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EFFECTS OF COUNSELOR TOUCH ON PERCEIVED COUNSELOR EXPERTNESS, ATTRACTIVENESS AND TRUSTWORTHINESS

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LARRY WAYNE DYE

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EFFECTS OF COUNSELOR TOUCH ON PERCEIVED COUNSELOR EXPERTNESS, ATTRACTIVENESS AND TRUSTWORTHINESS

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Abstract

The present study investigated the use of counselor touch, counselor gender and client gender in an experimental field study. Research participants consisted of 40 male and 40 female adults requesting counseling services from a mid-western, urban community mental health center. Two experienced counselors (one male, one female) conducted intake interviews on all 80 clients. Each counselor saw clients of each sex in both the touch and no--touch conditions, yielding a 2(touch vs. no touch) x 2(counselor gender) x 2(client gender) factorial design. Perceived counselor expertness, attractiveness and trustworthiness served as dependent measures and were measured by the Counselor Rating Form (CRF). Following the intake interview, clients completed the CRF. A further dependent measure consisted of clients' return rate for counseling services. Data analysis resulted in non-significant findings. Results are discussed in regard to previous research findings and implications for further research.

EFFECTS OF COUNSELOR TOUCH ON PERCEIVED COUNSELOR EXPERTNESS, ATTRACTIVENESS AND TRUSTWORTHINESS

Counseling can best be conceptualized as one person's attempt to influence or facilitate change and growth in another person. In attempts to better understand and isolate the primary ingredients required to help others, many theories and techniques have been developed. One particular approach to the counseling process has described the counselor/client relationship as an interpersonal influence process (Strong, 1968). Using the interpersonal influence process as a counseling model, the present study investigates the effects of counselor gender, client gender, and counselor touching behavior on client perception of counselor expertness, attractiveness and trustworthiness, and client return rate.

The research on touch behavior outside the counseling context strongly supports the importance of touch within interpersonal relationships across a wide range of settings (Frank, 1957; Montagu, 1971; and Morris, 1973). For example, variables such as type and location of touch have been shown to be interpretated differently by males and females (Jourard, 1966; Jourard and Rubin, 1968; Maier and Ernest, 1978; Nguyen, Heslin and Nguyen, 1975) and by married

and unmarried students (Nguyen, Heslin and Nguyen, 1976). Also, both males and females are able to differentiate areas of the body as sexual or nonsexual with respect to touch (Nguyen, Heslin and Nguyen, 1975).

Therapists' attitudes toward the use of touch in counseling have been mixed. The psychoanalytic tradition has typically denounced the use of touch (Burton and Heller, 1964; Menninger, 1958; and Wolberg, 1967). It was assumed that touch complicated the psychodynamic qualities of the client's transference toward the therapist. Further, it was feared that touch might arouse sexual feelings in the client which could result in an explosive demonstration of anger (Render and Weiss, 1959). Despite some attitudes that touch is taboo in psychoanalysis, other viewpoints have been more supportive concerning the use of touch.

In an attempt to dispel some of the negative associations touch acquired from the analytic tradition, Mintz (1969) suggested that touch could be employed in certain situations. Reasons for touching a client include: symbolic mothering when a client cannot communicate verbally; conveyance of therapist acceptance when the client is feeling emotionally overwhelmed; and to restore a client's contact with the external world of reality. Other reasons given to support the use of touching include: the belief that touch serves as an aid to promote increased emotional honesty and forthrightness (Fuchs, 1975), reducing the likelihood of de-

priving clients of a vital form of sensation and communication which could result in inhibited growth (Bosanquet, 1970), the contribution touch makes regarding maturation of the treatment relationship (i.e. resolve resistance), (Spotnitz, 1971), and to reduce a client's feelings of alienation as well as to promote a person's body image (Wilson, 1982).

A review of touch literature revealed only four research studies directly relevant to counseling. Pattison (1973) examined the impact of touch in an initial interview. She employed a male and a female counselor to administer the touch procedure to twenty female clients who desired personal counseling at the Arizona State University Counselor Training Center. A significant difference was found for self-exploration between clients who were touched and those who were not touched. Specifically, clients who were touched engaged in more self-exploration than clients who were not touched. No significant relationship was found between touch and either counselor or client perceptions of the counseling experience.

Alagna et al, (1979) used analogue research to study the effects of touch on the clients' evaluation of the counseling experience. The researchers used two covariables in their research design and analysis. They assumed that individual differences in tactile history and prior attitudes toward counseling might effect the impact of touch treat-

ment. Eventually, 53 male and 55 female student volunteers participated in a 25 minute interview concerning career related issues, in which clients were touched on the hand, back and lower arm. Two male and two female doctoral students in counseling were used to interview the volunteers and implement the touch procedure. Tactile history and attitudes toward counseling failed to yield significant covariates; however, a significant main effect for touch was found along with a three-way significant interaction for touch, sex of counselor and sex of client. That is, when the volunteers were touched, they rated the counseling experience more positively than control volunteers. Further analysis showed that opposite sex pairings produced the strongest effects.

Stockwell and Dye (1980) used a quasi-counseling analogue design to investigate the impact of touch, sex of counselor and sex of client on client evaluation of counseling and level of self-exploration. Fifty-six male and 44 female undergraduate students were used as participants. Each student participated in a 50-minute interview related to vocational issues. Fourteen male and 11 female doctoral graduate students served as counselors for the study. All main effects and interactions were non-significant except that female students were more self-exploratory than male students.

A final study by Hubble, Noble and Robinson (1981) further investigated the effect of touch in counseling us-

ing 32 undergraduate females interviewed, for course credit, concerning their vocational interest in teaching. Clients' field dependence-independence was varied along with counselor touch treatment across by male counselors. Dependent measures included: anxiety, willingness to self-disclose, actual self-disclosure, and perceptions of counselors' expertness, attractiveness and trustworthiness. The only statistically significant finding was that clients who were touched during the interview perceived the counselor as more expert than clients who were not touched.

The effects of touch in counseling have largely been studied through analogue designs with student volunteers as research participants. In the Alagna et al, (1979), Stockwell and Dye (1980) and Hubble, Noble and Robinson (1981) studies, the counseling interviews were limited to vocationally related issues. The present study was designed to explore touch, counselor gender and client gender in an experimental field study using actual clients with varying problem concerns as research participants.

Based on research on the interpersonal influence process in counseling, attitudes toward touch in counseling, and the effects of touch within and outside the context of counseling, the hypotheses for the present study were: 1) that clients receiving the touch treatment would rate their counselors higher on the Counselor Rating Form (CRF); 2) touched clients would return for counseling services at a

greater rate than clients not touched; 3) that male and female clients would differ in the ratings of their counselors on the CRF; and 4) male and female clients would return for counseling services at different rates. Other possible outcomes of interest were 1) that male and female counselors would be rated differently on the CRF; and 2) male and female counselors would produce different rates of return for counseling services in their client.

METHOD

Selection of Participants

The participants for this study consisted of 40 male and 40 female adults requesting counseling services from a midwestern, urban community mental health center. The clients ranged in age from 18 to 64 with a mean age of 30.05. Prior to the intake session, clients were informed that their participation in the study was voluntary and could be discontinued at any time without affecting their counseling services. Male and female participants were randomly assigned to treatment or control groups for each counselor. Three male clients discontinued participation in the study. They were replaced by later volunteer participants.

Descriptive data was gathered on each client as a routine procedure during the intake session. The intake counselor rated clients on two scales derived from the Diagnostic and Statistical Manual of Mental Disorders (DSM III). The level of functioning scale was used to determine clients'

current level of functioning. Client ratings ranged from 1 to 6 with a mean rating of 4.03 (fair-moderate impairment in either social relations or occupational functioning, or some impairment in both). All clients were given a tentative diagnostic label using the thirteen broad categories in the DSM III. All categories were used at least once except for the dissociative disorder. The four categories receiving the largest proportion of clients were 1) condition not attributed to a mental disorder, 24 clients, 2) adjustment disorder, 22 clients, 3) affective disorder, 9 clients, 4) and personality disorder, 7 clients. The four diagnostic categories accounted for 77.5 percent of the sample population. Marital status was obtained for each client. Fifty-six participants or 70 percent of the sample were married while 24 participants or 30 percent of the sample were single.

Design and Independent Variables

Two experienced counselors (one male, one female) employed by the agency conducted the intake interviews on all 80 clients. Each counselor saw clients of each sex in both the touch and no--touch conditions, yielding a 2(touch vs no--touch) x 2(client gender) x 2(counselor gender) factorial design.

Operational Definitions

Touch was defined as physical contact between the counselor and client. The counselor's hand touched the client's hand, lower forearm, and shoulder. Each touch lasted

approximately 2-3 seconds. The type of touch used in the study consisted of a standard handshake accompanied by the left hand of the counselor being placed over the client's right hand. Further, the touch on the lower forearm and shoulder consisted of the counselor resting his/her hand lightly on the client as further described in the following section.

Counselor Training

Counselors were trained in the administration of touch procedures using the following instructions: Go to the waiting room and introduce yourself to the client as you extend your hand for a handshake. As you sustain the handshake for approximately 2 seconds, place your left hand over the client's right hand. As you guide the client down the hallway to your office, place your hand on the client's shoulder for approximately 3 seconds. About 20 minutes into the interview, touch the client's lower forearm with your hand for approximately 3 seconds as you ask him/her to clarify any information or feeling relevant to the interview. Forty minutes into the interview, again place your hand on the client's lower forearm for approximately 3 seconds as you explain logistical procedures, such as insurance forms, possible testing, future appointments and fee setting. Terminate the session 45 minutes into the session. As you walk out to the secretary's desk with the client, place your hand on the shoulder of the client for approximately 3 seconds. At the secretary's desk, shake the client's hand for approxi-

mately 2 seconds in the same manner as in the introduction.

Counselors were instructed not to offer bodily contact with the clients in the no touch groups. If clients insisted on a handshake during the introduction phase of the interview, counselors were to touch the client as briefly as possible.

Training sessions allowed counselors to ask questions and practice implementation of the experimental procedures. Counselors were observed as they touched persons role-playing clients of each sex during a shortened practice interview and continued training until they felt comfortable in applying the touch procedures in a consistent manner.

Further counselor training included instructions in offering tentative diagnoses of clients using the 13 broad categories of DSM III. Counselors additionally reviewed basic nondirective counseling skills (e.g. reflection of feeling and content, restatement and summarization). Counselors used their own style within the limits of the non-directive counseling techniques.

Procedures

The touch treatment was administered during the initial interviews with clients. As clients arrived for their appointment, they were given a policy sheet which explained the basic operations and philosophy of the counseling center and were asked to fill out a routine agency form for new clients. When the client returned the form to the secre-

tary, the client was asked to participate in the study. It was explained to the clients that participation in the study was voluntary and that their confidentiality would be strictly maintained. Clients who agreed to participate in the study were required to sign an "agreement to participate" form. Following the interview, clients completed the Counselor Rating Form and were given an opportunity to list strengths and weaknesses concerning the intake experience while counselors formulated and recorded tentative diagnoses and level of functioning ratings for each client. Time required of the clients for the post interview evaluation was about 10 minutes.

Dependent Variables

Perceived counselor expertness, attractiveness and trustworthiness served as dependent measures and were measured by the Counselor Rating Form (CRF). The CRF was developed (Barak and LaCrosse, 1975; LaCrosse and Barak, 1976) in an attempt to more accurately measure the counselor influence characteristics first mentioned by Strong (1968). The CRF consists of 36 7-point bipolar scales. Each dimension is measured by 12 items, and a range of scores for each dimension is 12-84. Corrected reliability coefficients of .874 for expertness, .850 for attractiveness and .908 for trustworthiness have been reported using the Spearman-Brown formula (Barak and LaCrosse, 1975; LaCrosse and Barak, 1976). A further dependent measure consisted of the clients' return rate. Each client record was reviewed

one month after his/her intake date regarding his/her return for a followup counseling session. Attendance of one counseling session after the intake was considered as positive client return for services.

RESULTS

Data were analyzed with a multivariate analysis of variance (MANOVA) in order to control the probability of committing a Type I error. If separate univariate F tests were performed in the study, the probability of finding at least one significant difference due to chance alone was .76.

Insert Table I about here

Examination of the MANOVA indicated no significant main effects or interactions. Auxillary data collected during the study, such as, client level of functioning, client age, client diagnostic category and marital status of clients were used as covariables in a separate MANOVA procedure. None of the covariables altered the lack of significant results of the MANOVA.

Insert Table 2 about here

In a further attempt to analyze the impact of the above mentioned auxillary data, a multiple regression procedure was performed. Client perceived counselor expert-

ness, attractiveness and trustworthiness along with client return rate were used as criterion measures. The following variables were used as predictor items: counselor gender, client gender, touch -- no touch, client level of functioning, client age, client diagnostic category, and marital status of client. The results indicated that client gender was the best variable, predicting the attractiveness measure, $F\ (1,78) = 3.80$, $p < .0549$, $r^2 = .0464$. Female clients accounted for the higher attractiveness ratings. Client gender and client level of functioning, as joint predictors, were significant for predicting client return, $F\ (2,77) = 3.11$, $p < .0502$, $r^2 = .074$. Female clients rated as higher functioning accounted for the higher return rate.

DISCUSSION

The results of the present study did not confirm any of the hypotheses tested. The nonverbal treatment of touch along with the counselor gender and client gender did not produce significant differences on the CRF or on the return rate of the clients seeking counseling services.

Past research has produced mixed results when the effects of touch were measured. The impact of touch was successfully manipulated with client self-exploration in one study (Pattison, 1973) but not in two others (Hubble, Noble and Robinson, 1981; Stockwell and Dye, 1980). In other research, touching student volunteers resulted in positive evaluations of the counseling experience (Alagna et al, 1979) and perceived expertness of the counselor

(Hubble, Noble and Robinson, 1981).

Perhaps the lack of significant findings resulted from composition differences in the sample used in the present study versus samples used by other research (Alagna et al, 1979; Hubble, Noble and Robinson, 1981; and Pattison, 1973) where touch produced significant results. The current research differed from previous studies (Alagna et al, Hubble, Noble and Robinson, 1981; and Stockwell and Dye, 1980) by using actual clients rather than student volunteers as research participants. Previously, Pattison's (1973) research had been the only study to use actual clients, obtained from a college counseling center, as research participants. However, her results were limited by only using female clients. The present research corrected that limitation by using both male and female clients. Further, the present research extended the examination of touch to a naturalistic setting of a community mental health center.

The present study met 4 of the 5 boundary conditions proposed by Strong (1971) for counseling research. The conditions met by this study were: 1) counseling was a conversation among persons, 2) status differences existed between participants that constrained the conversation, 3) many clients were motivated to change, 4) and many clients were psychologically distressed and were heavily invested in the behaviors they sought to change. Only one of the 51 studies reviewed by Heppner and Dixon (1982) met 4 of the 5 boundary conditions. The strength of the design and metho-

dology in this study, while yielding no significant differences, was an important improvement in counseling research in general and touch research in particular.

Other variables which seemed to differentiate the present sample composition from samples used in other studies were client age and marital status. The mean client age for the present study was 30.04 with a range from 18 to 64 as compared to Pattison's (1973) reported client range of 17 - 26 and Hubble, Noble and Robinson's (1981) reported student volunteer age range of 17 - 25. Alagna et al, (1979) and Stockwell and Dye (1980) did not report an age mean or age range for their samples. Based on these figures, it appears that the current study utilized an older group of participants with a broader range in age. Beyond the age variable, marital status appeared to distinguish this sample from the other studies. Seventy percent of the clients were married in this study versus other research (Alagna et al, 1979; Hubble, Noble and Robinson, 1981; Pattison, 1973; and Stockwell and Dye, 1980) where college students were used who typically are single. Nguyen, Heslin and Nguyen (1976) reported that married and unmarried students did attribute different meanings to touch. Married students, generally, considered touch more pleasant, more loving and friendly, and as conveying more sexual desire than the single students. It is possible that the greater number of married clients in this study could have accounted for the research findings.

The Hubble, Noble and Robinson study (1981) has been the only other study investigating touch to use the CRF as a dependent measure. They reported a multivariate effect for touch, $F(5,24) = 3.02$, $p < .03$, on the CRF with the expertness dimension accounting for the significant effect. The results from their research are limited by the quasi-counseling analogue design which used only female participants who were student volunteers from an undergraduate education course exploring their desire to become teachers. The current research corrected those limitations by using a field-experimental design, including both male and female participants who were self selected clients that were seeking psychological assistance for various problems. Although the MANOVA procedure resulted in no differences, the multiple regression program indicated client gender as a statistically significant predictor for the attractiveness variable. While the finding was statistically significant, the proportion of the total variance accounted for, $r^2 = .0464$, by client gender was small.

The use of actual clients as research participants allowed the examination of a new variable, client return rate, in relation to touch. Pattison (1973) used actual clients in her study of touch but did not examine the impact of touch on client return rate. The MANOVA analysis revealed no differences on the touch variable for the return rate dependent measure. However, a regression analysis of return rate revealed client gender and client level

of functioning as marginally significant predictors $F(2,77) = 3.11$, $p < .0502$, $r^2 = .0747$.

The main implications of this research indicate that the study of touch as a variable in counseling research is complicated and confusing. The research results add more material for debate regarding the use of touch in counseling. Clearly, it appears that variables such as client populations and experimental settings play a major role in researching the use of touch. Further research should explore other settings which include an even wider variety of client concerns. To date, no research has attempted to study the judicious use of incidental touch beyond the intake session. The current body of research literature concerning touch in counseling is divided in its findings. Stronger touch treatments might yield experimental effects, but at the cost of alienating some clients in an actual field study. It seems appropriate that continued research be conducted in order to clarify the study of touch.

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Table I

Multivariate Analysis of Variance on the Counselor, Client and Touch Variables

Source	df	F Value	p value
Counselor (Co)	(4,69)	.49	.7413
Client (Cl)	(4,69)	1.42	.2379
Touch (T)	(4,69)	1.24	.3017
Co x Cl	(4,69)	1.14	.3445
Co x T	(4,69)	.87	.4869
Cl x T	(4,69)	.56	.6954
Co x Cl x T	(4,69)	1.61	.1815

* $p < .05$

Multivariate Analyses utilized Wilks' Criterion

Table 2

Multivariate Analysis of Variance on the Counselor, Client and Touch Variables with Level of Functioning, Age, Diagnostic Category and Marital Status as Covariables

Source	df	F Value	p value
Counselor (Co)	(4,65)	.56	.6918
Client (Cl)	(4,65)	1.89	.1235
Touch (T)	(4,65)	1.17	.3343
Co x Cl	(4,65)	1.23	.3084
Co x T	(4,65)	.79	.5342
Cl x T	(4,65)	.48	.7517
Co x Cl x T	(4,65)	1.50	.2124

* $p < .05$

Multivariate Analyses utilized Wilks' Criterion

APPENDIX A

PROSPECTUS

PROSPECTUS

I. INTRODUCTION

A. Objectives

The present study will investigate three independent variables; counselor gender, client gender, and a touch -- no touch condition during the counseling process. The impact of these variables will be measured by the Counselor Rating Form along the dimensions of expertness, attractiveness and trustworthiness. The effect of the independent variables will also be measured regarding the return rate of client participants.

B. Background

Counseling can best be conceptualized as one person's attempt to influence or facilitate change and growth in another person. In attempts to better understand and isolate the primary ingredients required to help others, many theories and techniques have been developed. One particular approach to the counseling process has described the counselor/client relationship as an interpersonal influence process (Strong, 1968).

The main foundation of Strong's (1968) two stage model for counseling was based on opinion-change research and cognitive dissonance theory (Festinger, 1957). Basi-

cally, the theory of cognitive dissonance states that when two or more cognitive elements are psychologically inconsistent dissonance is created. Dissonance usually is experienced through inconsistencies related to self and environmental cognitions. As a result of the dissonance, psychological discomfort is experienced and efforts are made to reduce it.

Strong (1968) proposed that when counselors attempted to influence clients' attitudes and behaviors dissonance would appear in clients. Clients can make attempts to decrease the dissonance by five different approaches: 1) the client can accept the counselor's arguments and verbalizations and change in the direction advocated by the counselor, 2) the client can in some way discredit the counselor and thereby reduce the importance of the counselor's suggestions, 3) the client can devalue the counseling issues and thus lower the overall dissonance, 4) the client can attempt to change the counselor's cognitions, or 5) the client can seek others who support his/her position and thus reduce dissonance. Strong suggested that the probability of clients reducing their dissonance by changing in the direction advocated by their counselor was proportional to the control of clients use of the other four means for dissonance reduction.

Strong identifed three important variables relative to clients attempts to discredit counselors. To the extent

that counselors are perceived by clients as expert, attractive and trustworthy, the greater the likelihood that clients will not discredit the counselor. According to Strong, expertness is inferred from a counselor's diplomas, certificates, experience and status. A counselor's perceived attractiveness is inferred from his/her likability, friendliness and similarity. Trustworthiness is perceived from a counselor's reputation for honesty, sincerity and openness.

Strong based his two-stage counseling model around the influence power counselors obtain as clients perceive them as expert, attractive and trustworthy. The first stage of counseling seeks to enhance the perceived counselor characteristics mentioned above and encourage client participation in counseling. As clients perceive counselors as more expert, attractive and trustworthy, the chances of client change in reaction to counselor influence efforts are maximized. The second stage involves the counselors' use of their influence power to facilitate attitude and behavior change in clients. Therefore, if counselors are successful in enhancing their perceived expertness, attractiveness and trustworthiness as well as involving the client in counseling then the probable outcome will be reduced dissonance in the client. The expected result of the reduced dissonance would include client change in the direction advocated by the counselor.

Strong's (1968) original formulation of the two-

stage model within the framework of an interpersonal influence process has provided heuristic impetus to the counseling research literature. Recent review articles examining the interpersonal influence process in counseling (Corrigan et al, 1980; Heppner and Dixon, 1981) have analyzed the research according to cue categories used to enhance perceived counselor expertness, attractiveness and trustworthiness. Evidential, reputational and behavioral cues were categories selected to organize the many variables manipulated by the research in search of salient components to enhance counselor perceived expertness, attractiveness and trustworthiness. Evidential cues relate to the counselor's appearance and dress plus setting variables such as furniture and office location. Reputational cues are derived from a counselor's professional and social roles. Behavioral cues are comprised of counselor verbal or nonverbal behaviors. Generally, behavioral cues are associated with the verbal word content of the counselor and various nonverbal components such as eye contact, trunk lean, body placement and head nodding.

Counselor perceived expertness has been examined using all three cue categories; evidential, reputational and behavioral. Evidential cues used in research have included professional office decor (Bloom et al, 1977), the presence of degrees and certificates (Heppner and Pew, 1977; Siegel and Sell, 1978), and clothing associated with a tra-

ditional professional image (Kerr and Dell, 1976). Reputational cues used in research have included highly credible or status introduction (Claiborn and Schmidt, 1977; Hartley, 1969; Price and Iverson, 1969), prestige and use of psychological jargon (Atkinson and Carskadden, 1975), and professional experience (Hartley, 1969; Spiegel, 1976). Behavioral cues used in research have included eye contact and forward body lean (Siegel and Sell, 1978), interested and attentive manner (Schmidt and Strong, 1970), interpretative verbal statements (Claiborn, 1979), counselor self-disclosure (Merluzzi et al, 1978; Nilsson, Strassberg and Bannon, 1979), and touch (Hubble et al, 1981). Overall, the most robust research results affecting counselor perceived expertness have been produced through reputational and behavioral cues (Corrigan et al, 1980).

Counselor perceived attractiveness has been studied with minimal success using evidential and reputational cues. Manipulation of counseling setting and counselor attire has not affected ratings of counselor attractiveness (Amira and Abramowitz, 1979; Kerr and Dell, 1976). Generally, the unattractive physical appearance of a counselor results in lower attractiveness ratings (Carter, 1978; Cash et al, 1975; Lewis and Walsh, 1978). Lasky and Salomone (1977) examined counselor age-related to clients' ratings of counselor perceived attractiveness. They obtained mixed results suggesting that inpatients under 30 years of age rated

younger counselors as more attractive while inpatients over the age of 30 did not differentiate older versus younger counselors. Pre-interview introductions have been successfully linked to positive ratings of counselor perceived attractiveness (Goldstein, 1971; Greenberg, 1969; Patton, 1969). Behavioral cues have accounted for the most robust research concerning counselor perceived attractiveness. Nonverbal behaviors have repeatedly been shown to enhance perceived counselor attractiveness. The list of nonverbal cues include eye contact, smiles, positive head nods, forward body lean, reduced spatial distance between counselor and client, and body orientation (Claiborn, 1979; Fretz et al, 1979; Haase and Tepper, 1972; Kleinke et al, 1975; LaCrosse, 1975). Verbal behavioral cues like nonverbal cues have been shown to enhance counselor perceived attractiveness. Counselor self-disclosure (Mann and Murphy, 1975; Merluzzi et al, 1978; Nilsson et al, 1979), counselor self-disclosure of similar experiences, feelings and attitudes as that of the clients' (Daher and Banikiotes, 1976; Hoffman-Graff, 1977; Strong and Schmidt, 1971), and low talking levels (Kleinke and Tully, 1979) have all increased ratings of perceived counselor attractiveness.

Counselor perceived trustworthiness has received very little attention in the research literature. Heppner and Dixon's (1981) review article on interpersonal influence process found only six studies where trustworthiness

was investigated. Counselor nonverbal behaviors were found to have a greater impact than verbal content on counselor perceived trustworthiness (Kaul and Schmidt, 1971; Roll et al, 1972). Trustworthiness was further enhanced when interpretative statements were used rather than restatements (Claiborn, 1979), and when counselors were low in self-disclosure (Merluzzi et al, 1978).

As a result of Strong's (1968) original postulation of the interpersonal influence process model of counseling, there has been a significant body of research accumulated which has delineated salient cues that counselors can use to enhance their influence power with clients. The examination of counselor characteristics such as expertness, attractiveness and trustworthiness have provided a foundation by which counselor influence could be investigated relative to cognitive dissonance. Evidential, reputational and behavioral cues have been used to categorize the research variables employed to examine the influence of counselor perceived expertness, attractiveness and trustworthiness. However, the most consistently potent cues have included those in the behavioral category, with particular emphasis on nonverbal behavioral cues. Despite the many nonverbal variables that have been investigated (i.e., smiling, head nodding, eye contact, proximic distance, forward body lean and body orientation) only one study has evaluated tactile contact (Hubble et al, 1981) as it relates to the enhance-

ment of counselor perceived expertness, attractiveness and trustworthiness. In an effort to further explore touch as it relates to the interpersonal influence process, several areas of research need reviewing: 1) touch outside the counseling context, 2) attitudes toward touch in counseling, 3) touch inside the counseling context, and 4) research methodology.

1. Touch outside the counseling context

Tactile stimulation influences human interaction from birth to adulthood. Early touch behavior has been connected with infants ability to orient themselves to their mother and environment (Frank, 1957). Healthy, emotional, intellectual, and physical development in adults has been traced to positive tactile experiences during infancy and childhood (Montagu, 1971; Morris, 1973). Animal research has likewise offered evidence supporting the significance of touch. Harlow's (1971) famous experiments using surrogate mothers indicated that infant monkeys preferred to sacrifice their nutritional needs in favor of "contact comfort".

Jourard (1966) instigated one of the first systematic approaches to evaluate touch behavior by developing a body-accessibility questionnaire. The questionnaire included a human figure drawing divided into several parts. Jourard asked college students of both sexes to indicate the extent that they touched and received touches from their

mother, father, same-sex friend, within the past year. Opposite-sex friends were reportedly touched the most while females were found more accessible to touch by all persons than males. Fathers accounted for a minimum of touching behavior with their touch usually restricted to the hand areas of the subject. Mothers touched their sons more than sons touched their mothers. Using a different sample ten years later, Rosenfeld, Kartus and Ray (1976) sought to investigate any changes which might have occurred in the patterns of touch reported by Jourard. They found that females touched male friends more often in intimate areas of the body including: the chest, stomach, and hip regions. Body accessibility and self-disclosure were later investigated but were generally found to be independent despite low correlations between males touching and disclosing to same-sex friends and females touching and disclosing to an opposite-sex friend (Jourard and Rubin, 1968).

Two studies have examined the effects of touch relative to physical arousal. Physical contact in the form of a backrub from a friendly opposite-sex peer resulted in decreased arousal as measured by fingertip sweat prints (Geis and Viksne, 1972). Nicosia and Aiello (1976) found that men crowded together touching had higher skin conductance than non-touching noncrowded men. On the other hand, women produced opposite results in that their skin conductance increased in the noncrowded condition. Their study

clearly indicated a sex difference in touching behavior.

Nguyen, Heslin and Nguyen (1975) sought to determine whether males and females attributed similar meanings to a touch applied to the same body areas. They used four types of touch (a pat, squeeze, brush and stroke) applied to a hypothetical intimate friend of the opposite sex. Participants were asked to rate each type of touch involving eleven different body areas into one of the following categories: playfulness, warmth/love, friendship/fellowship, sexual desire and pleasantness. The results indicated that both sexes considered any type of touch to the genital area as sexual. Further, both sexes agreed that a pat was friendly and playful while a stroke was loving and sexual. Overall, touch by a close opposite-sex friend was pleasant and expressive of warmth/love. It was further found that "the playfulness and warmth (or lovingness) of a touch depends more on modality, but its sexuality and friendliness depends more on its locations" (p. 101). Males viewed touches by females connected to sexual desire as pleasant while females rated the same touches negatively. Sexual and non-sexual areas of the body were determined by the participant ratings. The non-sexual body areas included: the head, upper shoulder, lower arm, hand, lower leg, and back region. All other body areas were more sexually oriented.

In an extension of their earlier work involving the meanings of touch, Nguyen, Heslin and Nguyen (1976) inves-

tigated the differences between married and unmarried students. Generally, the married students rated touch as more sexual, pleasant, loving and friendly than did the single students. Married women viewed sexual touching more positively than single women while married men regarded sexual touching less loving and pleasant than either single men or married women.

Two other studies investigated sex differences in interpreting touches. Fisher, Rytting and Heslin (1976) found that when a library clerk brushed the hand of a student in the process of checking out a book that the students who were touched rated the library facilities and personnel more positively. More precisely, female students accounted for the significant effects while males were more ambivalent. Maier and Ernest (1978) asked male and female students to rate how likable a touch would be under varying conditions. They varied the type of touch, sex of touchee, sex of toucher, age of touchee and age of toucher. For both male and female students, women were rated more favorable than men when they touched others. In addition, ratings for likableness were significantly higher when females were touched than when males were touched. Maier and Ernest concluded that based on their findings and those of previous researchers (Fisher, Rytting and Heslin, 1976; Jourard, 1966) that touching is generally perceived as a feminine-appropriate behavior.

In an attempt to classify touching behavior, Heslin (1974) established five categories reflecting a continuim from very impersonal touching to very personal touching. The Functional/Professional level of touch reflects a cold, businesslike attitude where the person being touched is regarded more as an object than a person. A physican's matter-of-fact manner of examining his/her patient would illustrate the functional/professional touch. The Social/Polite level of touch is best represented by a handshake. Heslin describes this as a neutral touch following along socially prescribed conduct. Friendship/Warmth touching recognized the other person as a likable friend. This level of touch is intimate enough for love or sexual attraction to begin developing. The fourth level of touching is Love/Intimacy. The touching behavior expresses an emotional attraction or attachment for the other person. A full embrace best represents this level of touching. The final category of touching is described as Sexual Arousal. This category involves the most intense expression of physical love. At this level, partners individualize their touching in order to suit each other's needs.

In a study investigating the effects of touch on interpersonal judgement, Silverthorne et al, (1975) found that a male who touched both male and female subjects was generally rated more positively. The touch manipulation involved a firm handshake in unison with a squeeze of the subject's

upper right arm. Female confederates who touched using the same touch procedure accounted for the highest ratings on interpersonal attraction.

The status and power of a person has been investigated relative to touching behavior. Henley's (1973) research outlines conditions when touching is more likely to occur. Touching generally happens when: 1) imparting information rather than receiving it; 2) giving orders; 3) seeking a favor from someone; 4) attempting to convince someone of something; 5) conversation is intense and serious; 6) people interact at a party rather than at work; 7) expressing excitement; and 8) messages of worry are being received. At the base of Henley's work is the notion that higher-status persons use touch as a status reminder and therefore sustain their status and power by touching. Further research has been done involving power implications of touch in male and female relationships. Summerhayes and Suchner (1978) examined dominance patterns represented by touching behavior in male/female relationships. They found that nonreciprocal touch lowered the perceived influence of the person being touched irrespective of the status of the person doing the touching or the sex of the person being touched. Thus, they concluded that persons who initiated nonreciprocal touch automatically enhanced their own status and power within that immediate interpersonal relationship.

The research on touch behavior outside the counsel-

ing context strongly supports the importance of touch within interpersonal relationships across a wide range of settings. Variables, such as type and location of touch, have been shown to be interpretated differently by males and females. Both male and female research participants were able to differentially rate areas of the body as sexual or non-sexual. Further, different touch behaviors have been shown to represent varying levels of interpersonal involvement. It was also revealed that touching behavior was linked to attractiveness as well as to the enhancement of a person's status and power.

2. Attitudes toward touch in counseling

Therapists' attitudes toward the use of touch in counseling have been mixed. The psychoanalytic tradition has typically denounced the use of touch (Burton and Heller, 1964; Menninger, 1958; and Wolberg, 1967). It was assumed that touch complicated the psychodynamic qualities of the client's transference toward the therapist. Further, it was feared that touch might arouse sexual feelings in the client which could result in an explosive demonstration of anger (Render and Weiss, 1959). Despite some attitudes that touch is taboo in psychoanalysis, other viewpoints have been more supportive concerning the use of touch. Mintz (1969a) traced the roots of the touch taboo in the psychoanalytic tradition. She formulated three factors contributing to the taboo: the Victorian sexual prudery; the early analysts de-

sire to be viewed as scientists separate and apart from magic and religion; and Freud's discontinued use of massaging and stroking. In an attempt to dispel some of the negative associations touch acquired from the analytic tradition, Mintz (1969a) suggested that touch could be employed in certain situations. Reasons for touching a client include: symbolic mothering when a client cannot communicate verbally; conveyance of therapist acceptance when the client is feeling emotionally overwhelmed; and to restore a client's contact with the external world of reality.

Other reasons given to support the use of touching include: the belief that touch serves as an aid to promote increased emotional honesty and forthrightness (Fuchs, 1975), the possibility of depriving clients of a vital form of sensation and communication which could result in inhibited growth (Bosanquet, 1970), the contribution touch has regarding maturational ingredients to the treatment relationship (i.e. resolve resistance) (Spotnitz, 1971), and to reduce a client's feelings of alienation as well as promoting a person's body image (Wilson, 1982).

O'Hearner (1971) conceptualizes touch as an alternative feedback procedure. He indicated that touch could be used when a client might profit by a different type of feedback. Examples would include touching someone who is rigidly holding in extreme despair or anxiety; when a client is overwhelmed by self-depreciating thoughts; as a re-

ward for changing old destructive scripts; and when a more basic mode of interacting than words is needed to facilitate client change. O'Hearne advises against touch when clients are clearly paranoid or acutely hostile. Other times to inhibit touch include: when the counselor has sexual or hostile feelings toward the client, if touch is inconsistent with a therapist's theoretical orientation or would feel uncomfortable, and if the touch is impersonal or mechanical.

Clearly, there exist divergent attitudes as to the role of touch in psychotherapy. The more traditional view supports the inhibition of touch whereas other contemporary therapists have found touch to be a useful therapeutic tool.

3. Touch inside the counseling context

A review of the literature revealed only four research studies directly relevant to counseling. Pattison (1973) examined the impact of touch in an initial interview. She employed a male and a female counselor to administer the touch -- no touch procedure to twenty female clients who desired personal counseling at the Arizona State University Counselor Training Center. A significant difference was found for self-exploration between clients who were touched and those who were not touched. Specifically, clients who were touched engaged in more self-exploration than clients who were not touched. No significant relationship was found between touch and either counselor or client

perceptions of the counseling experience.

Alagna et al, (1979) used an analogue research methodology to study the effects of touch on the clients' evaluation of the counseling experience. Assuming that individual differences in tactile history and prior attitudes toward counseling might effect the impact of the touch treatment, the researchers prescreened five hundred potential subjects. Eventually, 53 male and 55 female student volunteers participated in the study concerning career counseling. Four doctoral students in counseling (two male and two female) were used to interview the volunteers and implement the touch procedure. The prescreening data failed to emerge as significant covariates. However, a significant main effect for touch was found along with a three-way significant interaction for touch, sex of counselor and sex of client. Thus, when the volunteers were touched, they rated the counseling experience more positively than control volunteers. In further analysis, opposite sex pairings produced the strongest effects.

Stockwell and Dye (1980) used a quasi-counseling analogue design to investigate the impact of touch, sex of counselor and sex of client on client evaluation of counseling and level of self-exploration. Fifty-six male and 44 female undergraduate students were used as participants. Each student participated in a 50-minute interview related to vocational issues. Fourteen male and 11 female doctoral

graduate students served as counselors for the study. All main effects and interactions were non-significant except that female students were more self-exploratory than male students.

A final study by Hubble, Noble and Robinson (1981) further investigated the effect of touch in counseling. Clients' field dependence-independence was varied along with touch -- no touch treatments across four male counselors. Dependent measures included: anxiety, willingness to self-disclose, actual self-disclosure, and perceptions of counselors' expertness, attractiveness and trustworthiness. Thirty-two females enrolled in an undergraduate education course participated for course credit in interviews concerning their vocational interest in teaching. Of all the variables investigated in the study, only one proved to be statistically significant. Clients who were touched during the interview perceived the counselor as more expert than clients who were not touched.

Across the four research articles reviewed, touch was similarly applied as a treatment variable in initial interviews. Pattison (1973) and Stockwell and Dye (1980) specifically referred to previous research findings (Jourard, 1966; Jourard and Rubin, 1968; and Nguyen, Heslin and Nguyen, 1975, 1976) as a basis for selection criteria regarding type and location of the touch treatments. Alagna et al, (1979) chose their touch procedure in light of findings by Fisher

et al, (1976) which state that a touch will be experienced as positive so long as it is appropriate to the situation, does not impose more intimacy than the client desires and does not deliver a negative message. Hubble, Noble and Robinson (1981) did not directly report any selection criteria for the touch employed in their study. Each of the four studies confined touching of the participants to the hand, arm, shoulder and upper back region, despite minor variations as to when the touch was applied. Typically, participants were touched with an introductory handshake followed by a shoulder or upper back touch as the subject was escorted to an interview room. During the interview, participants were either touched on the hand, lower arm or shoulder followed by a termination handshake at the end of the interview.

Based on the four investigations cited above, the effects of counselor touch on clients has produced mixed results. The impact of touch was successfully manipulated with client self-exploration in one study (Pattison, 1973) but not in two others (Hubble, Noble and Robinson, 1981; Stockwell and Dye, 1980). Further, touching clients resulted in positive evaluations of the counseling experience (Alagna et al, 1979) and perceived expertness of the counselor (Hubble, Noble and Robinson, 1981).

These initial studies have focused on university student populations typically involving vocationally re-

lated issues. Pattison's (1973) research has been the only study to date using actual clients desiring counseling for personal problems as participants. However, she only used female clients in her research. Alagna et al, (1979), Stockwell and Dye (1980) and Hubble, Noble and Robinson (1981) all used analogue research methodology employing student volunteers as subjects. Alagna et al, (1979) suggested that future research using touch in counseling should focus on clients with varying problem concerns and populations other than college students. Likewise, Hubble, Noble and Robinson (1981) indicate that further research is needed in naturalistic settings with real clients.

4. Research methodology

In attempting to resolve methodological research questions, researchers have focused their attention around what Campbell and Stanley (1963) called internal and external validity issues. Internal validity relates to the control of independent variables so as to insure that any treatment effects can be attributed to the treatment conditions and not to uncontrolled error variance. External validity relates to issues allowing or inhibiting treatment effects to be generalized to other populations, settings and variables. Based on the need for improved internally and externally valid research, Gelso (1979) discussed solutions to methodological problems in light of a bubble hypothesis. He postulated that all research was imperfect and

must be viewed within a give and take proposition between rigor (internal validity) and relevance (external validity). Gelso went on to designate four categories of research to further explain the relationship between rigor and relevance in research designs. His understanding of research strategies focuses around the type of setting and the degree of control involved in the study. The following is a description of each of the four research strategies.

1. Experimental analogue research uses high control procedures in a laboratory setting. In this type of research, the researcher controls who gets what treatments at what time. Further, experimental analogue research simulates actual counseling and therefore generally reduces the external validity of the research results.

2. Correlational analogue research uses low control procedures in a laboratory setting. Nothing is manipulated in this type research, thus, causal inferences are not possible. However, because of the controlled context precise observations can be made of the experimental tasks. As in the experimental analogue category, counseling occurs in a simulation form.

3. Experimental field research uses high control procedures in a field setting. The research is conducted in natural settings where treatments are introduced to subjects according to the demand characteristics of the study. Generally, subjects are randomly assigned to two or more treatment

groups and control groups when possible.

4. Correlational field research uses low control procedures in a field setting. Actual treatment occurs in a natural setting without the researchers control of how and when the treatments are administered. Subjects are not randomly assigned to treatments and causal relationships cannot be determined.

Each research strategy mentioned by Gelso has strengths and weaknesses thus dictating careful selection by the individual researcher bearing in mind the populations, settings and variables under study. Despite limiting factors in each type of research, Gelso stated that experimental field research was potentially the most powerful. He pointed out that it maximally combined rigor (internal validity) and relevance (external validity). Other investigators have questioned the generalizability of analogue studies and supported an increase in field study research as one possible solution (Bordin, 1974; Goldman, 1976).

Strong (1971) proposed five criteria or boundary conditions for counseling. The conditions are: 1) counseling is a conversation among persons, 2) status differences exist between participants and constrain the conversation, 3) the duration of counseling varies (at least two sessions), 4) many clients are motivated to change, 5) and many clients are psychologically distressed and are heavily

invested in the behaviors they seek to change.

Heppner and Dixon (1982) reviewed 51 studies that investigated perceived expertness, attractiveness and trustworthiness. In relation to Strong's (1971) boundary conditions, 29 studies did not meet any of the five criteria, 16 met only the first two conditions, five met three conditions and only one study met four criteria.

In light of the above discussion concerning research methodology, it would seem advantageous to further explore the benefits of field experimental research strategies. Strengthening efforts regarding the generalizability of research findings need expansion in general, and specifically, attention is warranted regarding studies exploring perceived expertness, attractiveness and trustworthiness.

C. Rationale

Based on research in the areas of interpersonal influence process in counseling, effects of touch within a counseling context and effects of touch outside the counseling domain, the proposed study extends the investigation of cognitive dissonance theory as it relates to Strong's (1968) interpersonal influence process counseling model. It is important to uncover new variables that will reduce dissonance in clients and thereby enhance a counselor's influence power. Past research (Corrigan et al, 1980) has summarized the positive impact evidential, reputational and behavioral cues have had on enhancing counselor perceived expertness, at-

tractiveness and trustworthiness. In particular, the more robust effects have involved behavioral cues. One behavioral cue, touch, has largely been ignored in counseling research. Only four studies (Alagna et al, 1979; Hubble, Noble and Robinson, 1981; Pattison, 1973; and Stockwell and Dye, 1980) have investigated the effects of touch in counseling. Hubble, Noble and Robinson (1981) has been the only research to examine the effects of counselor touch on the enhancement of counselor perceived expertness, attractiveness and trustworthiness. Furthermore, it has been shown that touch is experienced differentially by males and females in and outside the counseling context (Alagna et al, 1979; Jourard, 1966; Maier and Ernest, 1978; Nguyen, Heslin and Nguyen, 1975; Rytting and Heslin, 1976; and Silverthorne et al, 1975). In reference to research methodology, Gelso (1979) suggested that field experimental studies offered the most potential for rigorous yet relevant research. To date, Pattison (1973) has been the only field study examining touch in counseling. Therefore, based on the above research findings, further research is needed to explore the effects of touch in counseling as it might interact with sex of counselor and sex of client. In addition, the extent touch either diminishes or enhances counselor perceived expertness, attractiveness and trustworthiness warrants further study, particularly, in a field setting using actual clients as subjects.

II. SPECIFIC AIMS AND HYPOTHESES

A. Aims

The specific aims of this study are 1) to design a clinical intake with actual clients where a consistent touch no touch treatment can be applied, 2) to train counselors in the administration of the touch conditions, 3) to review counselors' training in non-directive interviewing techniques (i.e. reflection of feeling, restatement and summarization) in order to better standardize the counselor's intake style, 4) to train counselors in offering tentative diagnostic labels for clients (DSM III), 5) to assess client level of functioning, 6) to assess the effects of touch no touch, sex of counselor and sex of client on the client's perception of counselor expertness, attractiveness and trustworthiness as measured by the Counselor Rating Form (CRF), and 7) to obtain return rates for each client.

B. Hypotheses

The hypotheses for the present study are: 1) that clients receiving the touch treatment would rate their counselors higher on the Counselor Rating Form (CRF); 2) touched clients would return for counseling services at a greater rate than clients not touched; 3) that male and female clients would differ in the ratings of their counselors on the CRF; and 4) male and female clients would return for counseling services at different rates. Other possible outcomes of interest were 1) that male and female counselors would

be rated differently on the CRF; and 2) male and female counselors would produce different rates of return for counseling services in their client.

III. METHOD

A. Selection of Participants

The participants for this study will be adult clients requesting counseling services form a community mental health agency. Strict confidentiality will be guaranteed for each client who volunteers for the study. Clients who are seen during an acute crisis or are overtly hostile will not be included in the research. Forty male and 40 female clients will be included in the study. Male and female clients will be randomly assigned to treatment or control groups for each counselor.

B. Counselors

Two experienced counselors (one male, one female) employed by a community mental health agency will conduct the intake interviews on all 80 clients. Because each counselor will see clients of each sex in the touch -- no touch condition, counselors will serve as their own controls.

C. Counselor training

Counselors will be trained in the administration of touch procedures and use of diagnostic categories. Training sessions will allow counselors to ask questions and practice implementation of the experimental procedures. Counselors will be observed as they touch persons role-playing clients

of each sex during a shortened practice interview. Counselors will continue training until they feel comfortable in applying the touch procedures in a consistent manner. Further counselor training will include instruction in offering tentative diagnoses of clients using the broad categories of DSM III. Counselors will additionally review basic non-directive counseling skills (e.g. reflection of feeling and content, restatement and summarization). Counselors will use their own style within the limits of the non-directive counseling techniques.

D. Operational definitions

Touch is defined as physical contact between the counselor and client. The counselor's hand will touch the client's hand, lower forearm and shoulder. Each touch will last approximately 2-3 seconds. The type of touch used in the study will consist of a standard handshake accompanied by the left hand of the counselor being placed over the client's right hand. Further, the touch on the lower forearm and shoulder will consist of the counselor resting his/her hand lightly on the client.

E. Experimental design and proposed analysis

A 2 x 2 x 2 factorial design will be employed in the study. The three independent variables will include a nonverbal condition (touch -- no touch), counselor (male vs. female) and client (male vs. female). A multivariate analysis of variance (MANOVA) will be used to analyze the

impact of the three independent variables upon client ratings of counselor expertness, attractiveness and trustworthiness as measured by the Counselor Rating Form, and client return rate. Univariate analysis will be run if a significant main effect or interaction effect is detected by the MANOVA procedure.

F. Experimental procedures

The touch treatment will be administered during initial interviews with clients. As clients arrive for their appointment, they will be given a policy sheet which explains the basic operations and philosophy of the counseling center and asked to fill out a routine agency form for new clients. When the client returns the form to the secretary, the client will be asked to participate in a study evaluating the intake procedure. The client will read a brief explanation regarding the counseling center's need to evaluate its procedures periodically in an effort to provide better services. It will be explained to the clients that participation in the study is voluntary and that their confidentiality will be strictly maintained. Clients who agree to participate in the study will be required to sign an "agreement to participate" form. Time required of the clients for the post interview evaluation will be about 5-10 minutes.

Counselors will use the following instructions in administering the touch procedures. See Appendix for instructions.

Counselors will be instructed not to offer bodily contact with the clients in the no touch groups. If clients insist on a handshake during the introduction phase of the interview, counselors are to touch the client as briefly as possible. Following the interview, clients will complete the Counselor Rating Form and be given an opportunity to list strengths and weaknesses concerning the intake experience while counselors formulate and record tentative diagnoses and level of functioning ratings for each client.

G. Measures

Perceived counselor expertness, attractiveness and trustworthiness will serve as dependent measures and be measured by the Counselor Rating Form (CRF). The CRF was developed (Barak and LaCrosse, 1975; LaCrosse and Barak, 1976) in an attempt to more accurately measure the counselor influence characteristics first mentioned by Strong (1968). The CRF consists of 36 7-point bipolar scales. Each dimension is measured by 12 items, and a range of scores for each dimension is 12-84. Corrected reliability coefficients of .874 for expertness, .850 for attractiveness and .908 for trustworthiness have been reported using the Spearman-Brown formula (Barak and LaCrosse, 1975; LaCrosse and Barak, 1976). A further dependent measure will consist of the clients' return rate. Each client will be reviewed one month after their intake date regarding their return for a follow-up counseling session. Attendance of one counseling session after the intake will be considered as positive client re-

turn for services.

IV. INSTITUTIONAL REVIEW BOARD

A summary of this research proposal was submitted to the Office of Research Administration at the Norman campus along with a copy of the Counselor Rating Form and Agreement to Participate. The review board evaluated and approved the research proposal with a starting date of June 1, 1982.

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APPENDIX B

COUNSELOR RATING FORM

COUNSELOR RATING FORM

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

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

fair _____:_____:_____:_____:_____:_____:__X__: unfair

OR

fair __X__:_____:_____:_____:_____:_____:_____: unfair

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

rough _____:__X__:_____:_____:_____:_____:_____: smooth

OR

rough _____:_____:_____:_____:_____:__X__:_____: smooth

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

active _____:_____:__X__:_____:_____:_____:_____: passive

OR

active _____:_____:_____:_____:__X__:_____:_____: passive

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

hard _____:_____:_____:__X__:_____:_____:_____: soft

Your first impression is the best answer.

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

agreeable _____:_____:_____:_____:_____:_____:_____:disagreeable

unalert _____:_____:_____:_____:_____:_____:_____:alert

analytic _____:_____:_____:_____:_____:_____:_____:diffuse

unappreciative _____:_____:_____:_____:_____:_____:_____:appreciative

attractive _____:_____:_____:_____:_____:_____:_____:unattractive

casual _____:_____:_____:_____:_____:_____:_____:formal

cheerful _____:_____:_____:_____:_____:_____:_____:depressed

vague _____:_____:_____:_____:_____:_____:_____:clear

distant _____:_____:_____:_____:_____:_____:_____:close

compatible _____:_____:_____:_____:_____:_____:_____:incompatible

unsure _____:_____:_____:_____:_____:_____:_____:confident

suspicious _____:_____:_____:_____:_____:_____:_____:believable

undependable _____:_____:_____:_____:_____:_____:_____:dependable

indifferent _____:_____:_____:_____:_____:_____:_____:enthusiastic

inexperienced _____:_____:_____:_____:_____:_____:_____:experienced

inexpert _____:_____:_____:_____:_____:_____:_____:expert

unfriendly _____:_____:_____:_____:_____:_____:_____:friendly

honest _____:_____:_____:_____:_____:_____:_____:dishonest

informed _____:_____:_____:_____:_____:_____:_____:ignorant

insightful _____:_____:_____:_____:_____:_____:_____:insightless

stupid _____:_____:_____:_____:_____:_____:_____:intelligent

unlikeable _____:_____:_____:_____:_____:_____:_____:likeable

logical _____:_____:_____:_____:_____:_____:_____:illogical

open _____:_____:_____:_____:_____:_____:_____:closed

prepared _____:_____:_____:_____:_____:_____:_____:unprepared

unreliable _____:_____:_____:_____:_____:_____:_____:reliable

disrespectful _____:_____:_____:_____:_____:_____:_____:respectful

irresponsible _____:_____:_____:_____:_____:_____:_____:responsible

selfless _____:_____:_____:_____:_____:_____:_____:selfish

sincere _____:_____:_____:_____:_____:_____:_____:insincere

skillful _____:_____:_____:_____:_____:_____:_____:unskillful

sociable _____:_____:_____:_____:_____:_____:_____:unsociable

deceitful _____:_____:_____:_____:_____:_____:_____:straightforward

trustworthy _____:_____:_____:_____:_____:_____:_____:untrustworthy

genuine _____:_____:_____:_____:_____:_____:_____:phony

warm _____:_____:_____:_____:_____:_____:_____:cold

APPENDIX C

AGREEMENT TO PARTICIPATE

AGREEMENT TO PARTICIPATE

In an effort to improve the quality of our services, we at the Oklahoma Christian Counseling Center are always involved in evaluation of our clinic procedures and counseling techniques. Currently, we are evaluating the intake interview process in an effort to insure that the needs of the clients are being met. Your participation in the study will require about five (5) minutes after the intake interview. You will be given an opportunity to indicate likes and dislikes about the interview procedure plus fill out a brief form concerning your initial impression of the counselor.

Of course, your participation in this study is voluntary. Strict confidentiality is insured of all information obtained in the study by a coded anonymous procedure. You retain the right to confidentiality and may discontinue participation in the study at any time.

We thank you for your cooperation in our attempt to provide better services.

I have read the above explanation, and I agree to participate in this study.

_____ _____

Signature Date

_____

Witness

APPENDIX D

CLIENT INFORMATION SHEET

CLIENT INFORMATION SHEET

I. Diagnostic Categories

Please indicate a primary and secondary tentative diagnosis based on the information obtained during the intake interview and your clinical impressions. Place a (1) by the primary and a (2) by the secondary diagnosis.

_____Organic Mental Disorder

_____Substance Use Disorder

_____Schizophrenic Disorder

_____Paranoid Disorder

_____Affective Disorder

_____Anxiety Disorder

_____Somatoform Disorder

_____Dissociative Disorder

_____Psychosexual Disorder

_____Factitious Disorder

_____Adjustment Disorder

_____Personality Disorder

_____Condition not attributed to a mental disorder

II. Level of Functioning Scale* (Social Relations, Occupation, Leisure)

CIRCLE ONE

1 - Grossly Impaired: Gross impairment in virtually all areas of functioning.

2 - Very Poor: Marked impairment in both social relations and occupational functioning.

3 - Poor: Marked impairment in either social relations or occupational functioning, or moderate impairment in both.

4 - Fair: Moderate impairment in either social relations or occupational functioning, or some impairment in both.

5 - Good: No more than slight impairment in either social or occupational functioning.

6 - Very Good: Better than average functioning in social relations, occupational functioning, and use of leisure time.

7 - Superior: Unusually effective functioning in social relations, occupational functioning, and use of leisure time.

*Adapted from the Diagnostic and Statistical Manual of Mental Disorder, (Third Edition).

III. General Information

Client Case Number_____ Age_____

Married_____ Single_____

Return for Second Appointment - Yes_____ No_____

APPENDIX E

INSTRUCTIONS

INSTRUCTIONS

1. Go to the waiting room and introduce yourself to the client as you extend your hand for a handshake. As you sustain the handshake for approximately 2 seconds, place your left hand over the client's right hand.
2. As you guide the client down the hallway to your office, place your hand on the client's shoulder for approximately 3 seconds.
3. About 20 minutes into the interview, touch the client's lower forearm with your hand for approximately 3 seconds as you ask him/her to clarify any information or feeling relevant to the interview.
4. Forty minutes into the interview, again place your hand on the client's lower forearm for approximately 3 seconds as you explain logistical procedures such as insurance forms, possible testing, future appointments and fee setting.
5. Terminate the session 45 minutes into the session. As you walk out to the secretary's desk with the client, place your hand on the shoulder of the client for approximately 3 seconds.
6. At the secretary's desk, shake the client's hand for ap-

proximately 2 seconds in the same manner as in the introduction.