prognostic expectation, $F(1,96) = 6.88$, $p < .05$, and credibility presentation and subject locus of control, $F(1,96) = 4.93$, $p < .05$. Tables 7 and 8 display means and standard deviations for significant interaction effects. As indicated in Table 7, inspection of cell means suggests that when credibility presentation and prognostic expectation were high, the mean recall scores were greater as compared to the high-low, low-high and low-low treatment combinations, with the low credibility-low prognostic expectation group recalling fewest items. Since a majority of recall questionnaire items were drawn directly from the content of treatment manipulations, the results may indicate that students receiving low credibility and/or low prognostic expectation statements endorsed incorrect positive items, thus significantly lowering their overall recall score. Regardless of treatment condition, lower recall scores were obtained by adolescents attributing

TABLE 7

Means and Standard Deviations for Cognitive Recall
Questionnaire Scores by Counselor Credibility
Presentation and Counselor Prognostic Expectation

(n = 26)

	High Credibility		Low Credibility	
	Mean	SD	Mean	SD
High Prognostic Expectation	17.31	.74	13.88	1.11
Low Prognostic Expectation	12.73	1.43	10.81	2.37

TABLE 8

Means and Standard Deviations for Cognitive Recall
Questionnaire Scores by Counselor Credibility
Presentation and Subject Locus of Control

(n = 26)

	High Credibility		Low Credibility	
	Mean	SD	Mean	SD
Internal Locus of Control	15.08	1.12	13.04	1.44
External Locus of Control	14.96	1.08	11.65	1.75

positive credibility and prognostic expectation characteristics to the counselor.

Further assessing significant interaction effects, Table 8 (p. 85) demonstrates greater mean recall scores under the high credibility presentation condition as compared to low credibility presentation recall scores for both internal and external locus of control subjects. In addition, internal locus of control subjects receiving low credibility presentations endorsed a greater number of correct recall items as compared to external locus of control subjects. These findings may suggest that within the low credibility presentation group, internal locus of control subjects responded more appropriately to the demand characteristics of the task when compared to their external locus of control counterparts.

Additional post hoc evaluation of significant ANOVA effects was conducted on cognitive recall scores through calculation of the Omega Squared (w^2) Strength of Association statistic (Linton & Gallo, 1975). The w^2 statistic is theoretically designed to indicate the proportion of variance attributable to a particular main effect or interaction. This analysis indicated that the total main effect was found to account for 23 percent of the variance in recall scores while 35 percent was attributed to the total interaction effect. For specific main effects, counselor credibility presentation accounted

for 22.4 percent of the variance in cognitive recall scores, prognostic expectation accounted for 46.3 percent, while 2 percent of the variance was explained by subject locus of control. In addition, significant interaction effects revealed that the interplay of credibility presentation and prognostic expectation accounted for 2 percent of the variance, with only 1 percent of the variance attributed to the interaction between credibility presentation and subject locus of control.

In summary, the ANOVA and w^2 analysis revealed that a significant proportion of explained variance in the prediction of cognitive recall scores was attributed to counselor credibility presentation and prognostic expectation. In fact, counselor prognostic expectation was found to be responsible for the largest percentage of variance, particularly for main effects. It is also noteworthy that when interacting with credibility presentation, prognostic expectation continues to be significant, but fails to reach significance when interacting with subject locus of control. These findings may indicate that the recall score variance between prognostic expectation and locus of control is shared, with differences perhaps attributed to a single underlying construct. Overall, the results add support to speculation that the counselor credibility and prognostic expectation treatment

manipulations significantly influenced cognitive recall. Lower recall scores may have resulted from incorrect positive endorsements on the credibility and prognostic expectation items.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

Summary

This research effort has been based upon the premise that counseling is a dynamic, multidimensional process utilizing client, counselor and situational factors to mediate attitude and behavioral change. The purpose of this study was directed toward an integration of concepts derived from social influence theory, locus of control research and studies of counselor expectation within the context of counseling and psychotherapy. Specifically, the study investigated the main and interactive effects of counselor credibility, prognostic expectation and subject locus of control on the perceived counselor characteristics of expertness, trustworthiness and attractiveness. The predictive utility of the independent variables were also assessed on a measure of cognitive recall constructed from counselor credibility and prognostic expectation statements and simulated counseling session content. A review of previous research indicated inconsistent support for the Social Influence Model (Strong, 1968) particularly in adolescent populations.

Subjects in this study included 104 adolescent volunteers (58 male, 46 female) from a single seventh and

eight grade middle school population in a northcentral Oklahoma, semi-rural community. Prior to administration of experimental treatment conditions, a pilot study sample consisting of 63 nonparticipant subjects with comparable demographic characteristics was used to develop age-appropriate counselor credibility statements and match simulated counseling session problems with current adolescent concerns. A 2 (High Counselor Credibility Presentation, Low Counselor Credibility Presentation) x 2 (High Prognostic Expectation, Low Prognostic Expectation) x 2 (Internal Subject Locus of Control, External Subject Locus of Control) factorial design was utilized to study the variables under consideration.

The actual study was conducted in three phases. Phase 1 represented the preliminary assessment of subject locus of control through administration of the Nowicki-Strickland Locus of Control Scale for Children and assignment of subjects to treatment conditions. Phase 2 consisted of administration of the various audiotape combinations of counselor credibility statements and counselor prognostic expectations followed by the simulated initial counseling session. Phase 3 provided measures on the dependent variables of perceived expertness, trustworthiness and attractiveness (Counselor Rating Form) and the adolescent's recall of counselor credibility, counselor prognostic

expectation and simulated counseling session statements (Cognitive Recall Questionnaire). Subjects were debriefed immediately following completion of the dependent measures.

A multivariate factorial analysis of variance (MANVOA) with Wilks' lambda criterion was used to analyze the perceived counselor characteristic raw data. Since the study was exploratory in design, null hypotheses were set forth. Specifically, the hypotheses stated that there would be no significant main or interactive effect differences in perceived counselor characteristic ratings of adolescents under the selected levels of counselor credibility presentation, counselor prognostic expectation and subject locus of control. The results indicated that all seven null hypotheses failed to reach significance. Efforts to influence adolescents' perceptions of counselor expertness, trustworthiness and attractiveness through manipulation of the independent variables were unsuccessful.

A supplemental 2 x 2 x 2 univariate analysis of variance (ANOVA) was also calculated to evaluate the effects of the three independent variables on total recall scores obtained from the Cognitive Recall Questionnaire. The ANOVA analysis yielded significant main effects for counselor credibility presentation, counselor prognostic expectation and subject locus of control. More

importantly, the analysis detected a significant credibility presentation by prognostic expectation and credibility presentation by subject locus of control interaction effect. Overall, the results indicated that the lower recall scores were attributed to incorrect positive endorsements on the credibility and prognostic expectation items. In addition, internal locus of control subjects presented with low counselor credibility statements obtained significantly greater item recall scores as compared to their external locus of control counterparts.

Conclusions

Several findings were derived from this study of adolescents' perceptions of counselor characteristics based upon counselor credibility and prognostic expectation preparations and subject locus of control. Overall, the results provide evidence that young adolescents may possess highly positive attitudes of counselor expertness, trustworthiness and attractiveness that are not contingent upon preparatory information or the subjects' locus of control orientation. In part, these attitudes may be related to predispositional factors, counseling session dynamics or a socially desirable response pattern. These issues will be addressed through a discussion of results in

the context of relevant literature.

Speculation that high counselor credibility statements would significantly enhance adolescents' perceptions of counselor expertness, trustworthiness and attractiveness when compared to low credibility presentation counterparts was not supported. This finding is inconsistent with previous research with children (Hartley, 1969) and adolescents (Bernstein & Figioli, 1983). Specifically, Hartley (1969) demonstrated a differential perceived counselor characteristic effect in a structured group counseling study with fifth grade children. Bernstein and Figioli (1983) extended these findings with eighth grade students, indicating a significant interaction effect between counselor gender, subject gender and credibility introduction. The failure to establish a significant credibility effect in this study may be related to experimental design limitations. Due to a restricted sample size, the influence of counselor gender and subject gender was not evaluated. In addition, consideration of the client's presenting problem may be equally relevant, particularly for those subjects showing a counselor gender preference based upon area of concern. In this study, the results of the Survey of Student Concerns (Table 2, p. 61) provide clear examples of counselor gender preferences across a wide range of presenting problems. Further

research may be necessary to evaluate the influence of various organismic variables in shaping adolescent perceptions of counselor expertness, trustworthiness and attractiveness.

An additional finding was that adolescents receiving high prognostic expectations did not demonstrate significantly higher ratings on the counselor characteristic measures as compared to the low prognostic expectation group. These results contradict the findings of Wurmser (1974) which pointed to the predictive utility of prognostic expectation in outcome studies with child psychotherapy clients. This discrepancy may be related to the overall psychological level of functioning between samples and differences in criterion measures. Replication of this study using clinical populations and multidimensional outcome measures may be indicated.

The findings of this investigation do support conclusions drawn by Bonner and Everett (1982) suggesting no significant prognostic expectation influence on dimensions of therapist attraction and receptivity in elementary school age children. The authors' speculation that the nonsignificant effect was due to their reticence to present adequately low prognostic expectations was not upheld. In this study, low prognostic expectation statements were constructed to be highly pessimistic of successful counseling outcome, with results continuing

to show no significant difference between the high and low group. However, the findings did support the sample's overall high degree of attraction and receptivity to the counselor reported by Bonner and Everett (1982). Further research is needed to evaluate factors that contribute to the high degree of optimism evidenced in child and adolescent perceptions of counseling process and outcome.

The predicted influence of subject locus of control orientation on adolescents' perceived counselor characteristics was not found in this study. Rotter (1966, 1975) initially conceptualized locus of control as a generalized reinforcement expectancy that demonstrated a predictive utility across situations, particularly when the setting was novel, ambiguous or unstructured. The more precisely a situation is defined, the less salient the role of generalized expectancy.

The results of this study support the contention that the locus of control construct may be too generalized to effectively influence the specific counseling situation (Dougherty et al., 1978). Perhaps the presentation of counselor credibility and prognostic expectation statements reduced the overall ambiguity and novelty of the situation, thus limiting the predictive capacity of the locus of control variable. If this argument is conceptually accurate, counselor prognostic expectations should

provide a high level of predictability since these expectations are situationally specific (Goldstein, 1962). The fact that the counselor prognostic expectation variable in this study did not significantly influence adolescent perceptions of counselor characteristics warrants further explanation. Specifically, Midlarsky and McKnight (1980) suggested that the influence of a powerful authoritative figure (e.g., counselor) may provide a masking effect for predispositional variables such as locus of control. Whether the counselor was perceived by the adolescent sample as authoritative may be clarified through further empirical study.

The lack of significant main and interaction effects on the credibility, prognostic expectation and locus of control variables does suggest the importance of counselor-client interactions in shaping perceived counselor characteristics within the actual counseling session. In this study, the simulated counseling session portrayed the counselor as an active participant in the counseling process. Interactions with the adolescent client was facilitated through presentation of basic attending skills such as clarification, open-ended questions, paraphrasing and focusing (Ivy, 1982). The overall counseling style projected a sense of warmth, genuineness and empathic understanding of presenting concerns (Truax & Carcuff,

1967). In part, these factors may have contributed to adolescent expectations toward counseling and influenced the perception of counselor expertness, trustworthiness and attractiveness. Inconsistencies reported in the Social Influence Model literature may be related to the potency of the simulated counseling session rather than differences in the manipulation of precounseling information. In fact, concerns raised against the use of simulated (e.g., analogue) counseling sessions in Social Influence Model research may be less important than a better understanding of intrasession counselor-client interactions. Further research may be directed toward delineating the interaction between various simulated counseling styles and counselor credibility, prognostic expectation and locus of control on perceived counselor characteristics.

The most salient finding from the cognitive recall measure was that adolescents receiving high credibility and high prognostic expectation statements performed at a significantly superior level when compared to their low credibility and low prognostic expectation counterparts. Based upon the construction characteristics of the recall measure, these results indicate that adolescents receiving low credibility and low prognostic expectations endorsed incorrect positive credibility and expectation items. Two initial explanations may be attributed to these findings.

The adolescents' incorrect endorsements may represent a positive response bias based upon a history of existing attitudes toward the counselor and the counseling process. In accord with speculation presented by Bonner and Everett (1982), the adolescent sample may have possessed a high degree of optimism about the counselor's ability to facilitate a successful counseling outcome. As previously stated, a second explanation suggests that adolescent responses on the recall questionnaire were primarily influenced by characteristics of the simulated counseling session. Continued empirical study of these issues is indicated.

In addition, a significant interaction effect between subject locus of control and counselor credibility presentation suggests that within the low credibility group, internal locus of control adolescents recalled more items than external locus of control adolescents. This interaction effect may indicate that internally oriented adolescents were more attentive to the demand characteristics of the task, regardless of attitudinal predisposition, familiarity with counseling or the influence of the simulated counseling session. In fact, the significantly higher recall performance of internal locus of control adolescents is consistent with observations of Nowicki and Duke (1978). These authors

recognized that internals demonstrated a greater readiness for active participation in the counseling process. Perhaps continued efforts should be directed toward understanding the causative factors related to client participation once the counseling process is initiated.

Recommendations for Further Research

Based upon the results of the study, it appears that several issues warrant further investigation. Specifically, a replication study incorporating several untested variables may enhance the predictive ability of counselor credibility, prognostic expectation and subject locus of control within a social influence paradigm. The influence of subject and counselor gender may be assessed taking into consideration preference differences based upon the client's presenting concern. In addition, factors such as the adolescent's familiarity with counseling, attitudinal predispositions and tendencies toward responding in a socially desirable manner could help clarify individual differences affecting attitude and behavioral change.

Additional research might evaluate the differential effects of various simulated counseling styles on adolescent perceptions of counselor expertness, trustworthiness and attractiveness. This may facilitate a

better understanding of the contribution of intrasession counselor-client interactions important to counseling process and outcome. To accomplish these objectives, continued emphasis should be placed on the synthesis of divergent aspects of the interpersonal influence process.

REFERENCES

- Adelman, H. S., Kaser-Boyd, N. & Taylor, L. (1984). Children's' participation in consent for psychotherapy and their subsequent response to treatment. Journal of Clinical Child Psychology, 13(2), 170-178.
- Atkinson, D. & Carskaddon, G. (1975). A prestigious introduction, psychological jargon and perceived counselor credibility. Journal of Counseling Psychology, 22, 180-186.
- Bailer, I. (1961). Conceptualization of success and failure in mentally retarded and normal children. Journal of Personality, 29, 303-320.
- Baker, E. K. (1979). The relationship between locus of control and psychotherapy: A review of the literature. Psychotherapy: Theory, Research and Practice, 16,(3), 351-362.
- Barak, A. & LaCrosse, M. B. (1975). Multidimensional perception of counselor behavior. Journal of Counseling Psychology, 22, 471-476.
- Barak, A., Patkin, J. & Dell, D. (1982). Effects of certain counselor behaviors on perceived expertness and attractiveness. Journal of Counseling Psychology, 29, 261-265.
- Berman, J. S. (1980). Social bases of psychotherapy: Expectancy, attraction and the outcome of treatment. Dissertation Abstracts International, 40(12), 5800-5801-B.
- Bernstein, B. & Figiolo, S. (1983). Gender and credibility introduction effects on perceived counselor characteristics. Journal of Counseling Psychology, 30(4), 506-513.
- Biskin, B. H. (1980). Multivariate analysis in experimental counseling research. The Counseling Psychologist, 8(4), 69-79.

- Bonner, B. & Everett, F. (1982). Influence of client preparation and therapist prognostic expectations on children's attitudes and expectations of psychotherapy. Journal of Clinical Child Psychology, 11(3), 202-208.
- Bootzin, R. R. & Lick, J. R. (1979). Expectancies in therapy research: Interpreting artifact or mediating mechanism? Journal of Consulting and Clinical Psychology, 47(5), 852-855.
- Borgers, S. B. & Woodmancy, M. (1983). Children and their rights. Elementary School Guidance and Counseling, 3, 170-176.
- Boulware, D. W. & Holmes, D. S. (1970). Preferences for therapists and related expectancies. Journal of Consulting and Clinical Psychology, 35, 269-277.
- Brannigan, G. G., Rosenberg, L. A. & Loprete, L. J. (1977). Internal-external expectancy, maladjustment and psychotherapeutic intervention. Journal of Personality Assessment, 41(1), 71-78.
- Brody, L. R. & Carter, A. S. (1982). Children's emotional attributions of self versus other: An exploration of an assumption underlying projective techniques. Journal of Consulting and Clinical Psychology, 50(5), 665-671.
- Calhoun, L. G., Cheney, T. & Dawes, A. S. (1974). Locus of control, self-reported depression and perceived causes of depression. Journal of Consulting and Clinical Psychology, 42, 736.
- Carter, J. (1978). Impressions of counselors as a function of physical attractiveness. Journal of Counseling Psychology, 25, 25-34.
- Childress, R. & Gillis, J. S. (1977). A study of pretherapy role induction as an influence process. Journal of Clinical Psychology, 33(2), 540-544.
- Claiborn, C. D. (1979). Counselor verbal intervention, nonverbal behavior and social power. Journal of Counseling Psychology, 26, 378-383.
- Claiborn, C. D. & Schmidt, L. D. (1977). Effects of pre-session information on the perception of the counselor in the interview. Journal of Counseling Psychology, 24, 259-263.

- Coady, H., Fellers, G. & Kneavel, T., Jr. (1981). Locus of control and the effects of incentives on children's performance. The Journal of Psychology, 108, 227-232.
- Corrigan, J. D., Dell, D. M., Lewis, K. N. & Schmidt, L. D. (1980). Counseling as a social influence process: A review. Journal of Counseling Psychology Monograph, 27(3), 395-441.
- Crandall, V. C., Katkovsky, W. & Crandall, V. J. (1965). Children's beliefs in their own control of reinforcement in intellectual-academic achievement situations. Child Development, 36, 91-109.
- Day, L. & Reznikoff, M. (1980a). Preparation of children and parents for treatment at a children's psychiatric clinic through videotaped modeling. Journal of Consulting and Clinical Psychology, 48(2), 303-305.
- Day, L. & Reznikoff, M. (1980b). Social class, the treatment process, and parents' and children's expectations about psychotherapy. Journal of Clinical Child Psychology, Fall, 195-198.
- Doctor, R. M. (1971). Locus of control of reinforcement and responsiveness to social influence. Journal of Personality, 39(4), 542-551.
- Dollinger, S. J. & Thelen, M. H. (1978). Children's perceptions of psychology. Professional Psychology, 2, 117-126.
- Dollinger, S. J., Thelen, M. H. & Walsh, M. L. (1980). Children's conceptions of psychological problems. Journal of Clinical Child Psychology, 3, 191-194.
- Dorn, F. J. (1984). The Social Influence Model: A social psychological approach to counseling. The Personnel and Guidance Journal, 2, 342-345.
- Dougherty, A. M., Horne, A. M. & Ollendick, D. G. (1978). Locus of control and student perceptions of three counseling techniques. Psychology in the Schools, 15(3), 439-445.
- Festinger, L. A. (1957). A theory of cognitive dissonance. Stanford: Stanford University Press.

- Ford, J. D. (1978). Therapeutic relationship in behavior theory: An empirical analysis. Journal of Consulting and Clinical Psychology, 46, 1302-1314.
- Frank, J. D. (1976). Psychotherapy and the sense of mastery. In R.L. Spitzer and D.F. Klein (Eds.), Evaluation of psychological therapies. Baltimore: Johns Hopkins University Press.
- Gatz, M., Tyler, F. B. & Pargament, K. I. (1978). Goal attainment, locus of control, and coping style in adolescent group counseling. Journal of Counseling Psychology, 25(4), 310-319.
- Gillis, J. S. & Jessor, R. (1970). Effects of brief psychotherapy on belief in internal control: An exploratory study. Psychotherapy: Theory, Research, and Practice, 7, 135-137.
- Goldstein, A. P. (1960). Therapist and client expectation of personality change in psychotherapy. Journal of Counseling Psychology, 7(3), 180-184.
- Goldstein, A. P. (1962). Participant expectancies in psychotherapy. Psychiatry, 25, 72-79.
- Goldstein, A. P. (1966). Prognostic and role expectancies in psychotherapy. American Journal of Psychotherapy, 20, 35-44.
- Goodyear, R. & Robyak, J. (1981). Counseling as an interpersonal influence process: A perspective for counseling practice. Personnel and Guidance Journal, 60, 654-657.
- Gore, P. M. (1962). Individual differences in the prediction of Ss compliance to experimenter bias. Unpublished doctoral dissertation, Ohio State University.
- Gottlieb, D. (1973). Children's liberation. Englewood Cliffs, NJ: Prentice-Hall.
- Greenberg, R. P. (1969). Effects of pre-session information on perception of the therapist and receptivity to influence in a psychotherapy analogue. Journal of Consulting and Clinical Psychology, 33(4), 425-429.
- Hartley, D. (1969). Perceived counselor credibility as a function of the effects of counseling interaction. Journal of Counseling Psychology, 16(1), 63-68.

- Heitler, J. B. (1973). Preparation of low-class patients for expressive group psychotherapy. Journal of Consulting and Clinical Psychology, 41, 251-260.
- Heitler, J. B. (1976). Preparatory techniques in initiating expressive psychotherapy with low class, unsophisticated patients. Psychological Bulletin, 83(2), 339-352.
- Helner, P. A. & Jessell, J. C. (1974). Effects of interpretation as a counseling technique. Journal of Counseling Psychology, 21(6), 475-481.
- Heppner, P. P. & Dixon, D. N. (1981). A review of the interpersonal influence process in counseling. The Personnel and Guidance Journal, 4, 512-550.
- Hersh, S. P. (1979). Child psychiatry and the national government. In I. Berlin and L. Stone (Eds.), Basic handbook of child psychiatry: Vol. 4. Prevention and current issues (pp. 466-472). New York: Basic Books.
- Hoehn-Saric, R., Frank, J., Imber, S., Nash, E., Stone, A. & Battle, C. (1964). Systematic preparation of patients for psychotherapy: I. Effects of therapy behavior and outcome. Journal of Psychiatric Research, 2, 267-281.
- Holmes, D. S. & Urie, R. G. (1975). Effects of preparing children for psychotherapy. Journal of Consulting and Clinical Psychology, 43(3), 311-318.
- Hovland, C. T., Janis, I. L. & Kelly, H. H. (1953). Communication and persuasion: Psychological studies of opinion change. New Haven, CT: Yale University Press.
- Ivy, A. E. (1982). Intentional interviewing and counseling. Florence, KY: Brooks/Cole.
- Joe, V. C. (1971). Review of the internal-external control construct as a personality variable. Psychological Reports, 28, 618-640.
- Johnson, D. & Matross, R. (1977). Interpersonal influence in psychotherapy: A social psychological view. In A. Gorman and A. Razin (Eds.), Effective psychotherapy: A handbook of research. New York: Pergamon Press.
- Kaul, T. & Schmidt, L. (1971). Dimensions of interviewer trustworthiness. Journal of Counseling Psychology, 18, 542-548.

- Kazdin, A. E. (1979). Nonspecific treatment factors in psychotherapy outcome research. Journal of Consulting and Clinical Psychology, 47(5), 846-851.
- Kerr, B. A., Claiborn, C. D. & Dixon, D. N. (1982). Training counselors in persuasion. Counselor Education and Supervision, 12, 138-148.
- Kerr, B. & Dell, D. (1976). Perceived interviewer expertness and attractiveness: Effects of interviewer behavior and attire and interview setting. Journal of Counseling Psychology, 23, 553-556.
- Killman, P. R., Albert, B. M. & Sotile, W. M. (1975). Relationship between locus of control, structure of therapy and outcome. Journal of Consulting and Clinical Psychology, 43(4), 588.
- Killman, P. R. & Howell, R. J. (1974). Effects of structure of marathon group therapy and locus of control on therapeutic outcome. Journal of Consulting and Clinical Psychology, 42, 912.
- Kuypers, J. (1972). Internal-external locus of control, ego functioning and personality characteristics in old age. The Gerontologist, 1, 168-173.
- LaCrosse, M. B. (1975). Nonverbal behavior and perceived counselor attractiveness and persuasiveness. Journal of Counseling Psychology, 22, 563-566.
- LaCrosse, M. B. (1980). Perceived counselor social influence and counseling outcome: Validity of the Counselor Rating Form. Journal of Counseling Psychology, 27, 320-327.
- LaCrosse, M. B. & Barak, A. (1976). Differential perception of counselor behavior. Journal of Counseling Psychology, 23, 170-172.
- Lee, D. Y., Hallberg, E. T., Jones, L. & Haas, R. F. (1980). Effects of counselor gender on perceived credibility. Journal of Counseling Psychology, 27(1), 71-75.
- Lefcourt, H. M. (1966). Internal versus external control of reinforcement: A review. Psychological Bulletin, 65(4), 206-220.
- Lefcourt, H. M. (1976). Locus of control-current trends in theory and research. Hillsdale, NJ: Lawrence Erlbaum Associates.

- Lefcourt, H. M. & Wine, J. (1969). Internal versus external control of reinforcement and the deployment of attention in experimental situations. Canadian Journal of Behavioral Science, 1, 167-181.
- Liberty, P. G., Jr., Bernstein, E. & Moulton, R. W. (1966). Concern with mastery and occupational attraction. Journal of Personality, 34, 105-117.
- Linton, M. & Gallo, P. S., Jr. (1975). The practical statistician: Simplified handbook of statistics. Belmont, CA: Wadsworth.
- Littrell, J. M. & Littrell, M. A. (1982). American indians and caucasian students' preferences for counselors: Effects of counselor dress and sex. Journal of Counseling Psychology, 29, 48-57.
- MacDonald, A. P., Jr., Majumder, R. & Greever, K. (1972). Counseling techniques for handling powerful others. Journal of Rehabilitation, 39, 23-25.
- Martin, P. J., Moore, J. E., Sterne, A. L. & McNairy, R. M. (1977). Therapists prophesy. Journal of Clinical Psychology, 33(2), 502-510.
- McGhee, P. E. & Crandall, V. C. (1968). Beliefs in internal-external control of reinforcement and academic performance. Child Development, 39, 91-102.
- Mezzano, J. (1971). Concerns of students and preferences for male and female counselors. Vocational Guidance Quarterly, 20, 42-47.
- Midlarsky, E. & McKnight, L. B. (1980). Effects of achievement, evaluative feedback, and locus of control on children's expectations. The Journal of Genetic Psychology, 136, 203-212.
- Mondy, L. W. (1969) Preparing children for psychological evaluations: A brochure for parents. Mental Hygiene, 53(4), 635-637.
- Munley, P. H. (1974). A review of counseling analogue research methods. Journal of Counseling Psychology, 47, 319-334.
- Nowicki, S. (1979) A manual for the children's Nowicki-Strickland locus of control scale. Unpublished manuscript, Emory University.

- Nowicki, S. (1982). Competition-cooperation as a mediator of locus of control and achievement. Journal of Research in Personality, 16, 157-164.
- Nowicki, S. & Duke, M. P. (1978). Examination of counseling variables within a social learning framework. Journal of Counseling Psychology, 25(1), 1-7.
- Nowicki, S. & Strickland, B. R. (1973). A locus of control scale for children. Journal of Consulting and Clinical Psychology, 40, 148-154.
- Orne, M. T. & Wender, P. H. (1968). Anticipatory socialization for psychotherapy: Method and rationale. American Journal of Psychiatry, 124(9), 1202-1211.
- Phares, E. J. (1965). Internal-external control as a determinant of amount of social influence exerted. Journal of Personality and Social Psychology, 2(5), 642-647.
- Phares, E. J., Wilson, K. G. & Klyver, N. W. (1971). Internal-external control and the attribution of blame under neutral and destructive conditions. Journal of Personality and Social Psychology, 18, 295-288.
- Porche, L. M. & Banikiotes, P. G. (1982). Racial and attitudinal factors affecting the perception of counselors by black adolescents. Journal of Counseling Psychology, 29(2), 169-174.
- Reimanis, G. (1974). Effects of locus of reinforcement control modification procedures in early graders and college students. The Journal of Educational Research, 68(3), 124-127.
- Richardson, D. & Cohen, R. (1968). A follow-up study of a sample of child psychiatry dropouts. Mental Hygiene, 52, 535-541.
- Richie, E. & Phares, E. (1969). Attitude change as a function of internal-external control and communication status. Journal of Personality, 37, 429-443.
- Rosen, G. M. (1976). Subjects' initial therapeutic expectancies and subjects' awareness of therapeutic goals in systematic desensitization: A review. Behavior Therapy, 7, 14-27.

- Rothbaum, F., Wolfer, J. & Visintainer, M. (1979). Coping behavior and locus of control in children. Journal of Personality, 47(1), 118-135.
- Rothmeier, R. & Dixon, D. (1980). Trustworthiness and influence: A reexamination in an extended counseling analogue. Journal of Counseling Psychology, 27, 315-319.
- Rotter, J. B. (1954). Social learning and clinical psychology. Englewood Cliffs, NJ: Prentice-Hall.
- Rotter, J. B. (1960). Some implications of a social learning theory for the prediction of goal directed behaviors from testing procedures. Psychological Review, 67, 310-316.
- Rotter, J. B. (1966). Generalized expectancies for internal versus external control of reinforcement. Psychological Monographs, 80 (1, Whole No. 609), 1-28.
- Rotter, J. B. (1975). Some problems and misconceptions related to the construct of internal versus external control of reinforcement. Journal of Consulting and Clinical Psychology, 43(1), 56-67.
- Ruppel, G. & Kaul, T. J. (1982). Investigation of social influence theory's conception of client resistance. Journal of Counseling Psychology, 29(3), 232-239.
- Schmidt, L. & Strong, S. (1970). Expert and inexpert counselors. Journal of Counseling Psychology, 17, 115-118.
- Schmidt, L. & Strong, S. (1971). Attractiveness and influence in counseling. Journal of Counseling Psychology, 18, 348-351.
- Siegel, J. & Sell, J. (1978). Effects of objective evidence of expertness and nonverbal behavior on client perceived expertness. Journal of Counseling Psychology, 25, 188-192.
- Singer, E. (1970). Key concepts of psychotherapy. New York: Random House.
- Sloane, R., Cristal, A., Pepernik, M. & Staples, F. (1970). Role preparation and expectancy of improvement in psychotherapy. Journal of Nervous and Mental Disease, 150, 18-26.

- Strong, S. R. (1968). Counseling: An interpersonal influence process. Journal of Counseling Psychology, 15(3), 215-224.
- Strong, S. R. (1979). Social psychological approach to counseling research. In S.L. Garfield and A.E. Bergin (Eds.), Handbook of psychotherapy and behavior change: An empirical analysis. New York: Wiley.
- Strong, S. R. & Dixon, D. N. (1971). Expertness, attractiveness and influence in counseling. Journal of Counseling Psychology, 18, 562-570.
- Strong, S. & Matross, R. (1973). Change processes in counseling and psychotherapy. Journal of Counseling Psychology, 20, 25-37.
- Strong, S. & Schmidt, L. (1970a). Expertness and influence in counseling. Journal of Counseling Psychology, 17, 81-87.
- Strong, S. & Schmidt, L. (1970b). Trustworthiness and influence in counseling. Journal of Counseling Psychology, 17, 187-204. (b)
- Strupp, H. H. & Bergin, A. (1969). Some empirical and conceptual bases for coordinated research in psychotherapy: A critical review of issues, trends, and evidence. International Journal of Psychiatry, 7, 18-90.
- Tabachnick, B. G. & Fidell, L. S. (1983). Using multivariate statistics. New York: Harper and Row.
- Tesiny, E. P. & Lefkowitz, M. M. (1982). Childhood depression: A six month follow-up study. Journal of Consulting and Clinical Psychology, 50(5), 778-780.
- Truax, C. B. & Carkhuff, R. R. (1967). Toward effective counseling and psychotherapy: Training and practice. Chicago: Aldine.
- Wilkins, W. (1973). Expectancy of therapeutic gain: An empirical and conceptual critique. Journal of Consulting and Clinical Psychology, 40(1), 69-77.
- Wilkins, W. (1979). Expectancies in therapy research: Discriminating among heterogeneous nonspecifics. Journal of Consulting and Clinical Psychology, 47(5), 837-845.

Wursmer, J. H. (1974). The relationships among patient variables, therapist variables and outcome in brief psychotherapy with children. Dissertation Abstracts International, 3045-B.

APPENDIX A
COVER LETTER AND PARENTAL CONSENT FORM

COVER LETTER AND PARENTAL CONSENT FORM

April 7, 1986

Dear Parents:

The purpose of this letter is to request permission for your child to participate in a brief counseling study project being conducted at the Middle School. The project has been jointly approved and sponsored by the Public Schools and Oklahoma State University.

For many years, adolescent children have benefited from talking with counselors about their problems. Currently, we are interested in learning more about the normal adolescent's understanding of the nature and purpose of the counseling process. Thus, this study is ultimately designed to contribute to the effectiveness of counselors in their work with adolescents.

Your child's participation in our study would be greatly appreciated. We hope to have a majority of the Middle School student population involved. Certainly, their participation is completely voluntary, and they are free to withdraw at any time. All results will remain strictly confidential and no names will be recorded. The information gathered will not be used to evaluate your child in any way.

Participating children will be seen by the researcher in small groups at the Middle School for a total of approximately 30 minutes. Participants will listen to an audiocassette tape describing personal and professional characteristics of a counselor followed by a brief counseling session. All children will listen to the same taped counseling session prior to being asked to rate how good the counselor was by completing a brief questionnaire.

We hope that your child will be able to participate in the study since the results will help make available high quality counseling services to those adolescents in need. Please complete and sign the attached Parent Consent Form and return it to the school within the next several days. Feel free to call if you have any questions about the study. The final results will be available for your review.

Thank you for your cooperation.

Walter J. Litwin, Ed.D.
Applied Behavioral Studies
Oklahoma State University
Stillwater, Oklahoma 74078
Phone: 624-3036

Parent Consent Form

Child's Name: _____ Age: _____
Date: _____ Grade: _____

I do, hereby, give permission for my son or daughter to participate in the counseling study project at the Middle School.

Signature: Parent or Guardian

APPENDIX B

COUNSELOR DESCRIPTION SURVEY

COUNSELOR DESCRIPTION SURVEYDirections:

Junior high school students have different thoughts and feelings about talking with counselors at school. The purpose of this survey is to help understand why students talk to some counselors and not others.

Please imagine a counselor that you feel is worth believing and trusting. This counselor is one you could depend on. A person with this description is called "credible." When looking at the items on this survey, mark the counselor description with a 4 if the description is very important in describing your "credible" counselor. Mark 3 if the description is important in describing your "credible" counselor. Mark a 2 if the description is somewhat helpful in describing your "credible" counselor. And finally, mark a 1 if the description describes a counselor that you would consider as not "credible" (or someone you feel would not be worth believing or trusting, and someone you may not be able to depend on).

Mark all of the descriptions starting with the top one, use only one number for each description and use only a 1, 2, 3, or 4. Please take this survey seriously and write down your honest opinions. Of course, there are no right or wrong answers.

- 4 - very important
- 3 - important
- 2 - somewhat helpful
- 1 - describes a counselor not credible

<u>Counselor Description:</u>	<u>Score</u>
The counselor is young.....	_____
The counselor is old.....	_____
The counselor visits classrooms often.....	_____
The counselor knows the names of most of the students.....	_____
The counselor's title is "Ph.D." (To get the Ph.D. degree, one must go to college 7 to 8 years. It also requires years of studying on how to be a good counselor.).....	_____
The counselor has been counseling many years.....	_____
The counselor has had a lot of extra training.....	_____
The counselor is often seen with students.....	_____
The counselor wears design jeans.....	_____
The counselor's hair style is in fashion.....	_____
The counselor drives a sports car.....	_____
The counselor enjoys rock music.....	_____
The counselor really dresses up.....	_____
The counselor teaches other counselors at a university how to be good counselors.....	_____
The counselor is well known for the books and magazine articles he (or she) has written on counseling.....	_____

- 4 - very important
 3 - important
 2 - somewhat helpful
 1 - describes a counselor not credible

Students say this counselor:	<u>Score</u>
is helpful.....	_____
is someone who won't tell <u>anyone</u> what you talk about.....	_____
has a lot of good ideas.....	_____
is easy to understand.....	_____
is "really good".....	_____
understands students' side of a conflict.....	_____
shows respect to students.....	_____
has a sense of humor.....	_____
cares about students.....	_____
admits to having similar problems as students do.....	_____
is cheerful.....	_____
knows "how to counsel".....	_____
is patient.....	_____
accepts feelings and thoughts of students and never makes fun of them.....	_____

APPENDIX C

SURVEY OF STUDENT CONCERNS

SURVEY OF STUDENT CONCERNSDirections:

Junior high school students often talk with counselors about many different kinds of problems and concerns. The purpose of this survey is to understand the types of concerns that are most and least important to students.

Please study the seven groups of concerns listed on the following page. Place a 1 in the space provided next to that group that concerns you the most. Then place a 2 next to the group that is next in importance to you and so on until you have ranked all seven groups from 1 (most important) to 7 (least important).

SURVEY OF STUDENT CONCERNS

Rank (1 to 7)		Counselor Preference (Circle One)
_____	Group I <u>Health and Physical Development</u> concerns such as: Being overweight, poor complexion or skin problem, not very attractive physically	(Man/Woman)
_____	Group II <u>School</u> concerns such as: Not spending enough time in study, not liking school, worrying about grades	(Man/Woman)
_____	Group III <u>Home and Family</u> concerns such as: Parents not understanding me, parents separated or divorced, wanting love and affection	(Man/Woman)
_____	Group IV <u>Boy and Girl Relationships</u> such as: Not mixing well with the opposite sex, afraid of close contact with opposite sex, going with someone my family won't accept	(Man/Woman)
_____	Group V <u>The Future-Vocational and Education</u> concerns such as: Wanting advice on what to do after high school, wanting to earn some of my own money, not know what I really want	(Man/Woman)
_____	Group VI <u>Moral and Religious</u> concerns such as: Being tempted to cheat in class, doubting the value of church and prayer, sometimes lying without meaning to	(Man/Woman)
_____	Group VII <u>Self-centered</u> concerns such as: Lacking self-confidence, getting embarrassed too easily, moodiness-- "having the blues"	(Man/Woman)

Pretend you are in a school that has two counselors. One is a man, the other is a woman. Both are exactly alike in age,

appearance, and the way that they work with students. You may choose to see either one of these two counselors to talk to. Remember, the only difference between them is that one is a man and the other is a woman.

Which one would you choose to talk to about each of the above concerns? Circle the word "Man" if you would rather talk to him about certain concerns or circle the word "Woman" if you would rather talk to her about these concerns.

APPENDIX D

INSTRUCTIONS AND TRANSCRIPTS FOR AUDIO TAPES

SEQUENCE OF SECTIONS PRESENTED TO EACH GROUP

- Group 1-2: Instructions
 High Counselor Credibility Presentation
 High Counselor Prognostic Expectations
 Initial Counseling Session
- Group 3-4: Instructions
 High Counselor Credibility Presentation
 Low Counselor Prognostic Expectations
 Initial Counseling Session
- Group 5-6: Instructions
 Low Counselor Credibility Presentation
 High Counselor Prognostic Expectations
 Initial Counseling Session
- Group 7-8: Instructions
 Low Counselor Credibility Presentation
 Low Counselor Prognostic Expectations
 Initial Counseling Session

TRANSCRIPT OF INSTRUCTIONS FOR STUDY PARTICIPANTS

The purpose of this study is to better understand what middle school students think is important about counselors. As most of you already know, middle school students often see counselors either in school or outside at a clinic or community counseling center. Counselors work in many different settings.

The tape you are about to hear could have been recorded in any of these places. The tape that I will be playing for you has three parts. First, a person will introduce the counselor you are going to hear on the 3rd part. You will learn a few facts about the counselor in this part. The second part will tell you what the counselor expects as a result of counseling, how he thinks the counseling session might turn out. The 3rd part is a counseling session between the counselor that was described to you in the first two parts and a middle school student. This counseling session is the first between the two and they're just getting to know each other.

You are to listen very closely to all parts of this tape because after you hear them, I am going to pass out two evaluation forms. You will be evaluating the counselor on one form while the second form will check how well you remember the information presented on the tape. Therefore, it is important to listen carefully.

It is also important that you do not talk to anyone during

or after the tape is played. We want to know your opinions separately, not after you have discussed it with others.

Now, are there any questions?

Listen very closely to the tape. (PLAY TAPE)

(WHEN TAPE FINISHES) Again, please don't talk over what you have just heard. I am passing out the first evaluation form (COUNSELOR RATING FORM). Be sure to place your name and grade on the form. (WAIT UNTIL COMPLETED) Read the directions to yourself as I read them aloud. (READ THEM QUICKLY) Any questions? You may begin. (AFTER IT LOOKS LIKE THEY HAVE ALL FINISHED) Would everyone make sure that no questions have been skipped.

(HESITATE) Does anyone need more time?

(HAND OUT "COGNITIVE RECALL QUESTIONNAIRE") Again, please read along silently as I read the directions aloud. (READ DIRECTIONS) Any questions? You may begin.

(AFTER ALL THE PARTICIPANTS SEEM TO BE FINISHED) Would everyone make sure all the questions are answered. Does anyone need more time? Please pass them forward.

Any questions about this study?

Thank you for participating in the study. We really appreciate it.

TRANSCRIPT OF HIGH COUNSELOR CREDIBILITY PRESENTATION

It is often helpful for people to know a little about a counselor before listening to the counseling session. The counselor you are about to hear has been described by some middle school students as a patient person who accepts feelings and thoughts of others and never makes fun of them. They also say that this counselor is someone who cares about students, is easy to understand, and understands their side of the conflict. And finally, the counselor has been described as someone who shows respect to students and won't tell anyone what you talk about.

TRANSCRIPT OF LOW COUNSELOR CREDIBILITY PRESENTATION

It is often helpful for people to know a little about a counselor before listening to the counseling session. The counselor you are about to hear is an older person who really dresses up for work. This counselor enjoys rock music and is often seen driving a sports car and wearing designer jeans. Finally, this counselor is described as having a hair style that is always in fashion.

TRANSCRIPT OF HIGH COUNSELOR PROGNOSTIC EXPECTATIONS

It is also helpful for people to find out about what they might expect from counseling. The counselor you are about to hear thinks that most people feel much better, are happier and very satisfied at the end of counseling. This counselor expects students to think more clearly about their problems and to learn helpful new ways to act that won't get them into so much trouble. By the time counseling is over, most people get along much better with their friends and family and are able to handle their problems in a much better way.

Now, here is the counseling session you are to listen to closely.

TRANSCRIPT OF LOW COUNSELOR PROGNOSTIC EXPECTATIONS

It is also helpful for people to find out about what they might expect from counseling. The counselor you are about to hear thinks that many people don't feel any better, are just as unhappy and dissatisfied at the end of counseling. This counselor does not expect students to think more clearly about their problems. Much of the time, people fail to learn helpful new ways to act and continue to get into trouble. According to this counselor, much of the time people don't get along any better with their friends and family, and are unable to handle their problems in a better way.

Now, here is the counseling session you are to listen to closely.

TRANSCRIPT FOR INITIAL COUNSELING SESSION

COUNSELOR: Come in Pat, you're right on time. Make yourself at home.

CLIENT: OK, thanks.

COUNSELOR: How has it been going today?

CLIENT: Oh, OK I guess.

COUNSELOR: You don't sound too sure about it. Why don't we go ahead and get started. I'm curious about what brings you here to talk with me today. Is this the first time you've come to see a counselor?

CLIENT: Yea, it is. It's real different.

COUNSELOR: How do you feel about being here right now?

CLIENT: Oh...it's OK I guess, but it's kinda "weird." You know...it's hard to know what to say.

COUNSELOR: I think I know how you mean, Pat. Most people who come for counseling feel uncomfortable...even embarrassed at first. Most of the time people feel more relaxed after the first few minutes. Why don't you tell me something about yourself, maybe about your family, or what you like to do when you're not in school.

CLIENT: Well, I've always lived here, as long as I can remember. My parents were both born here and we know just about everybody in town. My dad's the night manager at a supermarket and my mom works in a nursing home, you know...taking care of people when they get older.

COUNSELOR: It sounds like your parents are both very busy.

CLIENT: Yea, they are...especially since my mom went back to work last fall. She used to be at home a lot more but now I don't see her very much...even during the weekends.

COUNSELOR: What do you do with the free time that you have, Pat?

CLIENT: Well...I used to like to go out with my friends after school, you know...just hang out with them at the

shopping mall or ride our bikes around town...that kind of thing. But now I can't do that anymore. My parents want me to come home right after school because someone has to watch my little sister until they get home. She's 10 years old.

COUNSELOR: I see. So you're saying you don't have the same amount of free time to be with friends as you once did, especially since your mother went back to work?

CLIENT: Yea, that's right.

COUNSELOR: Do you have any other brothers or sisters?

CLIENT: Yea, I have an older brother, but he's not living at home any more. He moved to Ohio when he graduated from high school last year...to get a job working at an automobile plant. He puts engines together.

COUNSELOR: Were you and your brother very close?

CLIENT: Yea, he's really great. He used to take up for me when anyone gave me a hard time. I guess I really miss him.

COUNSELOR: It sounds like you do! In fact, today you've talked about several things that have changed for you over the past year, with your mother going back to work and your older brother moving to Ohio. So...how are you feeling right now about some of these changes?

CLIENT: Well...I really don't like it. I mean its a real problem when my friends want to go out and I have to say no. I feel kinda left out. My friends even give me a hard time about it. You know...they make fun of me.

COUNSELOR: Sounds like a difficult situation for you, Pat.

CLIENT: Yea, is sure is!

COUNSELOR: ...And with your brother not here to take up for you, I'm wondering what you've tried to do about this so far.

CLIENT: Well...I don't know. At first I tried to talk my parents into letting me go out more often. I even figured it out, that the next door neighbor could take care of my sister. I told them that I was

really starting to feel like I was different from my friends...you know kinda weird because I was the only one who had to babysit their younger sister.

COUNSELOR: What happened then?

CLIENT: Well, nothing happened...except more trouble. My parents just don't seem to understand. They're so busy that sometimes I feel like they just don't listen to me at all.

COUNSELOR: Sometimes you feel that they don't understand your point of view...that your friends are important to you.

CLIENT: Yea, that's right. But then it just gets worse. You see, my parents used to be a lot more fun, but now they just seem to argue all the time.

COUNSELOR: What kind of things do they argue about, Pat?

CLIENT: Sometimes they fight about me. I hear them at night after I go up to my room. My mom thinks that I'm too young to take care of my sister and to do all the chores that I have to do around the house. But my dad thinks that I need more responsibility. He thinks I spend most of my time goofing off.

COUNSELOR: Do you have any idea why he might think that?

CLIENT: I guess its because of my grades. I just don't seem to spend enough time studying anymore. School has been real hard this year, especially Science and English. It's a lot different than elementary school. It was easy to get good grades then, and my parents used to help me a lot. But now my grades keep dropping lower and lower.

COUNSELOR: So your grades have changed for the worse over the past year or so. How do you feel about getting poor grades?

CLIENT: Oh...I feel real bad. I mean...I really want to get good grades and I used to think that I could do it if I just spent more time studying. When my grades first started to drop, I tried studying an extra hour or two each day. But it seemed that the harder I studied, the worse things got.

COUNSELOR: What things go worse, Pat?

- CLIENT: Well, I just began worrying more about school and getting good grades. It seemed as if the more I studied, the more I worried. I would get so nervous, especially at night, that I'd have trouble sleeping. That's when I would hear my parents arguing. That would just make me worry more until I couldn't sleep at all. The next day I'd be so tired, I'd feel like just pulling the covers over my head and hiding from my parents, my friends... everybody.
- COUNSELOR: When you couldn't sleep, how would that affect you the next day in school?
- CLIENT: Oh boy. Things would just be real bad. I'd have trouble even staying awake and my teachers began thinking that I just didn't care about school. Now, they may be right. I just don't like school very much anymore. Sometimes I feel like giving up. Now, I can't find enough time to make up all the work. I'm tired a lot and can't seem to pay attention in class. I miss what's being said. It's almost like my mind's somewhere else. I guess I am pretty worried about all this.
- COUNSELOR: Well Pat, you really do seem worried about your problems at school. It seems like you're putting yourself under a lot of pressure.
- CLIENT: Right! I do feel a lot of pressure from my parents, my teachers; even my friends are giving me a hard time.
- COUNSELOR: Pat, you said before that at times during school you felt as if your mind was somewhere else. Is there something else bothering you today, besides feeling the pressure to improve your grades at school?
- CLIENT: Well...I don't know. It might seem real weird to say this, but sometimes I think that it's all my fault when my parents argue. You know, like if my grades were better then they wouldn't fight so much at home.
- COUNSELOR: I see...sometimes you feel responsible for your parents fighting. And you think if you could improve your grades at school that would make them happy and they would fight less.

- CLIENT: Yea...I told you it would sound weird. I even worry that if things don't change they might even get real angry and end up getting a divorce or something. That would be awful! A lot of my friends' parents are divorced and I really don't want that to happen to me. That's why I'm so worried about school. If only I could figure out a way to get better grades...
- COUNSELOR: Pat...I want you to know that I don't think that you're weird because you get upset when your parents argue. I do question, though, that it's all your fault. Do your parents have any other problems... things that have little to do with you and the problems at school?
- CLIENT: No...well...come to think of it, they do always fight about money. That's why my mom went back to work. I guess we have a lot of bills. My parents are always telling me that we don't have enough money to do some of the stuff I want to do.
- COUNSELOR: Anything else?
- CLIENT: Yea. My dad gets mad sometimes because my mom's always busy working at the nursing home. He was kind of against her going back to work. He says that he never gets to see her as much any more. I'm really afraid that they might get divorced.
- COUNSELOR: From what you've said so far, Pat, it seems that your whole family is under a lot of pressure. You talked about so many changes...your brother moving to Ohio...your mom going back to work...how difficult school is now compared to elementary school and the new responsibilities that you have to take care of your sister...
- CLIENT: Yea, I guess it's been hard for everybody. What a mess. I wish I could figure out what to do. I don't like things the way they are.
- COUNSELOR: Well...have you tried anything else to solve your problems...besides improving your grades at school, that is?
- CLIENT: No, not really. Most of the time I just try to put it out of my mind. You know, I pretend that everything is OK, especially when I'm with my friends. I don't want them to think I'm real weird

or something. I just keep it to myself and try to ignore some of the names my friends call me... especially about babysitting my sister.

COUNSELOR: How much has that helped so far?

CLIENT: Not much. In fact, I think I am acting a little weird around my friends by not letting them know why I'm so worried and upset all the time. It seems I can't keep my mind on what we're doing when I am with them. I wish I could talk with my parents about all of this. I guess keeping all of this to myself isn't a real good thing to do.

COUNSELOR: You may be right, Pat. Sometimes it's important to let others know what's on your mind...what's bothering you and how you're feeling about it.

CLIENT: Really?

COUNSELOR: I think so...in fact, today we've talked about a lot of important problems. How would you feel about scheduling another time next week to talk again?

CLIENT: Yea, OK.

APPENDIX E

NOWICKI-STRICKLAND LOCUS OF CONTROL
SCALE FOR CHILDREN

NOWICKI-STRICKLAND LOCUS OF CONTROL SCALE FOR CHILDREN

Directions: The purpose of this questionnaire is to help gather information concerning attitudes and opinions of adolescent students. Answer each question marking T (True) or F (False) in the space provided. Since there are no right or wrong answers, respond as honestly as you can. All results will be kept confidential. Thank you for your cooperation.

T or F

- _____ 1. Do you believe that most problems will solve themselves if you just don't fool with them?
- _____ 2. Do you believe that you can stop yourself from catching a cold?
- _____ 3. Are some kids just born lucky?
- _____ 4. Most of the time do you feel that getting good grades means a great deal to you?
- _____ 5. Are you often blamed for things that just aren't your fault?
- _____ 6. Do you believe that if somebody studies hard enough he or she can pass any subject?
- _____ 7. Do you feel that most of the time it doesn't pay to try hard because things never turn out right anyway?
- _____ 8. Do you feel that if things start out well in the morning that it's going to be a good day no matter what you do?
- _____ 9. Do you feel that most of the time parents listen to what their children have to say?
- _____ 10. Do you believe that wishing can make good things happen?
- _____ 11. When you get punished does it usually seem it's for no good reason at all?
- _____ 12. Most of the time do you find it hard to change a friend's (mind) opinion?

- _____ 13. Do you think that cheering more than luck helps a team to win?
- _____ 14. Do you feel that it's nearly impossible to change your parent's mind about anything?
- _____ 15. Do you believe that your parents should allow you to make most of your own decisions?
- _____ 16. Do you feel that when you do something wrong there's very little you can do to make it right?
- _____ 17. Do you believe that most kids are just born good at sports?
- _____ 18. Are most of the other kids your age stronger than you are?
- _____ 19. Do you feel that one of the best ways to handle most problems is just not to think about them?
- _____ 20. Do you feel that you have a lot of choice in deciding who your friends are?
- _____ 21. If you find a four-leaf clover, do you believe that it might bring you good luck?
- _____ 22. Do you often feel that whether you do your homework has much to do with what kind of grades you get?
- _____ 23. Do you feel that when a kid your age decides to hit you, there's little you can do to stop him or her?
- _____ 24. Have you ever had a good luck charm?
- _____ 25. Do you believe that whether or not people like you depends on how you act?
- _____ 26. Will your parents usually help you if you ask them to?
- _____ 27. Have you felt that when people were mean to you, it was usually for no reason at all?
- _____ 28. Most of the time, do you feel that you can change what might happen tomorrow by what you do today?

- _____ 29. Do you believe that when bad things are going to happen they just are going to happen no matter what you try to do to stop them?
- _____ 30. Do you think that kids can get their own way if they just keep trying?
- _____ 31. Most of the time do you find it useless to try to get your own way at home?
- _____ 32. Do you feel that when good things happen they happen because of hard work?
- _____ 33. Do you feel that when somebody your age wants to be your enemy, there's little you can do to change matters?
- _____ 34. Do you feel that it's easy to get friends to do what you want them to?
- _____ 35. Do you usually feel that you have little to say about what you get to eat at home?
- _____ 36. Do you feel that when someone doesn't like you, there's little you can do about it?
- _____ 37. Do you usually feel that it's almost useless to try in school because most other children are just plain smarter than you are?
- _____ 38. Are you the kind of person who believes that planning ahead makes things turn out better?
- _____ 39. Most of the time, do you feel that you have little to say about what your family decides to do?
- _____ 40. Do you think it's better to be smart than to be lucky?

APPENDIX F

COUNSELOR RATING FORM

COUNSELOR RATING FORM
(Short Form)

Directions

Now that you have listened to the taped counseling session, please answer the following questions about the counselor.

We understand that it is difficult for you to give your reaction to this counselor from such a short tape, but do your best. It is important that you give your honest opinions of this counselor. We will not give your answers to the counselor.

Look at this scale for an example. It has two words at each end that describes the counselor.

	fits very closely	fits somewhat	fits slightly	fits closely					
serious	_ 1 _	_ 2 _	_ 3 _	_ 4 _	_ 5 _	_ 6 _	_ 7 _	_ 8 _	funny
	fits closely	fits slightly	fits somewhat	fits very closely					

You must score the counselor on one of the eight scales by deciding which of two opposite descriptions is most accurate. First decide which description better describes the counselor, then you must decide how closely the description fits the counselor. Then you are to circle the number on the scale that best describes how you feel about the description.

With the example used, you would first decide whether the counselor is a "funny" person (right side), or a "serious"

person (left side). If you feel that the counselor is a serious person then you would circle one number from 1 through 4 which shows how serious the counselor seems to you (the lower the number, the more you think "serious" describes the counselor). Or if you feel the counselor is a "funny" person, then you would circle one number between 5 and 8 which shows how funny you feel the counselor is (the higher the number the more you think "funny" describes the counselor).

Circle only one number on each of the scales; don't skip any of them. Of course, there are no right or wrong answers, just your opinion.

	fits very closely		fits somewhat		fits slightly		fits closely		
serious	1	2	3	4	5	6	7	8	funny
		fits closely		fits slightly		fits somewhat		fits very closely	
intelligent	1	2	3	4	5	6	7	8	unintelligent
unfriendly	1	2	3	4	5	6	7	8	friendly
trustworthy	1	2	3	4	5	6	7	8	untrustworthy
inexperienced	1	2	3	4	5	6	7	8	experienced
likeable	1	2	3	4	5	6	7	8	unlikeable
unreliable	1	2	3	4	5	6	7	8	reliable
skillful	1	2	3	4	5	6	7	8	unskillful
cold	1	2	3	4	5	6	7	8	warm
sincere (people who mean what they say or do)	1	2	3	4	5	6	7	8	insincere (people who don't mean what they say or do)

APPENDIX G

COGNITIVE RECALL QUESTIONNAIRE

COGNITIVE RECALL QUESTIONNAIRE

Directions: The purpose of this questionnaire is to test your memory about the information presented a few minutes ago on the tape recording. You will be asked to remember 1) how middle school students described the counselor, 2) what changes might be expected after counseling, and 3) information about the counseling session. Answer each question by marking T (True) or F (False) in the space provided.

T or F

- _____ 1. According to the counselor, most people get along much better with friends and family after counseling.
- _____ 2. During the counseling session, Pat stated that his parents fight about money.
- _____ 3. Some middle school students said the counselor is a person who enjoys rock music.
- _____ 4. During the counseling session, Pat stated that he didn't get along well with his older brother.
- _____ 5. According to the counselor, people are unhappy and dissatisfied at the end of counseling.
- _____ 6. Some middle school students described the counselor as someone who won't tell anyone what you talk about.
- _____ 7. During the counseling session, Pat stated that he was worried that his parents might get divorced.
- _____ 8. According to the counselor, people are expected to think more clearly about their problems at the end of counseling.
- _____ 9. Some middle school students said the counselor is a person who understands the student's side of a conflict.
- _____ 10. During the counseling session, Pat admitted that he does act a little weird around his friends.
- _____ 11. During the counseling session, Pat stated that his mother was the night manager of a supermarket.

- _____ 12. According to the counselor, most people feel much better after counseling.
- _____ 13. Some middle school students described the counselor as a person who really dresses up.
- _____ 14. According to the counselor, most people continue to get into trouble after counseling.
- _____ 15. Some middle school students described the counselor as a person who cares about students.
- _____ 16. During the counseling session, Pat stated that he was able to talk with his friends about problems.
- _____ 17. According to the counselor, most people are unable to handle their problems in a better way after counseling.
- _____ 18. Some middle school students described the counselor as a person who wears designer jeans.

SCORING KEYS FOR COGNITIVE RECALL QUESTIONNAIRE

	<u>Group 1-2</u>	<u>Group 3-4</u>	<u>Group 5-6</u>	<u>Group 7-8</u>
1	T	F	T	F
2	T	T	T	T
3	F	F	T	T
4	F	F	F	F
5	F	T	F	T
6	T	T	F	F
7	T	T	T	T
8	T	F	T	F
9	T	T	F	F
10	T	T	T	T
11	F	F	F	F
12	T	F	T	F
13	F	F	T	T
14	F	T	F	T
15	T	T	F	F
16	F	F	F	F
17	F	T	F	T
18	F	F	T	T

APPENDIX H

SUPPLEMENTARY STATISTICAL TABLES

TABLE 9

Raw Data

Ss	SEX	AGE	GRADE	SLOC	CRF Expert	CRF Attract	CRF Trust	COG Recall
001	M	13	8	5	21	23	23	18
002	M	14	8	6	19	19	24	17
003	M	14	8	7	17	05	14	16
004	M	12	7	8	24	24	24	18
005	M	14	8	9	22	24	23	18
006	F	13	7	10	20	23	22	17
007	F	14	8	10	21	21	24	17
008	F	12	7	10	23	19	19	17
009	F	13	8	11	22	20	20	18
010	F	13	7	12	16	18	16	16
011	M	12	7	12	23	22	23	18
012	F	13	8	12	22	23	24	18
013	F	13	8	12	22	23	24	18
014	F	14	8	14	18	16	22	18
015	F	14	8	14	24	24	24	18
016	F	14	8	14	23	23	24	18
017	M	13	7	15	23	23	24	18
018	M	14	8	15	19	19	22	17
019	M	13	8	16	19	20	22	18
020	F	13	7	16	20	20	19	16
021	F	12	7	17	18	15	20	17
022	M	13	7	18	23	23	20	17
023	F	13	7	19	24	24	24	16
025	M	13	8	21	21	19	23	17
026	M	13	7	23	23	19	22	17
027	F	13	7	5	12	15	15	12
028	M	13	8	6	22	22	23	13
029	M	13	8	7	22	23	24	12
030	F	14	8	8	21	22	24	17

TABLE 9 (Continued)

Ss	SEX	AGE	GRADE	SLOC	CRF Expert	CRF Attract	CRF Trust	COG Recall
031	F	13	7	9	21	22	20	13
032	M	14	8	9	16	15	14	11
033	F	14	8	10	21	24	23	13
034	M	13	8	10	21	23	23	13
035	M	13	7	10	23	23	23	11
036	M	14	8	11	21	22	22	12
037	M	14	8	12	18	16	17	13
038	F	12	7	12	17	21	20	13
039	F	13	8	12	22	23	24	13
040	M	14	8	13	15	15	15	14
041	F	14	8	14	22	21	24	14
042	M	14	8	14	19	22	20	13
043	F	13	8	15	17	11	23	15
044	M	12	7	15	21	23	20	12
045	F	14	8	16	20	21	09	13
046	M	12	7	17	18	20	20	13
047	F	13	7	18	20	10	19	11
048	M	12	7	20	20	21	22	10
049	F	12	7	21	19	24	20	12
050	F	13	7	16	21	23	23	14
051	M	14	8	22	20	18	22	11
052	F	13	7	24	18	20	20	13
053	F	12	7	04	12	19	22	13
054	M	13	7	05	23	23	24	15
055	M	14	8	07	19	15	14	14
056	F	14	8	08	24	24	22	14
057	M	13	8	09	19	19	20	15
058	F	13	7	09	23	22	22	14
059	F	13	7	10	22	22	22	15
060	M	14	8	11	22	22	24	15

TABLE 9 (Continued)

Ss	SEX	AGE	GRADE	SLOC	CRF Expert	CRF Attract	CRF Trust	COG Recall
061	M	13	7	12	21	23	24	14
062	M	14	7	12	18	21	19	14
063	M	14	8	12	20	22	20	14
064	M	13	7	12	20	21	23	15
065	M	14	8	12	21	21	22	13
066	M	13	8	13	18	17	19	13
067	M	12	7	14	15	16	20	14
068	M	13	7	15	19	22	18	14
069	M	12	7	15	22	23	21	15
070	F	12	7	16	21	21	21	14
071	M	14	8	16	21	19	18	13
072	M	12	7	17	17	19	22	12
073	F	14	8	18	19	24	24	15
074	F	13	7	19	18	18	22	14
075	F	14	8	20	23	22	22	14
076	M	13	8	21	17	18	17	14
077	M	14	8	22	21	24	18	10
078	F	13	8	24	20	22	23	14
079	F	13	8	02	22	21	23	13
080	F	13	8	05	21	22	21	15
081	F	14	8	08	17	19	21	15
082	M	14	8	09	21	22	22	11
083	F	13	7	09	18	21	18	10
084	F	14	8	10	22	21	22	09
085	M	13	7	10	24	24	24	12
086	M	14	8	10	24	20	23	09
087	M	14	8	10	10	20	15	09
088	M	13	7	11	13	18	15	13
089	F	13	7	12	23	20	22	14
090	F	13	8	12	20	22	22	12

TABLE 9 (Continued)

Ss	SEX	AGE	GRADE	SLOC	CRF Expert	CRF Attract	CRF Trust	COG Recall
091	F	14	7	12	14	14	14	12
092	M	13	8	13	20	20	21	11
093	M	14	7	14	24	24	24	08
094	M	12	7	14	21	22	21	09
095	M	14	8	12	23	22	22	06
096	M	13	8	14	18	20	21	09
097	M	13	7	15	18	17	16	08
098	F	13	7	16	17	17	17	11
099	F	13	8	16	14	16	14	12
100	M	13	7	17	14	18	13	09
101	M	13	8	18	23	23	24	14
102	M	14	8	19	22	22	22	08
103	M	12	7	20	20	22	17	12
104	F	12	7	23	24	24	23	10

VITA 

Walter John Litwin

Candidate for the Degree

of Doctor of Philosophy

Thesis: THE INFLUENCE OF COUNSELOR CREDIBILITY, PROGNOSTIC EXPECTATION AND SUBJECT LOCUS OF CONTROL ON ADOLESCENTS' PERCEPTION OF COUNSELOR CHARACTERISTICS

Major Field: Applied Behavioral Studies
Specialization: Counseling Psychology

Biographical:

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