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The Effects of Pretherapy Information on the Client's Perception of a Counselor's Values and Receptiveness to Treatment

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by

James C. Thomas

has been approved

at the

Graduate School of Clinical Psychology

George Fox University

April 15, 1998

Signatures:

Committee Chair

Vice President for Academic Affairs

Members:

Date: 4-7-98

Date: 4-2-98

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James C. Thomas

Graduate Student of Clinical Psychology at

George Fox University

Newberg, Oregon

Abstract

Over the past thirty years there has been a growing awareness in the psychological community that a counselor's personal values, including religious values, influences the therapy relationship. Despite this awareness, few counselors have made it a practice of sharing their value orientation with their clients. One way of helping clients make informed choices about whether they want to enter therapy with a certain counselor is to give them information before therapy begins about a counselor's personal values that may influence the therapy relationship. This study partially replicates the work of Lewis and Epperson (1991) and shows that pretherapy information is an effective way of informing clients about the value orientation of therapists. The sample used for this study were 195 students taken from three post secondary institutions associated with Christianity. Ninety-five percent of the participants identified with Christianity.

Participants were randomly assigned to three experimental conditions. Assignment was based upon the pretherapy value information they received (Secular/humanistic, Traditional, or Christian) and their value orientation (Evangelical vs. Other). Participants were assessed about whether they could perceive the counselor's value orientation accurately based on the information they reviewed. They were then asked whether they would be willing to see this counselor for a variety of presenting problems. Results were analyzed using multivariate and univariate analyses of variance. The results show that clients could identify the counselors' values accurately. Participants perceived a significant difference between the Christian counselor and the Humanistic counselor. Evangelicals preferred the Christian counselor for most problems while Others were more diverse in their preferences of a counselor. Prior research (Epperson & Lewis, 1987; Lewis & Epperson, 1991) showed Traditional counselors were preferred to Christian or feminist counselors; they concluded that revealing personal values may prompt prospective clients to seek help from others. The present results suggest that evangelical Christian clients may prefer counselors who express similar explicit personal values, while other clients may prefer counselors with various personal values depending on their specific presenting problem. The study contributes to the growing number of empirical studies showing that pretherapy value information helps clients make informed choices about whether or not to enter therapy with a specific therapist.

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First I would like to thank my Lord and Savior Jesus Christ for taking me out of darkness and into his glorious light and setting my feet on stone. Being his child is the most important and gratifying thing in life. The opportunity to counsel people is a high calling and privilege. My goal is that as I counsel people, I operate from Christ centered values.

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Chapter I

Introduction

Many have held that the disclosure of a counselor's value orientation to the client, before the commencement of therapy, is unnecessary. This has been based upon the strong belief, originating with Freud, that the counselor ought not let his or her personal values influence the therapy process; he or she is to be value free (Tjeltveit, 1986). Freud depicted the therapist as one who functioned as a blank screen upon which the client projected his or her beliefs, attitudes, and values (Freud, 1965; Patterson, 1989). Allowing therapists' own values into the therapy process was seen as a contaminant. This was especially clear in the case of religious values (Freud, 1943).

As psychology matured, therapists have begun to acknowledge that rather than remaining neutral, they bring themselves as persons to each counseling session. Their values, including religious values, beliefs, personal attributes, life experiences, and ways of living all effect the way they function as counselors and effect the outcome of counseling (Beutler, 1981; Bergin, 1985; Corey, Corey & Callanan, 1988; Patterson, 1989; Worthington, 1991). Still, few counselors have made it a practice to reveal their value orientation to clients. This practice is disturbing in light of growing research showing that clients often adopt or are influenced by their counselors' values (Bergin 1980; Beutler, 1979, 1981; Lewis & Walsh, 1980; Welkowitz, Cohen,

& Ortmeyer, (1967), cited in Haugen & Edwards, 1976). This value conversion may not be the result of the counselor's intentional effort; still such persuasion occurs (Beutler, 1979; Beutler & Bergin, 1991; Strong, 1968; Tjeltveit, 1986).

Tjeltveit (1986), in his review of the literature on client adoption of therapist values, found such terms as crypto missionary, hidden preacher, secular priesthood, indoctrination, and brainwashing to describe these phenomena. He prefers the term "conversion" (p. 516). This term describes the unilateral nature of value influence in therapy. It also suggests that clients can adopt therapist values under many conditions including under duress, as an emotional decision during a time of emotional vulnerability, or as the result of the client's conscious, rational, and volitional choice. Value conversion also emphasizes that therapists are responsible for their actions that contribute to change in clients' values (Tjeltveit).

The conversion of a client's values, especially when it takes place without the client's choice, goes against informed consent and client self determination and autonomy. The American Psychological Association's (APA) Ethical Principles of Psychologists and Code of Conduct Principle B (American Psychological Association, 1992) says "psychologists strive to be aware of their own belief systems, values, needs and limitations and the effect of these on their work." (p. 1599) Principle D further states:

> Psychologists accord appropriate respect to the fundamental rights, dignity, and worth of all people. They respect the rights of individuals to privacy, confidentiality, self determination, and autonomy, mindful that legal and other obligations may lead to inconsistency and conflict with the exercise of these rights. Psychologists are aware of

> cultural, individual, and role differences, including those due to age, gender, race, ethnicity, national origin, religion, sexual orientation, disability, language, and socioeconomic status. Psychologists try to eliminate the effect on their work of biases based upon those factors, and they do not knowingly participate in or condone unfair discriminatory practices. (American Psychologist, 1992, p. 1559)

The principles of informed consent are designed to protect a client's right of self determination and autonomy. APA Ethical Standards 4.11(a) gives some examples of what information needs to be included: "Psychologists discuss with clients and patients as early as is feasible in the therapeutic relationship appropriate issues such as the nature and anticipated course of therapy, fees, and confidentiality" (p. 1605). Informed consent insures that clients can make informed decisions about therapy early on in the therapy process. Providing pretherapy information is one way of assuring informed consent takes place with clients before therapy begins. Additionally, several authors have suggested information about the counselor's value orientation be included in this pretherapy information to increase a client's awareness of a counselor's influence (Bergin, 1980, 1985; Lewis 1980; McMinn, 1984; Tjeltveit, 1986; Worthington, 1991).

Some states recognize the need for clients as consumers to receive information about the services they purchase. The State of Washington requires registered, certified, licensed counselors, and licensed psychologists to provide clients with written information about their education and training, the therapeutic orientation of the practice, and information about financial requirements (Washington State Department of Health, 1991, 1994). The purpose of requiring

this information is so clients can be responsible and make informed decisions in choosing a therapist and style which best suits their needs. Inclusion of "therapeutic orientation of the practice" (Washington State Department of Health, 1991, p. 2) may suggest the need for a counselor to show his or her value stance, but this is vague. This means that counselors must take the initiative to provide this information themselves.

Statement of the Problem

While many counselors now recognize that they bring into the counseling relationship their values, beliefs, and experiences, there is not a wide spread practice of informing clients of these values and beliefs before the initiation of therapy. This is alarming given the long held value of encouraging and promoting client self direction and autonomy. It is also alarming given the abundant research that indicates clients experience a shift in their values, including personal values like religious values, toward those of their counselor (Beutler, 1979; Beutler & Bergin, 1991; Beutler, Crago, & Arizmendi, 1986; Kelly, 1990; Martinez, 1991; Worthington, 1991). Providing clients with pretherapy information has been suggested as one method of increasing client awareness of their counselor's value orientation so that they can make informed choices about therapy (Lewis, 1980; Lewis & Walsh; 1980).

While the decision regarding whether to reveal one's values to new clients remains a personal ethical concern for counselors, there is a need for well constructed and generalizable empirical studies that can answer the following questions: (a) Does pretherapy information that includes a description of the counselor's personal value orientation increase client awareness of

therapist values? (b) How does information affect client desire to initiate therapy with a particular counselor? This study will address these questions.

The next section will present an overview of the recent literature surrounding this issue. It will look at values, including such personal values as religious values, and their role in the counseling process. It will then look at how persuasion takes place during the counseling relationship. Finally, studies which look specifically at the use of pretherapy information will be reviewed, especially those of Lewis and her colleagues (Lewis, 1980; Lewis & Walsh, 1980; Lewis, Davis, & Lesmeister, 1983; Lewis & Lewis, 1985; Epperson & Lewis, 1987; Lewis, Epperson, & Foley, 1989; Lewis, Epperson, & Douglas, 1991).

Literature Review

Research into client and counselor values shows some interesting patterns. First, clients are influenced by their counselor's values to the extent that they adopt their counselor's values (Beutler, 1981; Beutler & Bergin, 1991). This change may even occur in fundamental values such as religious beliefs (Beutler, 1971, 1979, 1981). Secondly, there is a consistent and strong relationship between value convergence and psychotherapy improvement (Beutler, 1979; Beutler, 1981; Beutler, Crago, Arizmendi, 1986). Finally, when clients have highly dissimilar values from those of their counselors, clients generally do not benefit as much from counseling while a moderate difference in values appears to positively effect the outcome of counseling (Kessel & McBreatry, (1967), cited in Lewis, 1980; Worthington 1991).

Worthington (1991) addressed this final point in his review of the literature. He found that clients with highly dissimilar values may stop prematurely, show resistance to the therapy

process, or fail to follow suggestions by the therapist (Worthington). Worthington and Scott's (1983) review of the research showed that highly religious clients are less likely to benefit from counseling. The lack of benefit from counseling was attributed to differences in value systems between highly religious clients and their non-religious counselors (Worthington & Scott). Supporting the difference in value systems between counselors and clients, Bergin (1980) suggested that mental health professionals usually are more liberal, more humanistic, and less likely to believe in God then the general population. While later surveys (Bergin & Jensen, 1990; Shafranske & Malony, 1990) suggest that therapists are about as religious as the general population, the religion of therapists tends to be less conventional and more of "a blend of humanistic philosophy and spirituality." (Bergin & Jensen, 1990, p. 7) Only 29% of these therapists think religion is important to the treatment of many clients (Bergin & Jensen).

One problem in making conclusions about how highly religious clients will respond in counseling is that highly religious clients are often not included in research sampling clients (Beutler, Crago, & Arizmendi, 1986). A second problem is that highly religious individuals usually seek the services of clergy (Worthington, 1991). Griffith and Young (Griffith & Young, (1988), cited in Giglio, 1993) found that 43 percent of Christians seeking help for emotional problems turned to clergy first. Few clergy, perhaps 10%, refer people to professional counselors (based on several studies cited in Hohmann and Larson, 1993). Worthington found that evangelical Christians fear that secular therapists may (a) ignore their religious concerns, (b) treat their religious beliefs as pathological or psychological, (c) not understand religious language and

ideas, (d) presume religious clients share norms of society as a whole, (e) suggest therapeutic conduct they feel is immoral, and (f) discount their view of Scripture (Worthington, 1986).

Neither Worthington nor Beutler define what makes an individual highly religious. This is probably because defining what is religious is very complex. Spilka, Hood, and Gorsuch (1985) noted that there may be a hundred possible ways of being religious. King and Hunt (King and Hunt, (1975), cited in Spilka, et al., 1985) used factor analysis to identify multiple items that identify what it means to be religious. These items include creedal assent, including belief in God, the Scriptures, and Christ; devotionalism, meaning how often one prays; frequency of church attendance and organizational activity outside of worship services; financial support; religious despair; and orientation to growth and striving, including trying to understand and grow in one's faith (King and Hunt, (1975), cited in Spilka, et al., 1985). Very religious individuals would be devout in their beliefs and rate multiple areas as important.

When clients and counselors share values a positive outcome is more likely to result from counseling (Beutler, et al., 1986; Beutler & Bergin, 1991). Successful clients usually evaluate the success of their counseling based upon their counselor's goals rather than their own (Beutler, 1979).

What follows is a more in-depth look into the concept of values and their impact on the counseling relationship. This section will show that the whole psychotherapeutic process is embedded with values. The treatise on values will be followed by a systematic look at how persuasion takes place in the counseling.

Values in counseling. Values are difficult to understand and define. There are counselee values, counselor values, mental health values, values assigned to a particular theory, religious values, personal values, etc. Patterson (1989) and Tjeltveit (1992) have observed that there are many, sometimes contradictory, definitions of values. Webster's New Collegiate Dictionary (Woolf, 1977) defines value as the relative worth, utility, or importance of something. In general, "values imply both a prescriptive (what is good and should occur) and a proscriptive (what is bad and should not occur) judgement regarding the target of one's attitude" (Feather, (1975), cited in Beutler & Bergin, 1991, p. 17). Another definition of values developed by Rokeach (1973, p. 5) is "an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end state of existence."

Values are closely related to the individual's identity or self image. Values are also related to one's beliefs and attitudes. According to Beutler (1979) values are motivational concepts. They specify goals for behavior and give direction for life. Values are generally difficult to change. They are enduring. Once values are changed, they produce pronounced behavioral, emotional, and cognitive changes.

Traditionally, counselors' values have been distinguished from the counselee's values in the following way. Clients' values are "personal values" brought into the therapy relationship. Typically it is a conflict between these values and the client's behavior, experience, or societal expectations which cause the client to seek counseling in the first place. One goal of therapy is to reduce or eliminate this conflict. This is done by getting the client to change or modify his or

her values, by reframing experiences or expectations, or by bringing the client's behavior in line with those values.

The values of the counselor are approached differently. Beutler and Bergin (1991) said "the dominant and traditional view point is that counselors and psychotherapists should be aware of their personal values to prevent these valuative beliefs from influencing treatment" (p. 17). Since a counselor's personal values are seen as contaminants to the therapy process the counselor must remain value neutral. This, though, is an acknowledgment of some value stance. It is a valuative statement to say that personal values interfere with therapy. It is a valuative decision to keep them out of therapy.

Further, Patterson (1989) and Bergin (1980) pointed out that value decisions affect every aspect of therapy. They are involved in the theories of personality and pathology. Values effect the choice of methods or techniques used, the goals of therapy, diagnosis, and the assessment of what is a "good" outcome. Even how a therapist responds to the client reveals what the therapist values. Because the client and therapist participate in an interpersonal process values are involved. The notion that therapy is needed or will be beneficial is itself a value.

While psychological theories were once considered based upon science, fact, and empirical research, it is becoming more clear that values are an integral part of theories. Theories, according to Browning (1987), go beyond science to answer questions of meaning. Jones and Wilcox (1993) concluded "psychotherapeutic theories embody values, in that each includes explicit or implicit judgements about the nature of the human life that is 'good'

(healthy, whole, realistic, rational) and that is 'bad' (abnormal, pathological, immature, stunted, self-deceived)" (p. 42).

Many also want to believe that science is pure and value free but, science itself is value laden (Krasner & Houts, 1984). Krasner and Houts noted that observations or "raw data" are not value neutralities, because theory and presuppositions precede observation. Schulte (1990) stated that "values, including moral values, are inevitably embedded in the counseling process. Values held by a counselor will inevitably influence his or her counseling decisions and actions" (p. 103). In Shulte's words "value neutrality is an impossibility" (p. 103). In this line of thinking, O'Donohue (1989) called for a model of clinical training in which psychologists are metaphysician-scientist-practitioners.

Finally, some would make a distinction between consensus values and other personal values. Tjeltveit (1992) cautioned against legitimatizing consensus values. He argued that it may be inappropriate to always give weight to the majority because the majority might be wrong. He also showed that there is no consensus about religion and Christian theology is a rational objection to consensus values.

Since values are embedded in counseling and psychotherapy, counselors need to recognize that their values will either explicitly or implicitly influence their work. Further, Patterson (1989) asserted that part of being honest and genuine in a relationship may call for the therapist to express his or her values. Patterson gave two examples of when values "should" be expressed: at the request of the client, or when the therapist believes that it is necessary for

therapy to continue. He recommended that when values are shared, they need to be labeled as those of the therapist.

It is generally accepted that imposing one's beliefs or values, or indoctrinating a client is wrong and harmful (Nelson & Wilson, 1984; Patterson, 1989; Tjeltveit, 1986). It appears that when counselors are explicit about their value orientation and give their clients an informed choice about what is to take place in therapy, clients can make a better choice of whether they want to enter therapy with that counselor.

Counseling as persuasion. Beutler (1979) said that "by it's very nature psychotherapy is designed to persuade individuals to change significant attitudes about themselves or about the world...to approximate those of their therapist" (p. 432). This persuasion is more than value clarification or a simple growth process. The therapist's influence can even change a client's religious values (Beutler, 1979). The following material looks at counseling as an interpersonal influence process.

Strong (1968) asserted that the principles of opinion change research apply to the counseling relationship. In opinion change research a communicator attempts to influence his audience in a predetermined direction. In counseling, according to Strong, the counselor attempts to influence his client to attain the goals of counseling. The primary variable in opinion change is cognitive dissonance. According to cognitive dissonance theory (Festinger, 1957), when there is a discrepancy between two beliefs there is a motivational tendency to harmonize the beliefs so that consonance is restored. Dissonance creates psychological discomfort so the

individual attempts to reduce it. Reduction of dissonance can occur either by adopting a new belief, or by discrediting the new information.

In counseling, dissonance occurs when the beliefs of the client are challenged by the counselor. The client has five options which can reduce this dissonance (Strong, 1968): (a) the client can change his or her opinion to that of the counselor, (b) he or she can discredit the counselor, (c) he or she can devalue the importance of the issue and thus eliminate the inconsistency, (d) the client can attempt to change the counselor's opinion, or (e) the client can reduce the weight of the discrepancy by adding information consistent with one's own opinions.

Strong (1968) showed that according to opinion change principles, counselors can increase their influence power over the client by enhancing their perceived expertness, trustworthiness, and attractiveness or by enhancing the client's involvement in counseling. Expertness or credibility is attributed by the client's perceived helpfulness of the therapist. Evidence of specialized training (diplomas, certificates, and titles), reputation of the counselor, and confidence in presentation all have a bearing on the credibility of the counselor. When the communication is discrepant, the counselor's perceived expertness will play a factor in whether there will be opinion change (Strong). The more the counselor is perceived as an expert, the more discrepant the communication can be. Clients' initial perception of their therapists' credibility has been found to influence clients' self evaluation of therapeutic gain (Beutler, 1979).

Trustworthiness of the counselor varies with his or her reputation for honesty, his or her social role (a professional helper), the counselor's sincerity and openness, and his or her

perceived lack of motivation for personal gain. Some studies reviewed by Strong suggest that trustworthiness is more important than expertness in facilitating opinion change (Kelman & Hovland (1953); Walster, Aronson, & Abrahams, (1966), cited in Strong, 1968).

Attractiveness is achieved by assuring the client that she or he will be liked, that both are compatible, or that the counselor is similar to him or her in background or values. Strong (1968) suggested that there are three ways that a counselor can increase his or her attractiveness to a client. The counselor can express unconditional positive regard. He or she can show empathy toward the client. And he or she can use self disclosure to show his or her humanness. According to Beutler (1979), counselor attractiveness is affected by other variables in a complex relationship and in turn attractiveness is a catalyst for many other variables that are important in the therapeutic relationship.

Client involvement is the amount of effort expended and reflects the intrinsic importance of an issue to a client. In the beginning of counseling, client involvement is high because he or she is discussing problems of living which are personally troubling to the client. Strong suggested that the level of client involvement can be manipulated by using techniques which enhance the client's perception of the importance of their problems and the areas of his or her life effected by problem behavior (Strong, 1968). Psychotherapy research shows a curvilinear relationship between expenditure of effort and the strengthening of therapeutic attitudes (Goldstein, (1971); Beutler, (1972), cited in Beutler, 1979).

Recent research on pretherapy disclosure. Lewis (1980) spearheaded research on pretherapy value information. Between 1980 and 1991 Lewis, together with colleagues, has

empirically sought to find the effect of pretherapy information on counselor influence and the impact on clients' choice to see the counselor (Lewis & Walsh, 1980; Lewis, et al., 1983; Lewis & Lewis, 1985; Epperson & Lewis, 1987; Lewis, et al., 1989; Lewis & Epperson, 1991). As the attempt of this study is to partially replicate and extend the work of Lewis, the focus of this section will be on that work.

Lewis' initial study on value communication (Lewis & Walsh, 1980) examined participants' reactions to a counselor's explicit as opposed to implicit value communication. In this study the similarity between the counselor's values and the participant's values were manipulated using a specific value stand on the single issue of premarital sex. Lewis investigated the effectiveness of pretherapy value information on increasing client awareness of counselors' influence. Lewis also looked at the effects such information has on the client's perceptions of the therapist. Results showed that there were no significant differences in how explicit and implicit counselors were perceived. But, participants who heard an explicit value disclosure were more willing to see a therapist and had more confidence in the therapist's potential helpfulness when they perceived the therapist's values as similar to their own. This study was later replicated with minor changes by Lewis and Lewis (1985) with similar results.

Lewis, et al. (1983) investigated the effects of different amounts of pretherapy information on participants' perceptions of the counselor and their willingness to see the therapist. Participants were given three different types of pretherapy information about the counselor; a "traditional advertisement" condition, a "feminist label" condition, and an "explicit feminist" condition. The only difference between the feminist label condition and the traditional

advertisement condition was the addition to the latter of the words "feminist therapy." The explicit feminist condition contained a statement of the counselor's specific feminist values. In this study all participants were females who held profeminist attitudes; males and females who were not profeminists were intentionally eliminated.

Lewis, et al. (1983) found that pretherapy information decreased the willingness to see the therapist representing the explicit feminist condition and confidence in that therapist's potential helpfulness. One important conclusion was that when specific information was not available, participants appear to "project" their own values onto the therapist who offers a satisfactory label. This implies that participants may not receive enough information from therapy labels alone to make informed choices regarding good client-therapist fit.

Worthington (Doherty & Worthington, 1982; Worthington & Gascoyne, 1985) had similar concerns about potential clients using labels to make choices. Worthington suspected that Christians are more likely to go to a counselor who identifies himself or herself as a Christian counselor. They warn that clients should be wary of choosing a specific counselor merely because the counselor states he or she is a Christian. Clients should not group all Christian therapists together as if they were equally effective or conduct therapy the same. Not all counselors who label themselves as Christian hold the same beliefs or practice the same thing. In support of this finding, Doherty and Worthington (1982) and Worthington and Gascoyne (1985) found that Christian and non Christian participants in an analogue study had different preferences among five Christian therapist's treatment plans.

A criticism of Lewis et al. (1983) is that the feminist description may state a more radical position than the self-proclaimed feminist participants held. Another criticism is that participants holding different views were intentionally eliminated. A third criticism was the absence of a moderate traditional therapist condition which could be used to better understand the results.

Schneider (1985) attempted to correct some of the shortcomings in the above study by including a description of a traditional counselor to counterbalance the description of the feminist counselor. Unfortunately, this description was produced mainly by omitting the word "feminist" wherever it occurred in the feminist description. This resulted in producing a condition in which only the label was missing, as the content was otherwise unaltered. Not surprisingly, the results were similar to those in Lewis' study (Lewis et al., 1983), with the explicitly described feminist counselor generally being seen as potentially less effective and helpful than the other counselors.

Acknowledging the criticisms mentioned above, Epperson and Lewis (1987) attempted to replicate Lewis et al. (1983) by including some ideas of Schneider (1985) and making some changes of their own. One significant change was the modification of the feminist description to make it more representative of the popular feminist position. Another significant change was the incorporation of a second counselor description that was neutral and different from the feminist description. They used four different types of written material, reflecting the two levels of counselor value orientation (traditional or feminist) and two levels of pretherapy information (advertisement or descriptive). All counselors continued to be female. These changes helped make Epperson and Lewis' study (1987) much more methodologically sound then the previous studies of this type.

The results of their study suggested that explicit pretherapy information enabled male and female participants to form a more thorough and accurate picture of the counselor and the female counselor's orientation than did a label alone. Results also suggested that the presentation of controversial values (e.g., Feminist) by the counselor may result in negative reactions and a decreased willingness to see the described counselor. Conversely, responses to the traditional counselor description suggest that the presentation of consensus values such as flexibility, self-awareness, and authenticity may have a positive affect on clients' perceptions of the counselor. These conclusions are in tension with the views advanced above.

Studies up to that point used analogue clients as participants: college students simulating clients. Recognizing that her research could not be generalized to real client populations, Lewis (Lewis et al., 1989) replicated her 1987 study using hospital patients. Like her earlier studies, the focus was on feminist counseling. In the 1989 study, all participants were female and were requesting services from a university hospital and outpatient clinic system. It is unclear how many clients were from the clinic as opposed to the hospital and what their presenting problems or diagnoses were. The findings were consistent with previous research showing that a simple label was insufficient in allowing clients to be informed about the counselor's values.

While previous research by Lewis (Lewis, 1980; Lewis, et al., 1983; Epperson & Lewis, 1987; Lewis, et al., 1989) focused on feminist value counseling, Lewis and Epperson (1991) examined the effects of pretherapy information on participants' reactions to a female Christian counselor using student analogue clients. Results showed that explicit pretherapy value information increased participants' ability to correctly identify a counselor's values, orientation,

and goals. Furthermore, receiving pretherapy value information increased the likelihood that students would accurately recognize a counselor's attempts to influence. Finally, similarity of participant-counselor values on a specific issue failed to significantly effect any of the dependent measures.

There appear to be two problems with Lewis's studies that make the results difficult to generalize. The first is that the dependent measures tended to be biased toward the Feminist and Christian descriptions. A second criticism is that the Traditional counselor did not evidence a personal value stance, instead, Lewis used consensus values. Most counselors would include these consensus values in addition to their personal value orientation. Adding a third description that also takes a clear personal value stance would further distinguish client choice between counselors.

Purpose Statement

The purpose of the present research will be to partially replicate Lewis and Epperson's 1991 study incorporating changes to improve its generalizability. One change will be to add a third counselor description with personal values that are more clearly secular/humanistic as opposed to Christian values. This is to balance the descriptions as the traditional counselor description presents consensual therapy values (shared by most counselors) but does not take a personal value stance. A second change will be to include the consensus values of the traditional counselor into the descriptive statements of the two other counselors. This was suggested by Lewis and Epperson in their discussion (1991) and will make the statements more realistic and potentially show a greater interaction effect between participant and counselor values.

A third change will be to remove the advertisement condition since descriptive information has already been shown to give clients more information about the counselor, and the purpose of this study is to show the differences among different types of pretherapy information. A fourth change will be to remove the gender identification of the hypothetical psychologist. The specification of gender could be a contaminating factor. A fifth change will be to modify the dependent and independent measures to ease administration and improve generalizability.

Hypotheses

The following hypotheses focus on the participants' willingness to see the described counselor for a variety of presenting problems. In general, participants are expected to prefer counselors who hold similar beliefs and values to their own.

1. A significant difference will occur in how all participants perceive the Christian and Secular/humanistic counselors.

2. Evangelical participants will prefer the Christian counselor first, the Traditional counselor second, and the secular/humanistic counselor the least.

3. Other participants, those who are not evangelical Christians, will prefer the Secular/humanistic counselor first, the Traditional counselor second, and the Christian counselor the least.

Chapter 2

Method

A sample of evangelical Christian and other student participants at two Northwestern universities associated with Christian groups were randomly assigned to three experimental conditions. Assignment was based upon the pretherapy value information they received (secular/humanistic, traditional, or Christian) and the value orientation (Evangelical vs. Other) of the participants. This resulted in a 2 x 3 factorial design. What follows is a description of the participants, procedures used, instruments used to assess the dependent variables, and how the data was analyzed.

Participants

The sample consisted of 195 predominately Caucasian, volunteer undergraduate and graduate college students drawn from three settings. Seventy-five of the students were enrolled in an undergraduate nursing program. Ninety-six were enrolled in non psychology programs taking an introductory psychology course. The remaining twenty-four were graduate seminary students. Sixty-seven percent of the sample was female. Participants were between the age of 17 and 52, with 75% of the sample being below the age of twenty-five. twenty-nine percent of the sample had previous counseling experience. The total N is less for some analyses due to missing data.

Participants from the nursing school and seminary completed the project during class time through arrangements made with their instructors. Students in the General Psychology course participated as part of a class requirement; students were required to choose two projects to participate among acceptable projects including a research project during the semester.

Instruments

Four questionnaires were used to gather information about the participants' responses. A Background Information Questionnaire (BIQ) was used to gather information about the participants. Three instruments, the Impressions of Counselor Questionnaire (ICQ), the Personal Counseling Values Questionnaire (PCVQ), and the Counselor Preference Questionnaire (CPQ) made up the dependent measures. The ICQ and CPQ are similar to the corresponding instruments used by Lewis and Epperson (1991) in their study. Information about their validity and reliability has not been reported.

An item on the Background Information Questionnaire (BIQ) was used instead of the Shepherd Scale (Lewis & Epperson, 1991) to distinguish evangelical Christians from others. The Shepherd scale was omitted because it was long and time consuming. Self-ratings on single items have been found effective in separating Christians from others (Gorsuch & McFarland, 1972; Gorsuch, 1984). Gorsuch and McFarland showed that single items correlated highly with full scales, but caution that single items are only appropriate when there can only be few idiosyncratic interpretations about the topic.

Background Information Questionnaire. An eight-item demographic questionnaire (see Appendix B) was used to gather pertinent information about the participants. Participants were

asked their age, gender, and whether they had ever seen a counselor before. An additional five questions addressed the participants' religious involvement. Questions asked about the participants' religious affiliation, whether they considered themselves Christians, their view about the Bible, their frequency of formal religious involvement, and their frequency of personal devotions. In this study the participant's self-rating of their identification with Christianity (item 5) was used to distinguish Evangelicals from others. All other items were used for exploratory purposes only.

Item five reads, "Do you claim to be a Christian?" Participants were asked to say which of the four responses best described them. The four choices were: (A) No, (B) Yes, I respect and attempt to follow the moral and ethical teachings of Jesus, (C) Yes, I have received Jesus Christ into my life as my personal Savior and Lord, (D) Yes, I have received Jesus Christ as my personal Savior and Lord and I seek to follow the moral and ethical teachings of Christ. Choice D was differentiated from choice C by adding the words "and I seek to follow the moral and ethical teachings of Christ." All participants who choose answer "D" to item five were placed in the group labeled "Evangelicals." All other participants were labeled as "Others" for the purposes of this study.

Impressions of Counselor Questionnaire (ICQ). The ICQ (see Appendix F) was used to assess the participant's impression of the counselor in twenty-one different areas. Fifteen of the items were identical to those used by Lewis and Epperson (1991). Of those fifteen questions, five were pejorative toward the Christian counselor. Six questions were added to balance the questionnaire and to show the views of Christian participants toward the other two counselors.

These six questions were borrowed from a similar study conducted by Keating and Fretz (1990) who looked at Christian's anticipations about counselors. They obtained a Chrombach alpha for the six items at .79.

Two of the questions were designed to test how well the participant read the descriptions and served as a validity screen. Item five should have been endorsed by all participants because it correctly called the counselor a licensed psychologist. Item nine of the scale called the counselor a Christian and should have been endorsed by those reading the Christian descriptions. A sample question reads: "This counselor would hold values and opinions similar to mine." Participants showed their degree of agreement with each statement using a 5-point Likert scale, with the points labeled: (1) strongly disagree, (2) slightly disagree, (3) neither agree nor disagree, (4) slightly agree, or (5) strongly agree.

Personal Counseling Values Questionnaire (PCVQ). Where the ICQ was used to measure the participants perceptions of the counselor's values, the PCVQ (Appendix G) measures the values of the participant as they relate to counseling. The twelve items were drawn from the ICQ. This measure is used to identify whether or not the participants hold the same values as what they perceive the counselor holds. This measure was added for exploratory purposes and interpretation is beyond the scope of this dissertation. A sample question reads: "I believe that personal problems are sometimes the result of sinful behavior." The questionnaire uses the same 5-point Likert scale as used with the ICQ.

Counselor Preference Questionnaire (CPQ). The CPQ (Lewis & Epperson, 1991; see Appendix H) was used to assess the participant's confidence in a counselor's potential helpfulness

with several personal problems. The sixteen problem areas included depression, anxiety or nervousness, marital or relationship problems, eating problems, sexual problems, grief, drug or alcohol abuse, low self esteem, choosing a career, unplanned pregnancy, clarification/exploration of self and values, lack of assertiveness, anger control, sexual identity confusion, academic problems, and spiritual or religious issues. These areas are the same as those used by Lewis and Epperson except for the addition of items addressing low self esteem, anger control, and spiritual or religious issues.

Participants were asked to show how likely they would be to choose the counselor described from a variety of counselors for each of the sixteen problem areas. A sample item reads: "Based on what you know about the counselor, how likely would you be to choose this counselor if you were struggling with depression?" Subjects showed on a five-point Likert scale whether they would (1) definitely not choose this counselor, (2) probably not choose this counselor, (3) be undecided whether to choose this counselor, (4) probably choose this counselor, or (5) definitely choose this counselor. The wording of the response choices was changed from Lewis and Epperson (1991) to make the choices more distinguishable from each other. Lewis and Epperson used "somewhat likely," "moderately likely," "very likely" as the three middle responses.

Experimental Manipulation

The experimental manipulation consisted of three levels of counselor orientation (Traditional vs. Humanistic/Secular vs. Evangelical Christian) which were defined by the three types of written material distributed to the participants. In Lewis and Epperson (1991), the

Traditional counselor was supposed to have included consensus values. These consensus values were therapy values according to Bergin (1985) rather than personal values as indicated in the Evangelical Christian counselor's description. The Humanistic/secular counselor was added to further differentiate the participants' choices and to give another option of clearly stated personal values. The consensus values of the traditional counselor were also included verbatim in the first half of the two other counselors. This allowed for a better statistical comparison of the two scripts using personal values. All descriptions were written in paragraph form, using first person wording. Gender neutrality was used to avoid possible contamination of this variable.

Traditional counselor descriptive information condition. The Traditional description (see Appendix C) included a description of almost universal counseling values and procedures. The Traditional counselor describes counseling as a learning and growing experience. The counselor states a need to know the client and to understand his or her feelings and experiences. The counselor wants to listen to the client and help clarify thoughts and feelings as the client begins to gain a new understanding of himself or herself. The counselor claims to try to use methods and techniques best suited in treating the client's problem and suggests that the goals and methods will be mutually agreed upon.

Humanistic/secular descriptive information condition. The Humanistic/secular description (See Appendix D) was constructed using the writings of Ellis (1971, 1990, & 1992), his associates (Ellis & Bernard, 1985; Ellis & Dryden, 1987) and others who have critiqued his approach (Bergin, 1980). It describes the value system of Ellis that he labels as humanistic-existential as opposed to his theoretical writings on Rational Emotive Therapy (RET). Ellis's

view of mental health is hedonistic. He emphasizes the importance of will and choice in human affairs (Ellis & Bernard, 1985). According to Ellis, people are happiest when they establish important life goals and purposes and actively strive to achieve them.

The writings of Ellis were used to construct a script because he has clearly articulated his position against religion. While Ellis's position may not represent others who are humanistic-existential, this description provides another means of testing the hypothesis that participants prefer a counselor who shares similar values. In his 1971 Booklet titled A Case Against Religion: A Psychotherapist's View (Ellis, 1971), Ellis described his view of how "religion and a belief in a supernatural being eradicate" healthy personality traits. Ellis defined devout religiosity:

> As the view that there absolutely must be a spiritual reality, that there has to be a God or divine intelligence, and that the identity, agency, and lifestyle of humans must follow the inalterable and uncontradictable rules of this God or spirit, else human life and happiness are meaningless and untenable. (Ellis, 1992, p. 428)

Based upon this definition, Ellis said:

> All true believers in any kind of orthodoxy . . . are distinctly disturbed, since they are obviously rigid, fanatic, and dependent individuals . . . Many liberal religionists of various groups are . . . emotionally childish. For that . . . is what all manner of religion essentially is: childish dependency. (1971, Introduction)

Dr. Ellis says further that faith in a supernatural deity is a "neurosis" (p. 14) and "seriously sabotages mental health" (p 5). He sees religiousness as "masochistic, other-directed, intolerant, unable to accept uncertainty, unscientific, needlessly inhibited, self-abasing, and fanatic" (p 15). He concludes that faith "doesn't help at all" (p. 5). The reason for this according to Ellis is that religion focuses on god-interest, not self interest. Ellis believes that the effective therapist must attack his patients' irrational philosophies in life, including religion. Those therapists that do not, he says, are "too sick or gutless" (Ellis, 1971, p. 15).

The Humanistic/Secular counselor believes that people are independent and self directed. The counselor sees people as basically good and rational. Difficulties arise from the frustrated fulfillment of needs to which the person responds irrationally. Consistent with his or her view of human nature, this counselor also shares the view that dogmatic belief in a higher power contributes to mental illness. The Secular/humanist counselor takes an active role in therapy and challenges irrational assumptions of his or her clients. The counselor helps identify and eradicate absolutistic thinking patterns and encourages flexible and tolerant thinking.

Christian counselor descriptive information condition. The Christian description (See Appendix E) was written to summarize the central values, assumptions, and procedures agreed upon by many experts in the field of Christian Counseling. This study modified a statement used by Lewis and Epperson (1991). The modification was made to shorten the description so the two with personal values would be of similar length.

In the Christian counselor's description, the counselor expresses the belief that beyond biological, psychological, and social-environmental factors many personal problems also involve

spiritual factors. These spiritual factors can include a lack of biblical understanding or result from personal sin. The counselor also expresses the belief that individuals are created in the image of God and can find true fulfillment only through a personal relationship with him. The counseling relationship is described as one in which the counselor encourages clients to depend upon God for forgiveness, comfort, hope, and change. Consistent with these values, the counselor mentions that beyond psychological techniques, which are seen as "God's good gift," counseling may also involve prayer and looking to the Bible for guidance.

The Humanistic/secular description and the Christian descriptions were meant to represent only some counselors who practice Humanistic or Christian counseling and not the entire fields.

Procedure

Students were made aware of this research project by their professor during class. For students in the general psychology sections, the professor told the students when and where to meet to participate. As students arrived at the administration site, they wrote their names on a sign-in sheet. They were informed that this sheet would be kept separate from the research materials and would only be used as a record for their professor so that they could get appropriate credit.

After signing in, each participant was given a research packet. Each packet contained a sheet that described the study and served as instructions and a consent form (Attachment A). After this introductory sheet was one of three counselors' descriptions, the dependent measures (the ICQ, PCVQ, and CPQ), the Background Information Questionnaire, and a debriefing

statement (Attachment I) followed in that order. The packets were ordered so that the three counselors' descriptions were alternated in the same order then all the packets were randomly shuffled. Each participant in turn was given the packet on top.

The participants began with reading a descriptive statement of a potential counselor. They were asked to contemplate therapy with the described counselor, and then complete the dependent measures. Following completion of the dependent measures participants filled out the Background Information Questionnaire and read the debriefing statement.

Design and Analysis

A 2 x 3 factorial, between subjects, design was chosen for this study with two independent variables or factors: (1) The participant's religious orientation (Evangelical vs. Other), and (2) a counselor's value orientation (humanistic/secular vs. traditional vs. evangelical Christian). Table 1 shows what this design looks like. The dependent variables were the scores on the Impressions of Counselor Questionnaire (ICQ) and on the Counselor Preference Questionnaire (CPQ). In summary, the design for this study included six groups defined by the factorial combination of Participants' Value Orientation (PVO) and the Counselors' Value Orientation.

Data from two manipulation checks, items 4 and 9 on the ICQ, were analyzed by analysis of variance (ANOVA). Multivariate analyses of variances (MANOVA's) were then calculated on the remaining nineteen items of the ICQ and then with the sixteen items of the CPQ. MANOVA's were chosen as they allow for studying the significant mean differences among the different value information conditions. MANOVA's also allow us to answer many different

hypotheses simultaneously while preserving the desired probability level for the aggregate of all the hypotheses (Pedhazur & Schmelkin, 1991). A probability level of .05 was used to establish significant differences between groups and for each of the dependent variables. Significant multivariate effects were then explored with individual ANOVAs for each dependent variable. Tukey's Honestly Significant Difference (HSD) test was used as a post hoc test when appropriate.

Table 1 Research Design (2 x 3) MANOVA

Counselors' Value Orientation (CVO)	Participants' Value Orientation (PVO)
Humanistic/secular Counselor	Evangelical
	Other
Traditional Counselor	Evangelical
	Other
Christian Counselor	Evangelical
	Other

Chapter 3

Results

This section begins by describing the sample followed by two manipulation checks and analysis of the two dependent measures. This is followed by exploring the counseling values of the sample. The Microcomputer Version of the Statistical Package for Social Sciences, Version 6.1 (SPSS for Windows) (Norusis, 1991) was used to calculate appropriate statistics.

Descriptive Statistics

The sample used for this study was taken from three post-secondary educational institutions affiliated with Christian groups. Thus, most of the participants identified with Christianity; only ten participants (5 %) said they were not Christian. Of those who said they weren't Christians, three endorsed another religious belief system, three expressed no organized religious involvement, three said they were agnostics, and one endorsed atheism.

Each participant was assigned to either the "Evangelical" group or the "Other" group. Assignment was based upon their response to item five of the Background Information Questionnaire. Those who chose the fourth response were assigned to the Evangelical group. Descriptive statistics show that 148 were assigned to this group and 47 were assigned to the "Other" group. Table 2 shows how participants were assigned to each of the six conditions.

Table 2

Assignment of Participants to the 2 X 3 Factorial Design

		Counselors' Value Orentation (PVO)			
		Christian	Traditional	Humanistic	
Participants' Value Orientation (PVO)	Evangelical	51	50	47	n=148
	Other	16	16	15	n=47
		n=67	n=66	n=62	Total n =195

Note: Actual n for different analyses may slightly vary due to missing data.

Descriptive statistics show a strong Correlation was found between the responses on item five and the responses of three other items used to learn the nature and frequency of participants' beliefs and behavior. Participants in the Evangelical group where more likely to see the Bible as the inspired word of God and participated more frequently in institutional and personal religious activities (see Table 3).

Table 3

Correlational Coefficients Comparing Participants' Claim to be a Christian With Their View of the Bible, Participation in Institutional Religious Activities, and Participation in Personal Religious Activities.

	BIBLE	INSTITUTIONAL RELIGIOUS ACTIVITIES	PERSONAL RELIGIOUS ACTIVITIES
CLAIM	.76	.69	.61
BIBLE		.67	.52
INSTITUTIONAL RELIGIOUS ACTIVITIES			.65

Note: $N = 195$. Probability level, $p \leq .001$ for all calculations.

Manipulation Checks

For the statement, "This counselor is a Christian counselor," the 2 X 3 ANOVA showed the expected significant effect for Counselor's orientation, $F(1,192) = 133.86$; $p \leq .001$. The significant difference was in the appropriate direction, with participants in the Christian counselor condition (mean = 4.72) agreeing more strongly with the statement than participants in the Traditional and Humanistic counselor conditions (means = 2.80 and 2.11 respectively).

For the statement, "This counselor is a licensed psychologist," 68.7% of the participants strongly agreed with the statement. Another 11% agreed, while the remaining 14.9% either disagreed or showed no preference. No significant difference among conditions was found.

Impressions of Counselor

Multivariate analyses of variances (MANOVA's) were calculated for the remaining nineteen items on the ICQ. Participants' responses showed significant multivariate main effects for the counselor's orientation, multivariate F (42,332) = 6.94; $p \leq .001$, and for participants' orientation, multivariate F (21,166) = 1.95; $p \leq .011$. A significant interaction between the counselor's orientation and the participant's orientation was found, multivariate F (42,332) = 2.09; $p \leq .001$. Wilks' Lambda was used for each multivariate calculation of F.

Table 4 reports the main effects for counselors' orientation and the interaction effects for counselors' orientation by participants orientation for each of the nineteen ICQ items. Items were clustered into four areas: (a) items one through five were taken from the Christian counselors' statement; (b) items six through eleven were used to show how the counselors may treat a client's religious beliefs and practices in counseling (These statements were worded in a negative format; high scores suggest concerns); (c) items twelve through fifteen show general counseling attitudes; and (d) items sixteen through nineteen tap perceptions of influence, value similarity, and willingness to refer. Degree of agreement or disagreement with items was shown on a 5-point Likert scale, with higher scores showing stronger agreement. F values on Table 4 reflect levels of significance from the MANOVAs. If an item were significant, Tukey's Multiple Range Test was used as a post hoc test to isolate significant differences between means.

Table 4 Means and F-Ratios for Participants' Impressions of a Counselor Reported by Counselor's Orientation and the interaction of Counselor's Orientation with Participant's Orientation

Items	Counselor's Orientation				Counselor's Orientation x Participant's Orientation						
					Christian		Traditional		Humanistic		
This Counselor:	Christ[a]	Trad[a]	Hum[a]	F[b]	Christ	Other	Christ	Other	Christ	Other	F[b]
Perceptions of the Christian Counselor											
1. believes that personal problems are sometimes the result of sinful behavior.	4.45[a]	2.41[b]	2.19[b]	46.52**	4.59	4.00	2.58	1.87	1.95	2.93	8.98**
2. would encourage me to look in the Bible for scriptural solutions to my problems.	4.55[a]	2.83[b]	2.02[c]	66.23**	4.69	4.12	2.96	2.44	1.70	3.00	12.56**
3. might invite me to pray with him or her.	4.46[a]	2.80[b]	1.97[c]	69.36**	4.59	4.06	2.96	2.31	1.65	2.93	12.53**
4. would want me to accept Jesus Christ as my personal savior.	3.98[a]	2.51[b]	1.76[c]	46.96**	3.98	4.00	2.58	2.31	1.49	2.60	5.11*
5. believes that the counseling process can be an opportunity to experience God's love and forgiveness.	4.44[a]	2.89[b]	2.02[c]	52.21**	4.57	3.94	2.98	2.62	1.72	2.93	10.24**

Table continues

Table 4 (Continued)

Items	Counselor's Orientation				Counselor's Orientation x Participant's Orientation						
					Christian		Traditional		Humanistic		
This Counselor:	Christ[a]	Trad[a]	Hum[a]	F[b]	Christ	Other	Christ	Other	Christ	Other	F[b]
Perception of How Counselors Would Treat Religious Beliefs and Practices											
6. will doubt the usefulness of what I can learn from God talking to me through prayer and scripture.	1.40[c]	2.44[b]	3.85[a]	47.23**	1.29	1.75	2.56	2.06	4.19	2.80	7.22**
7. will recommend behaviors or solutions which I consider immoral.	1.66[c]	2.20[b]	2.69[a]	8.28**	1.65	1.69	2.28	1.94	2.85	2.20	.60
8. will assume that I share the standards of many of the non-religious people that he or she sees.	2.40[b]	2.45[b]	3.31[a]	8.64**	2.37	2.50	2.44	2.50	3.36	3.13	.30
9. will ignore my spiritual concerns.	1.29[c]	2.33[b]	3.18[a]	25.21**	1.32	1.20	2.34	2.31	3.40	2.47	1.98
10. will treat my religious beliefs and experiences as part of my problem.	3.52[a]	2.71[b]	3.52[a]	6.01**	3.47	3.69	2.68	2.81	3.66	3.07	1.79

Table continues

Table 4 (Continued)

Items	Counselor's Orientation				Counselor's Orientation x Participant's Orientation						
					Christian		Traditional		Humanistic		
This Counselor:	Christ[a]	Trad[a]	Hum[a]	F[b]	Christ	Other	Christ	Other	Christ	Other	F[b]
11. will not understand some of my religious beliefs and concerns.	2.40[c]	2.88[b]	3.52[a]	6.24**	2.37	2.50	2.90	2.81	3.81	2.60	4.41*
Perceptions of General Counseling Attitudes											
12. views counseling as a process designed to help me understand myself.	4.49	4.62	4.45	1.42	4.53	4.37	4.64	4.56	4.55	4.13	.70
13. would be flexible in finding ways to help me solve my problems.	4.26[a]	4.42[a]	3.40[b]	10.76**	4.29	4.18	4.50	4.19	3.28	3.80	2.31
14. would not do anything in counseling that I didn't agree to.	4.15[a]	4.15[a]	3.55[b]	3.30*	4.29	3.69	4.22	3.94	3.53	3.60	.58
15. would focus on my "inner world" to help me better understand myself.	3.33[b]	3..58[b]	4.18[a]	5.42**	3.33	3.31	3.50	3.81	4.30	3.80	2.01

Table continues

Table 4 (continued)

Items	Counselor's Orientation				Counselor's Orientation x Participant's Orientation						
					Christian		Traditional		Humanistic		
This Counselor:	Christ[a]	Trad[a]	Hum[a]	F[b]	Christ	Other	Christ	Other	Christ	Other	F[b]
Perceptions of Influence, Value Similarity, and Willingness to Refer											
16. would try to influence my thoughts and behavior.	2.97[b]	2.64[b]	3.48[a]	6.17**	2.92	3.12	2.72	2.37	3.57	3.20	.70
17. has values and opinions similar to mine.	3.97[a]	3.17[b]	2.34[c]	14.75**	4.23	3.12	3.14	3.25	2.02	3.33	17.10**
18. would encourage me to accept his or her values as my own.	2.42[b]	2.18[b]	3.15[a]	7.67**	2.50	2.12	2.28	1.87	3.25	2.80	.04
19. would be someone to whom I would willingly refer a friend.	3.97[a]	3.53[b]	2.56[c]	10.71**	4.14	3.44	3.58	3.37	2.32	3.33	7.33**

Note[1]: Degree of agreement with items was indicated on a 5-point likert scale, with higher scores indicating stronger agreement.

Note[2]: Under the heading "Counselor's Orientation", Trad = Traditional Counselor, Hum = Secular/humanistic Counselor, Christ= Christian Counselor. Under the heading "Counselor's Orientation x Participant's Orientation", Christ = Evangelical Christian Value Orientation and Other = all others.

(a) means on the same row with different superscripts are significantly different (Df=2, 194), Tuckey-HSD test with significance level .050)

(b) Df=2,186. * p<.05 **p<.005

Main effects for Counselor's Value Orientation (CVO). Table 4 shows significant univariate main effects for counselors' orientation on all items measuring impressions of the counselor except item 12. For 17 of the 19 statements, perception of the Christian and Humanistic counselor were significantly different. Similarly, perceptions of the Christian and Traditional counselors were different on 12 of the 19 statements while the Traditional and Humanistic counselors were perceived as different on 17 of the 19 statements.

Means for participants who read the Christian counselor's description showed agreement with the statements drawn from that description. Post hoc tests show that the Christian counselor was described as more likely than the other two counselors to view problems as the result of sinful behavior, want to look to the Bible for solutions to problems, invite clients to pray, want clients to accept Jesus Christ as their personal savior, and see counseling as an opportunity to experience God's love and forgiveness. After the Christian counselor, the Traditional counselor was rated next and received significantly higher ratings than the Humanistic counselor. Both the Traditional counselor and the Humanistic counselor were rated as unlikely to have these views and practices.

The next six items addressed participants' perceptions of how the three counselors would treat their religious beliefs and practices in counseling. Results show that for items 6, 7, 9, and 11 the Christian counselor's ratings were significantly lower than either the Traditional counselor or the Humanistic counselor and the Traditional counselor's ratings were lower than the Humanistic counselor. For item eight the Humanistic counselor received significantly higher ratings, but no significant difference was found between the Christian and Traditional counselor.

For item ten both the Christian and Humanistic counselors were rated as likely to treat their religious beliefs and experiences as part of their problem; the Traditional counselor's score was lower.

Items twelve through fifteen of the ICQ addressed general counseling attitudes. All but item twelve showed significant main effects for counselors' orientation. Item 12 showed no differences in perceptions of the counselors' view that counseling is a process of self-understanding. For items 13 and 14, the Christian and Traditional counselors were described as more flexible and less likely to do anything in counseling the client disagreed with than the Humanistic counselor. The Humanistic counselor was rated as more likely to focus on their client's inner world than either of the other two counselors.

Items sixteen through nineteen addressed participants' perception of counselor influence, value similarity, and their willingness to refer. The Humanistic counselor was rated as more likely to seek to influence thoughts and behavior and more likely to encourage the client's acceptance of the counselor's values than the other two counselors; the Traditional and Christian counselors were similarly rated as unlikely to do this. The Christian counselor was described as having similar values and opinions and more likely to be referred to a friend then either of the other counselors; the Traditional counselor was rated next, with the Humanistic counselor receiving the lowest, a negative rating.

Main effects for Participant's Value Orientation (PVO). Results show a significant univariate main effect for participant's orientation only on item eighteen. Evangelicals were

more likely to rate the counselors as encouraging clients to accept the counselor's values than Other participants, multivariate F (1,186) = 5.89; $p \leq .016$).

Interaction between CVO and PVO. Results show significant interactions between the counselors' value orientation and the participants' value orientation on nine items of the ICQ. For eight of those nine statements, both participant groups' perceptions of the Christian counselor were significantly different from the perceptions of the other two counselors. On the remaining statement (17) that was significant, the Evangelical participants rated the Christian counselor the highest and the Humanistic counselor the lowest, whereas Others rated the Humanistic counselor the highest and the Christian counselor the lowest.

As shown in Table 4, five of the nine significant interactions were drawn from the Christian description. Figure 1 graphically illustrates the interaction for item one. The remaining interactions are similar for items two through five. Both Evangelicals and Others perceived the Christian counselor more favorably for items one through five. Figure 1 shows that Evangelicals rated the Christian the highest and the Humanistic counselor the lowest, while Others also rated the Christian counselor the highest, but rated the Traditional counselor the lowest.

For items six and eleven of the ICQ Others rated all counselors similarly, while Evangelicals ranked the counselors in the following order: Christian, Traditional, Humanistic. Evangelical participants rated themselves most similar to the Christian counselor ($\bar{x} = 4.23$) and were more likely to refer a friend to the Christian counselor ($\bar{x} = 4.14$). Others rated the three

counselors about the same; they rated the Humanistic counselor highest for value similarity ($\bar{x}$ = 3.33), and rated the Christian counselor the highest for referring a friend ($\bar{x}$ = 3.44).

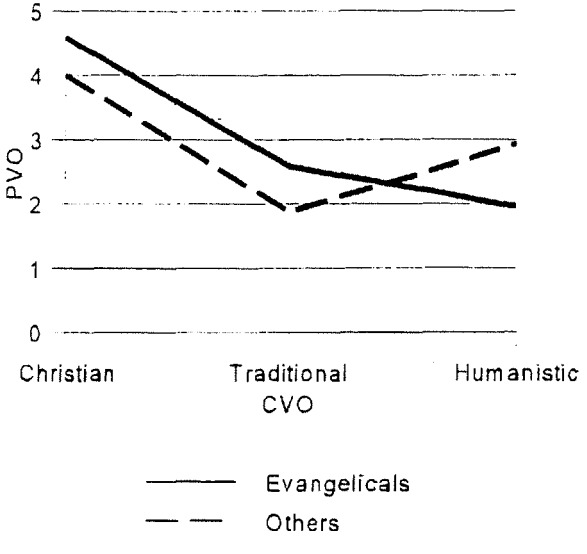

Figure 1. Interaction between Counselors' Value Orientation (CVO) and Participants' Value Orientation (PVO) for item one of the Impressions of Counselor Questionnaire (ICQ).

Overall, interaction effects show that Evangelicals gave higher ratings to the Christian counselor, intermediate ratings to the Traditional counselor, and rated the Humanistic counselor

the lowest. Others gave the most favorable ratings to the Christian counselor on items relating to religious issues but item ten. Others gave the highest ratings to the Traditional counselor on general counseling attitudes. The Humanistic counselor received only the highest rating for similarity in values and opinions. Evangelical participants also rated the Traditional counselor higher then the other participants on 15 of the 19 items.

Counselor Preferences

Multiple analyses of variances were calculated for the sixteen items of the CPQ. MANOVAs showed significant multivariate main effects for the counselor's orientation, multivariate F (32,346) = 5.27; $p \leq .001$, but not for participants' orientation, F (16,173) = 1.29; $p \leq .207$. Significant interaction effects between the counselors' value orientation (CVO) and the participant's value orientations (PVO) were also shown, multivariate F (32,346) = 2.15; $p \leq .001$.

Main effects for Counselor's Value Orientation (CVO). As shown in Table 5, exploration of the significant multivariate effects for counselors' orientation showed significant univariate main effects for ten of the sixteen items of the CPQ. Post hoc tests suggested that the Christian counselor was preferred to the other two counselors for treatment of depression, marital or relationship problems, grief, low self esteem, and for spiritual/religious issues; for each of these problems, the Humanistic counselor was preferred least. The Christian and Traditional counselors were preferred about the same for the treatment of anxiety or nervousness, unplanned pregnancy, clarification of values, and for sexual problems. Both Christian and Traditional counselors were preferred to the Humanistic counselor who received a negative rating for the treatment of these problems. All counselors received a negative rating for the treatment of sexual

Table 5 Means and F-Ratios for Participants' Preference for a Counselor Reported by Counselor's Orientation and the Interaction of Counselor's Orientation with Participant's Orientation

Items	Counselor's Orientation				Counselor's Orientation x Participant's Orientation						
					Christian		Traditional		Humanistic		
Problem:	Christ[a]	Trad[a]	Hum[a]	F[b]	Christ	Other	Christ	Other	Christ	Other	F[b]
1. depression	4.13[a]	3.70[b]	2.72[c]	11.22**	4.27	3.69	3.70	3.69	2.45	3.60	9.14**
2. anxiety or nervousness	3.95[a]	3.64[a]	2.87[b]	5.20*	4.16	3.31	3.62	3.69	2.68	3.47	6.82**
3. marital or relationship	4.51[a]	3.95[b]	2.65[c]	24.78**	4.65	4.06	3.82	4.37	2.38	3.47	7.74**
4. eating problems	3.13	3.18	2.63	1.27	3.57	2.50	3.22	3.06	2.47	3.13	7.09**
5. sexual problems	3.27[a]	3.00[a]	2.18[b]	6.67*	3.55	2.37	2.78	3.69	1.96	2.87	13.44**
6. grief issues	4.42[a]	3.61[b]	2.55[c]	22.22**	4.53	4.06	3.64	3.50	2.28	3.40	7.41**
7. drug or alcohol abuse	3.34	3.33	2.55	2.73	3.63	2.44	3.36	3.25	2.34	3.20	9.55**
8. low self esteem	4.10[a]	3.58[b]	2.61[c]	8.97**	4.35	3.31	3.56	3.62	2.32	3.53	13.08**
9. choosing a career	2.72	3.12	2.73	2.84	2.96	1.93	3.24	2.75	2.57	3.20	5.55**

Table continues

Table 5 (Continued)

Items	Counselor's Orientation				Counselor's Orientation x Participant's Orientation						
					Christian		Traditional		Humanistic		
Problem:	Christ[a]	Trad[a]	Hum[a]	F[b]	Christ	Other	Christ	Other	Christ	Other	F[b]
10. unplanned pregnancy	3.18[a]	3.01[a]	2.13[b]	4.59*	3.41	2.44	2.96	2.19	1.89	2.87	8.05**
11. clarification of self/values	4.09[a]	3.61[a]	2.60[b]	7.92**	4.29	3.44	3.59	3.69	2.28	3.60	10.18**
12. lack of assertiveness	3.36	3.45	3.14	1.28	3.65	2.44	3.56	3.12	2.98	3.67	9.52**
13. anger control	3.88	3.64	2.94	2.42	4.10	3.19	3.66	3.56	2.68	3.73	10.15**
14. sexual identity confusion	2.85[a]	2.89[a]	2.08[b]	5.13*	3.10	2.06	2.78	3.25	1.89	2.67	8.38**
15. academic problems	3.04	3.12	3.00	.53	3.16	2.69	3.24	2.75	2.83	3.53	3.50*
16. Spiritual/Religious issues	4.19[a]	2.65[b]	1.90[c]	39.08**	4.23	4.06	2.66	2.62	1.51	3.13	10.07**

Note: Under the heading "Counselor's Orientation", Trad = traditional counselor, Hum = secular/humanistic counselor, Christ = Christian counselor. Under the heading "Counselor's orientation x Participant's Orientation" Christ = evangelical Christian value orientation and Other = all others.

(a) means on the same row with different subscripts are significantly different (Df=2,194, Tuckey-HSD test with significance level of .050)

(b) Df=2,188 *p<.05 **p<.001

identity confusion, but the Humanistic counselor received a lower rating then the other two counselors. No differences were found in preference among the three counselors' orientations for academic problems, change of career, lack of assertiveness, and for anger, eating, and drug and alcohol problems.

Main effects for Participants' Value Orientation (PVO). Post hoc tests showed that none of the individual items of the CPQ were significant for participants' orientation alone. Thus, Christian and other participants did not differ in their responses to the individual counselor preference questionnaire items.

Interaction between CVO and PVO. As shown in Table 5, all sixteen cases were effected by the interaction of counselors' orientation and participant's orientation. Univariate analysis shows that the Evangelicals preferred the Christian counselor the most and the Humanistic counselor the least for all emotional and behavioral problem areas. For help in choosing a career and for academic problems the Traditional counselor was preferred. The Humanistic counselor always received negative ratings by the Evangelical group.

Participants in the Other group showed more diversity in their preferences for a counselor depending upon the problem (Table 5). This group preferred the Traditional counselor for treating anxiety or nervousness, drug or alcohol abuse, low self esteem, and for clarification of values, and preferred the Christian counselor the least for the treatment of these areas. For Other participants, the Traditional counselor was the only counselor that received a positive rating for treating sexuality issues (sexual problems, unplanned pregnancy, and sexual identity problems). The Humanistic counselor was preferred for treating eating problems, choosing a career, lack of

assertiveness, anger control, and academic problems. The Christian counselor was preferred for treatment of grief issues and for spiritual issues. For the treatment of depression, the Christian counselor and the Traditional counselor were equally preferred. For treatment of marital or relationship problems the Traditional counselor was most preferred, the Christian counselor second and the Humanistic counselor least preferred.

Participants' Personal Views of Counseling

Participants' responses to the Personal Counseling Values Questionnaire were described for exploratory purposes. The means and standard deviation to each of the twelve items is described in Table 6. ANOVA's were run for each of the twelve items. A univariate main effect for participants' value orientation was found on seven of the items. All seven items related to questions with religious or value themes.

All participants described counseling as a process of self understanding. They thought counselors should be flexible, respect their views and beliefs, not ignore the client's spiritual beliefs, and not do anything with which the client disagreed. Regarding religious practices, Evangelical participants thought a counselor to ask them to pray with him or her and to look to the Bible for solutions was appropriate. Evangelicals described counseling as an opportunity to experience God's love and forgiveness and believe that listening to God through prayer and scripture is helpful. Evangelical participants also believe that personal problems can be the result of sinful behavior. Evangelicals were more favorable than Other participants to the view that a counselor influencing their thoughts and behavior was proper, but as a whole they disagreed.

Table 6 Means and F-Ratios of Participants' Personal Views of Counseling

Item	Participant's Orientation				
I believe that:	Christ	Other	Mean	F	Total Sig. of F
1. counseling is a process designed to help me understand myself.	4.61	4.64	4.61	.10	.75
2. that personal problems are sometimes the result of sinful behavior.	4.25	2.85	3.88	56.94	.01
3. what I can learn from God talking to me through prayer and scripture is useful.	4.78	3.57	4.62	7.49	.01
4. it is alright for a counselor to try to influence my thoughts and behavior.	2.72	1.89	2.52	15.40	.01
5. it is alright for a counselor to ignore my spiritual concerns.	1.27	1.68	1.37	10.61	.01
6. counseling should be flexible in finding ways to help me solve my problems.	4.66	4.72	4.67	.40	.53
7. it is appropriate and helpful to look in the Bible for scriptural solutions.	4.78	3.40	4.45	96.13	.01
8. a counselor should treat my religious beliefs and experiences as part of my problem.	3.18	2.96	3.12	.86	.36
9. a counselor should not do anything in counseling that I didn't agree to.	4.51	4.45	4.50	.16	.69

Table 6 continues

Table 6 (Continued)

Item	Participant's Orientation				
I believe that:	Christ	Other	Mean	F	Total Sig. of F
10. it is alright for a counselor to invite me to pray with him or her.	4.64	3.47	4.35	57.88	.01
11. the counseling process can be an opportunity to experience God's love and forgiveness.	4.72	3.47	4.41	94.26	.01
12. counseling should respect my views and beliefs regardless of whether the counselor personally agrees with them.	4.73	4.66	4.71	.44	.51

Note: Christ = Evangelical participants and Other = Non Evangelical participants. Df= 2,186.

Chapter 4

Discussion

This section looks at sample characteristics and overviews the results in relation to the hypotheses. Results of the present study are then compared with prior research, and specifically with the results from the work of Lewis and Epperson (1991). Recommendations and limitations of the findings are discussed throughout the chapter. Suggestions for further research and possible clinical implications are discussed in the conclusion.

An Overview of Results

Sample. The sample used for this study was taken from three post secondary educational institutions associated with Christian groups. Thus, most of the participants identified with Christianity; only ten participants (5%) said they were not Christian. Not enough participants who said they were not Christians were available to include in either of the three descriptive conditions to be statistically significant, so conclusions from this study can be best generalized to those who describe themselves as Christians. This may not be a big problem, because national statistics show that 82% of Americans consider themselves Christians, 95% believe in God, and 77% believe in the divinity of Jesus (Hodge, 1996). Also, some researchers have noted that highly religious participants are often excluded from research (Beutler, et al., 1986); this may have biased the results, especially when religious values are being explored. The present study

included Evangelicals and showed that they have clear preferences for therapists who share their personal values.

Validity checks. Two validity-checks show that the participants read and understood the counselors' statements. Most of the participants appropriately described the counselors as licensed psychologists. Those who did not describe the counselors as psychologists may not have read the description completely, may not have thought it was important, or may not understand the differences among counselor qualifications. Anecdotal evidence points to the later, that potential clients often do not know the significance of differing qualifications between counselors.

Participants who read the Christian counselor description appropriately described the counselor as a Christian. Almost half the participants rating the Traditional and Humanistic counselor, marked the response "neither agree nor disagree" about whether the counselor was a Christian counselor. This elevated the mean for these counselors and likely shows that participants were being careful in their ratings, as information about these counselors' religious orientations was not provided.

Impressions of counselor. Results of this study support the hypothesis that participants could identify the values of the counselors using descriptive pretherapy information accurately. Results further support the conclusion that pretherapy information helped participants make informed choices about whether or not to enter therapy with a particular counselor. The Humanistic and the Christian counselors' descriptions were most useful in allowing clients to identify the counselors' values; the two were clearly rated as different from each other as

expected. The Traditional counselor, sharing only universally held counseling values, was rated moderately by participants.

For most characteristics, the present sample rated the Christian counselor most favorably, the Traditional counselor second, and the Humanistic counselor third. Both the Christian counselor and the Traditional counselor were generally viewed favorably by both participant groups. These counselors were described as flexible and supportive. The Humanistic counselor was generally described by both participant groups in fewer favorable terms and received the lowest ratings. The Christian counselor was seen as most supportive of a client's religious beliefs, with the Traditional counselor also being seen as supportive, and the Humanistic counselor as less supportive. Further, Evangelical participants gave the Humanistic counselor an unfavorable rating for most areas, showing that Evangelicals clearly expected the Humanistic counselor to behave differently then the others. Evangelicals may be uncomfortable with the Humanistic counselor's values. They described the Humanistic counselor as less likely to support their religious beliefs and practices, less likely to understand their beliefs and concerns, and more likely to try to influence their thoughts and behaviors in unwanted ways.

All six of the statements designed to tap participants' perceptions of how the counselors would treat their religious and spiritual beliefs and behaviors were significant. The Humanistic counselor was seen as more likely to doubt the usefulness of what can be learned from God, more likely to recommend behaviors or solutions considered immoral, and more likely to assume that clients share the standards of many nonreligious people he or she sees. Participants described the Humanistic counselor as more likely to ignore their spiritual concerns, but a mean

of 3.18 shows many were unsure about this. In a manner similar to that proposed by Presley (1992), it appears that the Christian psychologist was perceived as likely to incorporate spiritual concerns constructively, the Traditional counselor to ignore them, and the Humanistic counselor to seek to eliminate them.

Interaction effects show that Evangelical participants expected the Humanist counselor to treat their beliefs as part of the problem (Item 10 on the ICQ). In contrast, Others saw the Christian counselor as likely to do this. The Personal Counseling Values Questionnaire (PCVQ) had the same question. The mean on the PCVQ was 3.18 for the Evangelical group and 2.96 for Others. This could mean that some agree that their beliefs are part of their problem while others do not. It could also mean that the participants thought some counselors would excessively focus on their beliefs. More likely, it means that some probably misunderstood the question, as a negative response was expected. Keating and Fretz (1990), from which item 10 was borrowed, found a negative correlation with the other items they used. They believed that the item had been worded so that it could be interpreted in both a positive and negative direction and suggested dropping the item. Many Christians believe that counselors should not, usually, treat a person's beliefs as a hindrance needing to be changed, but as an asset that needs to be understood and supported (Shafranski & Malony, 1996; Bergin, Payne, & Richards, 1996; Tan, 1996).

One reason the Humanistic counselor was least preferred in many areas relating to religious issues may relate to how the Humanistic counselor statement was written. The Humanistic counselor described dogmatic belief in religion as unhealthy. This statement could have been taken by participants to mean that the counselor would not be supportive of any

religious beliefs or values. The statement was based upon Ellis' writings (Ellis, 1971, 1990, 1992), and intended to make the Humanistic description more distinctive from the Christian description. While the statement contributed to distinguishing between the counselors' values, it may have been seen as intolerant by the Other group as well. The results from the PCVQ show that both participant groups believe that counselors should respect a person's religious and spiritual beliefs. It may also be that participants did not identify with the humanistic and individualistic values championed by the counselor.

Both the Christian counselor and the Traditional counselor were seen as more flexible then the Humanistic counselor. The Humanistic counselor was seen as more likely to focus on one's inner world and more likely to encourage clients to accept the counselor's values than either of the two other counselors. All three counselors were seen as viewing counseling as a process of greater self understanding. Overall, none of the counselors were perceived as likely to do things the client would disagree with, to influence the client's behavior, or misunderstand the client's religious and spiritual beliefs.

Results further show that while the Evangelicals identified more with the values of the Christian counselor and Others identified more with the values of the Humanistic counselor, both groups were more likely to refer a friend to the Christian counselor. Perhaps value similarity was important to the Evangelical group, but was less important to Others. Another possibility is that Others also supported values they attributed to the Christian counselor.

Preference of counselor. The hypothesis that Evangelicals would prefer the Christian counselor over the Humanistic counselor was supported. Results showed that the Evangelicals

preferred the Christian counselor for fifteen of the sixteen problem areas. Evangelicals gave the Christian counselor strongest ratings (mean above 4.0) for eight of the problem areas. Evangelicals also rated the Humanistic counselor as undesirable for all problem areas. For many problems, the Evangelicals were neutral or moderately approved of the Traditional counselor, but they disapproved of the Traditional counselor for help with sexual problems, unplanned pregnancy, sexual identity confusion, and help with spiritual/religious issues.

The hypothesis that Others would prefer the Humanistic counselor the most and the Christian counselor the least was not fully supported. Others were more varied in their preferences. They preferred the Traditional counselor for some problems while preferring either the Humanistic counselor or the Christian counselor for other problem areas. Others rated the Christian counselor the lowest for twelve problem areas, but they also preferred the Christian counselor for three problem areas. Unlike the generally negative attitude of the Evangelicals toward the Humanistic counselor, Others rated the Christian counselor as undesirable for only half of the problem areas. Given the Christian orientation of the present sample it is possible that Others show a less favorable attitude toward the Humanistic counselor than a more humanistic sample might show.

Both participant groups strongly preferred the Christian counselor for the treatment of grief issues, and for spiritual/religious issues. The Other group also gave the Christian counselor favorable ratings for treating depression and marital or relationship problems. A reason for this may be that these areas are more existential. Others may be more sympathetic with evangelical values in these areas. The Christian counselor specifically addresses areas of hope, forgiveness,

and comfort and the Christian counselor may be perceived as better prepared to address these areas. Pastors or pastoral counselors see clients with these problems most frequently (Hohmann & Larson, 1993).

Participants showed little preference among the counselors for help with academic problems, choosing a career, or lack of assertiveness. These areas may be perceived as more neutral with respect to the differences between Christian and Humanistic values used in the present study. Participants probably would not initially seek professional counseling for these areas; they may first prefer to talk to a professor, academic advisor, guidance counselor, or rely on self help methods.

Differences among the three counselors were smaller for the treatment of drug and alcohol problems, sexual and eating problems, unplanned pregnancy, and sexual identity confusion. Again Christians preferred the Christian counselor, but not so strongly as with other problem areas. One explanation may be that individuals would choose someone who specialized in these areas. Another possible explanation for the smaller differences is that the younger participants may not relate to these problem areas, because they have not experienced them. Still another possibility is that the Christian participants consider these areas as acts of sinful behavior creating cognitive dissonance in trying to imagine seeing a counselor for these problems. None of the three counselors' descriptions mentioned areas the counselor specializes in or listed their areas of specific training and experience. Further research is needed to study the impact of including in pretherapy descriptions, information about specializations, advanced training, and areas of experience.

For the three sexual problems, the Humanistic counselor was given an unfavorable rating by both groups. The Christians also gave unfavorable ratings to the Traditional counselor, whereas the Christian counselor received unfavorable ratings by Others. These areas are especially sensitive to personal and cultural values. Participants may only feel comfortable seeking help for sexual difficulties from someone who shares their values and would not be judgmental toward them.

Counseling Experience. Fifty-seven (29%) of the participants said that they had been in counseling before. Because this variable may affect the generalizability of the results, a separate 2 x 2 x 3 multivariate analysis was run. Overall, the results showed that both those with counseling experience and those without this experience rated the counselors similarly. Hardin and Subich (1985) also found no differences in expectations about counseling between clients and non client students. Thus results can be generalized both to those with and those without previous counseling experience.

Comparison with Previous Studies

This study supports the conclusion of Lewis and Epperson (1991) that pretherapy information about a counselor's values, goals, and techniques enhances a potential client's ability to make informed choices regarding counseling relationships. While Lewis and Epperson used a label condition to show that descriptive information increases client ability to detect a counselor's values, this study provided personal value descriptions for the counselors rather than a label condition. Still the present study clearly shows that participants could identify the

counselor's values accurately and that this pretherapy information affected their preference of a counselor.

In the present study the Christian counselor was better received than in past studies (Lewis & Epperson, 1991; Wyatt & Johnson 1990; Haugen & Edwards, 1976). The Christian counselor was preferred by Evangelicals and was received about the same as the Traditional counselor by Others. The Traditional counselor was also better received by Evangelicals and Others than in Lewis and Epperson's study (1991). Lewis and Epperson's Christian counselor was seen as less flexible. Consistent with this, Lewis and Epperson concluded that the presentation of controversial values conveys inflexibility and rigidity and makes a counselor less desirable to the participants. In contrast with the findings of Lewis & Epperson (1991), in the present study the Christian counselor was perceived to be as flexible as the Traditional counselor; however, the Humanistic counselor was seen as much less flexible then either the Christian or Traditional counselors.

The reason for this difference may be related to how the descriptions were written. Rather than using Lewis and Epperson's script in the present study, the Christian counselor's description used language that conveyed openness while also expressing confidence in specific values. Also, the Christian description in this study included the same consensus values as the Traditional counselor description. These changes may have led to increased receptiveness of the Christian counselor by all participants. While the intent was to write the Humanist counselor description in the same manner and the same consensus values were included, the Humanistic counselor may have come across as more narrow and rigid.

Differences in how the counselors were perceived in the two studies may likely be attributed to sample differences. The sample used for the present study was composed of mostly Christians as compared with Lewis and Epperson's study. Lewis and Epperson's sample came from students enrolled in a large state university whereas the current study used participants enrolled in colleges and universities with Christian affiliations. Thus, many participants in the current study identified themselves as Christians (95%) and 75% could be described as highly religious or evangelical. The highly religious or evangelical characteristics of the present sample may account for their different responses to the Christian counselor value statements; the findings of interactions in the present results support this interpretation.

Another factor that may account for the differences between the two studies is how the groups were formed. Lewis and Epperson (1991) relied on a modified form of the Shepherd scale, while this study used endorsement of a single item. Lewis and Epperson used a median split on the Shepherd scale to separate the two groups. Other researchers, e.g., McCullough and Worthington (1995) said that such artificial breaks between groups cloud distinctions between groups. It is possible that the group labeled Evangelicals in the present study were more conservative then Lewis and Epperson's group labeled Evangelical Christians. Those labeled Others in the present study probably were more like the Evangelical Christian group in Lewis and Epperson's study.

The bearing of the present findings on preference for therapists who reveal feminist personal values is unclear. Prior research has found that even feminist participants typically preferred the Traditional counselors to Feminist counselors (Lewis, et al., 1983; Epperson &

Lewis, 1987; Lewis, et al., 1989). One problem, Epperson and Lewis acknowledged may be in the way participants were classified as feminists. In each of these studies the authors used the Attitudes Towards Women Scale (AWS) developed in 1973 (Spence, Hemreich, & Strapp, (1973), cited in Lewis, et al., 1983). Epperson and Lewis (1987) noted this instrument was designed when feminism was viewed as an extreme view by most of American society; in later years these views more likely reflect more acceptable gender neutral views. Lewis, et al. (1989) pointed out that the composition of their sample may also have made a difference. Many females in their sample were homemakers and women over thirty-five-years of age as opposed to single college students. They hypothesized that the homemakers had a different and more negative view of feminism then the college students. A third problem may be that the feminist counselor was perceived as extreme in her personal values and thus was rejected. The above research on feminist counseling did suggest that an interaction between the participants' identification with specific presenting problems and preference for a counselor existed. This is similar to how Other participants responded to the different counselors in the present study.

Other research has also suggested that people discriminate sources of counseling by type of problem. Privette, Quackenbos, and Bundrick (1994), in their study examining preferences for religious and nonreligious counseling, found that participants preferred religious counseling for marriage and family problems, non religious counseling for mental illness and problems of addiction, with both types of counseling being chosen equally for treating depression.

Application in Clinical Setting

The present study was completed using an analog sample. Further research is needed using a clinical sample to explore generalizability of the results. During the early stages of the study, several attempts were made to use clinical samples, but without success. A bias against allowing research to be conducted in clinical sites exists, even when appropriate precautions can be assured. There also may be a specific bias against doing clinical research involving Christian values. This seems to go against a national trend toward increased openness and exploration. While the industry voices a commitment to research, there needs to be more of an openness to using clinical samples to improve the utility of research findings.

According to Paul (1969), "the ultimate question to be answered in behavioral modification research appears to be: What treatment, by whom, is most effective for this individual with that specific problem, under which set of circumstances, and how does it come about?" (P. 44). While research has shown some progress on matching presenting problems with therapeutic modality (Beutler, Machado, & Neufeldt, 1994), little research has yet been done on client-therapist matching. The present research suggests one important dimension of client-therapist matching may be personal values. The present results complement prior findings that suggest successful therapy results in client values becoming more like the therapist's values (Tejelveit, 1986; Beutler, et al., 1994), but when value discrepancy is too large clients may cease early in treatment (Worthington & Scott, 1983; Martinez, 1991; Worthington, 1991).

Summary and Conclusions

This study adds to the body of research supporting pretherapy information as one way of increasing informed consent of clients. Specifically, it shows that for this analogue sample, access to pretherapy value information enhances their ability to make informed choices, while encouraging receptiveness of the counselor. Care must be taken when expressing controversial or misunderstood values. The present findings show that it can be done by expressing respect for client welfare and autonomy while expressing confidence and upholding the integrity of those values.

Where prior research found that personal values, for example, Christian values were received negatively, the present results suggest personal values can be received favorably, even by persons who do not necessarily share those values. Further, the current research showed an interaction between therapist and client values, and suggested that therapist-client value matching is important for some clients to pursue therapy. A surprising finding is that preferences for therapist value orientation may be related to the specific presenting problem. Further empirical research is needed to study the effect of therapist-client value matching and its effect on treatment.

Research is needed to show if similar conclusions can be drawn when counselors hold other value orientations (including other religious orientations). Research is also needed to study the impact of including in pretherapy disclosure information about specializations, advanced training, and areas of experience. For the purposes of this study, values were the focus and including other variables would have been a contaminating factor. Including information about

the counselor's training and expertise as well is more realistic and, like including consensus or therapy values, makes the descriptions more informative. The impact of including both information about a counselor's training and expertise and the personal values of a therapist would be interesting. Research may find that pretherapy information reduces the impact of divergent values if the client is seeking help for a specific problem he or she feels the counselor is uniquely qualified to handle.

The present findings add to the growing number of empirical studies and theoretical reports showing the importance of clients making informed choices before starting therapy. It adds to the growing body of empirical research showing that pretherapy disclosure of personal value information may be an important and effective way of accomplishing this.

For many years counselors tried to separate their values from the counseling process; now there is sufficient research to show that checking values at the door to the counseling room is not possible. Empirical findings showing that the values of the client, including religious values, converge with those of the counselor can no longer be ignored. Ethical codes require counselors to respect and guard client self direction and autonomy. Personal and religious values are important dimensions of human diversity. This study supports the view that one way counselors can fulfill ethical standards is to provide clients, before therapy begins, with information about their therapeutic orientation, and include appropriate personal and religious values. Clearly some clients will choose to initiate therapy while others will choose to seek services elsewhere. In this way clients can make informed choices about their counseling.

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Appendix A

Explanation of Study and Informed Consent

DESCRIPTION OF STUDY

You are being asked to participate in a research project which looks at client perceptions of counselors. For the purposes of this study you are asked to imagine that you are interested in seeking the services of a mental health counselor. You will be asked to complete some questionnaires based upon your response to some information presented to you about a particular counselor you could see.

This study is divided into two sections. In the first section, you will read some information about a counselor you could see. After you have read the information about the counselor you will be asked to fill out three questionnaires concerning your impressions of that counselor based upon the information you read. In the second section, you will be asked to provide some background information about yourself. It will take approximately twenty minutes to complete this project.

It is important that you complete each section in order. Do not look ahead at any material on later pages or look back upon previous material or questionnaires as this will interfere with the objectives of this study.

INFORMED CONSENT

Your participation in this study is voluntary and you are free to withdraw your consent and stop participation in the study at any time.

Your identity will remain anonymous. Please do NOT put your name anywhere on the survey packet. Those participating for class credit will be asked to sign a separate sheet. This sheet will be the only thing given to your instructor and will be used only to show that you participated in the project.

Your completion of these materials indicates your voluntary consent to participate in this study under the conditions outlined.

If you have any questions at this time or later, you may contact Jim Thomas at 1 (360) 576-1314.

The information gathered will be used to complete the researcher's dissertation. The doctoral program in clinical psychology requires a dissertation for graduation.

TURN THE PAGE AND BEGIN READING THE DESCRIPTION

Appendix B

Background Information Questionnaire

Background Information Questionnaire

These questions will provide some necessary background information for this research. For each question, please CIRCLE the best response or FILL IN THE BLANK.

1. Your age: _____

2. Sex:

   a. Male

   b. Female

3. Have you ever seen a counselor for emotional or mental health related purposes?

   a. no

   b. yes

4. Which religion/denomination do you closely identify with?
   a. Roman Catholic

   b. Jewish

   c. Protestant categories

1. Assembly of God	6. Seventh Day Adventist
2. Baptist	7. Methodist
3. Episcopalian	8. Quaker
4. Evangelical Free	9. Reformed
5. Lutheran	10. Non Denominational

   d. Other (Please specify) _____

   e. I do not identify with any organized religion

   f. I am agnostic (not sure I believe in a God)

   g. I am an atheist (I do not believe there is a God)

Continued on Next Page

Background Information Questionnaire (Continued)

5. Do you claim to be a Christian? (circle only one response that best describes you)

a. no

b. yes, I respect and attempt to follow the moral and ethical teachings of Jesus.

c. yes, I have received Jesus Christ into my life as personal Savior and Lord.

d. yes, I have received Jesus Christ as my personal Savior and Lord and I seek to follow the moral and ethical teachings of Christ.

6. What is your view of the Christian Bible? (circle the one response which is closest to matching your view)

a. It is a book, no different than other religious books

b. In it are principles which if followed will lead to a better life

c. It is a historical record and was originally the word of God, but over the years it has been changed and can not be relied upon totally.

d. It is the inspired word of God and should be used for instruction about faith in God as well as in everyday behavior.

7. How often do you participate in formal/group religious or spiritual activities?

a. never

b. less than once a year

c. once or twice a year

d. 3 to 11 times a year

e. 1 to 3 times a month

f. weekly

g. more than once a week

Continued on Next Page

Background Information Questionnaire (Continued)

8. How often do you engage in personal religious or spiritual activities or practices?

a. never

b. less than once a month

c. about once a month

d. two or three times a month

e. about once a week

f. one to three times a week

g. four to seven times a week

h. more than once a day

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Appendix C

Traditional Counselor Descriptive Information Condition

COUNSELOR STATEMENT

My name is Doctor Pearson, Ph.D. I am a licensed psychologist specializing in marriage and individual counseling. I would like to take this opportunity to describe my views on the counseling process. Primarily, I believe that my job is to help people with their problems. Although I recognize that people come to counseling with a variety of concerns, there are some common patterns in the way I work with clients.

I view counseling as a learning and growing experience. To best help you, I need to know you and to understand your feelings and experiences as much as possible. Thus, we spend time initially discussing what brought you to counseling and building a relationship in which you feel free to confide in me enough to honestly talk out your thoughts, feelings, and behavior. During this time, I will listen to you, help you clarify your thoughts and feelings, and help you to begin to gain a new understanding of yourself.

In discussing your concerns, thoughts, and feelings, we will select the goals or objectives that will help you become the person you want or experience the relief you seek. When helping clients to achieve such goals, I try to use methods and techniques best suited to their problems. You and I will mutually agree upon all goals and methods for achieving those goals. I will attempt to explain, as fully as possible, any methods that I suggest as potentially helpful in achieving your goals.

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Appendix D

Humanistic/Secular Counselor Descriptive Information Condition

COUNSELOR STATEMENT

My Name is Doctor Pearson, Ph.D. I am a licensed psychologist specializing in marriage and individual counseling. I would like to take this opportunity to describe my views on the counseling process. I view counseling as a learning and growing experience. To best help you, I need to know you and to understand your feelings and experiences as much as possible. Thus, we spend time initially discussing what brought you to counseling and building a relationship in which you feel free to confide in me enough to honestly talk out your thoughts, feelings, and behavior. During this time, I will listen to you, help you clarify your thoughts and feelings, and help you to begin to gain a new understanding of yourself. In discussing your concerns, thoughts, and feelings, we will select goals or objectives that will help you become the person you want or experience the relief you seek. When helping clients to achieve such goals, I try to use methods and techniques best suited to their problems. You and I will mutually agree upon all goals and methods for achieving those goals. I will attempt to explain, as fully as possible, any methods that I suggest as potentially helpful in achieving your goals.

I believe that people are independent and can control whether they are happy in life. Dogmatic belief in a higher power to which one must be accountable contributes to mental problems. Thus in therapy I will encourage you to become independent and inner focused. Since people are basically good and rational, essentially all human preferences, desires, wishes, and longings are basically good, even when they are not easily fulfilled. Difficulty arises when these desires, wishes, or needs are frustrated; then a person tends to respond irrationally. In therapy I will take an active role, challenging your irrational assumptions with rational, scientific, and reality based thinking. I will help you identify and eradicate the absolutistic and dogmatic commands, shoulds, oughts, and musts you learned from others, and encourage you to develop flexible and tolerant thinking.

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Appendix E

Christian Counselor Descriptive Information Condition

COUNSELOR STATEMENT

My name is Doctor Pearson, Ph.D. I am a licensed psychologist specializing in marriage and individual counseling. I would like to take this opportunity to describe my views on the counseling process. I view counseling as a learning and growing experience. To best help you, I need to know you and to understand your feelings and experiences as much as possible. Thus, we spend time initially discussing what brought you to counseling and building a relationship in which you feel free to confide in me enough to honestly talk out your thoughts, feelings, and behavior. During this time, I will listen to you, help you clarify your thoughts and feelings, and help you to begin to gain a new understanding of yourself. In discussing your concerns, thoughts, and feelings, we will select goals or objectives that will help you become the person you want or experience the relief you seek. When helping clients to achieve such goals, I try to use methods and techniques best suited to their problems. You and I will mutually agree upon all goals and methods for achieving those goals. I will attempt to explain, as fully as possible, any methods that I suggest as potentially helpful in achieving your goals.

As a Christian counselor, I recognize that in addition to biological, psychological, and social-environmental factors many personal problems also involve spiritual factors which may result from a lack of biblical understanding or from sinful behavior. I also believe that individuals are created in the image of God and can find true fulfillment only through a personal relationship with Him. I believe that counseling techniques are God's good gift. I also believe that God is active in the counseling relationship and provides the resources for change. Counseling can involve praying about your difficulties and looking to the Bible for guidance. By trusting the Lord to meet your daily needs and to heal emotional wounds you can find forgiveness for the past, strength and comfort in the present, and hope for the future.

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Appendix F

Impressions of Counselor Questionnaire

Impressions of Counselor Questionnaire

Instructions: We realize that your information about this counselor is very limited. Still, we are interested in what you THINK this counselor might be like. Please give your opinions or predictions about what this counselor might be like by indicating how much you agree with the statements below. Please use the following scale for this task:

1	2	3	4	5
Strongly Disagree	**slightly disagree**	**Neither agree or disagree**	**slightly agree**	**Strongly agree**

This Counselor. . .

1 2 3 4 5	1. views counseling as a process designed to help me understand myself.
1 2 3 4 5	2. believes that personal problems are sometimes the result of sinful behavior.
1 2 3 4 5	3. will doubt the usefulness of what I can learn from God talking to me through prayer and scripture.
1 2 3 4 5	4. would try to influence my thoughts and behavior.
1 2 3 4 5	5. is a licensed psychologist.
1 2 3 4 5	6. will ignore my spiritual concerns.
1 2 3 4 5	7. would be flexible in finding ways to help me solve my problems.
1 2 3 4 5	8. would encourage me to look in the Bible for scriptural solutions to my problems.
1 2 3 4 5	9. is a Christian counselor.
1 2 3 4 5	10. will treat my religious beliefs and experiences as part of my problem.
1 2 3 4 5	11. would not do anything in counseling that I didn't agree to.
1 2 3 4 5	12. might invite me to pray with him.
1 2 3 4 5	13. has values and opinions similar to mine.

CONTINUED ON THE NEXT PAGE

Impressions of Counselor Questionnaire (Continued)

1	2	3	4	5
Strongly Disagree	**slightly disagree**	**Neither agree or disagree**	**slightly agree**	**Strongly agree**

This Counselor. . .

1 2 3 4 5	14. will recommend behaviors or solutions which I consider immoral.
1 2 3 4 5	15. would want me to accept Jesus Christ as my personal savior.
1 2 3 4 5	16. will not understand some of my religious beliefs and concerns.
1 2 3 4 5	17. would focus on my "inner world" to help me better understand myself.
1 2 3 4 5	18. would encourage me to accept his or her values as my own.
1 2 3 4 5	19. will assume that I share the standards of many of the nonreligious people that he or she sees.
1 2 3 4 5	20. believes that the counseling process can be an opportunity to experience God's love and forgiveness.
1 2 3 4 5	21. would be someone to whom I would willingly refer a friend.

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Appendix G

Personal Counseling Values Questionnaire

Personal Counseling Values Questionnaire

Instructions: On the last questionnaire you indicated what you thought this counselor might be like. This time we would like to know to what extent you personally agree or disagree with the value statements listed below. Please use the following scale
for this task:

1	2	3	4	5
Strongly Disagree	**Sightly disagree**	**Neither agree or disagree**	**slightly agree**	**Strongly agree**

I Believe that. . .

1 2 3 4 5	1. counseling is a process designed to help me understand myself.
1 2 3 4 5	2. that personal problems are sometimes the result of sinful behavior.
1 2 3 4 5	3. what I can learn from God talking to me through prayer and scripture is useful.
1 2 3 4 5	4. It is alright for a counselor to try to influence my thoughts and behavior.
1 2 3 4 5	5. It is alright for a counselor to ignore my spiritual concerns.
1 2 3 4 5	6. counseling should be flexible in finding ways to help me solve my problems.
1 2 3 4 5	7. It is appropriate and helpful to look in the Bible for scriptural solutions to my problems.
1 2 3 4 5	8. A counselor should treat my religious beliefs and experiences as part of my problem.
1 2 3 4 5	9. A counselor should not do anything in counseling that I didn't agree to.
1 2 3 4 5	10. It is alright for a counselor to invite me to pray with him.
1 2 3 4 5	11. the counseling process can be an opportunity to experience God's love and forgiveness.
1 2 3 4 5	12. Counseling should respect my views and beliefs regardless of whether the counselor personally agrees with them.

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Appendix H

Counselor Preference Questionnaire

Counselor Preference Questionnaire

INSTRUCTIONS: Listed below are 16 problems for which someone might request professional counseling. **Imagine** that you have decided to seek professional counseling for each of the problems given below and that you could choose any one of many counselors to help you. Given this imaginary situation, HOW LIKELY is it that you would choose to see the counselor described earlier (Dr. Pearson) for each concern listed below? Use the following scale and circle your response to each item.

1 = I would DEFINITELY NOT choose this counselor for this problem.
2 = I would PROBABLY NOT choose this counselor for this problem.
3 = I am UNDECIDED whether to choose this counselor for this problem.
4 = I would PROBABLY choose this counselor for this problem.
5 = I would DEFINITELY choose this counselor for this problem.

IF MY PROBLEM WAS . . .

1 2 3 4 5 1. Depression

1 2 3 4 5 2. Anxiety or nervousness

1 2 3 4 5 3. marital or relationship problems

1 2 3 4 5 4. eating problems

1 2 3 4 5 5. sexual problems

1 2 3 4 5 6. Grief due to death of someone close

1 2 3 4 5 7. drug or alcohol abuse

1 2 3 4 5 8. low self esteem

1 2 3 4 5 9. choosing a career

1 2 3 4 5 10. unplanned pregnancy

1 2 3 4 5 11. clarification/exploration of self and values

1 2 3 4 5 12. lack of assertiveness

1 2 3 4 5 13. anger control

1 2 3 4 5 14. sexual identity confusion

1 2 3 4 5 15. academic problems

1 2 3 4 5 16. Spiritual/Religious Issues

Appendix I

Debriefing Statement

DEBRIEFING STATEMENT

Dear Research Participant,

The main purpose of this research project is to find out what impact information about a counselor's values, if disclosed prior to the beginning of therapy, would have on a client's choice to see a counselor. It tries to answer the following questions: How would a perspective client view the counselor's values? Would clients be more comfortable seeing a counselor with values similar to their own rather than a counselor with different values?

The actual material that you received depended upon which of three groups you were placed in. Some of you where given a descriptive statement by a counselor who described himself as a secular humanist. Some were given a statement of a counselor who described himself as a Christian. Others were given a statement of a counselor who did not reveal his personal values. The counselor statement you read does not necessarily reflect an actual counselor. It was developed for the purpose of this research project.

Thank you for your participation in this project. The results of this study will be published as part of a dissertation and made available in the library under the title: The effects of pretherapy information on a client's perception of a counselor's values and receptiveness to Treatment.

Sincerely,

James C. Thomas, M.A.
Researcher

Appendix J

Raw Data

Explanation of Raw Data

Columns 1-3	Identification Number
Columns 4:	Sample (General Psych, Theology, Nursing)
Columns 5-6:	Age in Years
Columns 7:	Gender
Columns 8:	Previous Counseling Experience
Columns 9-10:	Religious affiliation
Columns 11:	Claim to be a Christian
Columns 12:	View of the Christian Bible
Columns 13:	Frequency of Participation in Formal Religious Activities
Columns 14:	Frequency of Participation in Personal Religious Activities
Columns 15-35:	Item Responses to Impression of Counselor Questionnaire
Columns 36-47:	Item Responses to Personal Counseling Values Questionnaire
Columns 48-63:	Item Responses to Counselor Preference Questionnaire

OO1	1	21	2	1	16	3	4	6	5	5	1	4	4	5	4	5	1	3	2	4	1	3	2	1	5	4	2	4	2	1	5
	5	5	4	2	5	5	1	2	2	2	5	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	4	2			
OO2	3	39	2	2	21	4	4	5	8	4	3	3	4	5	1	4	5	5	5	2	5	5	1	5	3	2	4	2	5	3	5
	4	5	4	1	5	4	5	4	5	5	5	5	5	5	4	4	4	4	5	3	5	3	4	4	4	4	4				
OO3	3	43	1	1	30	1	1	7	2	4	1	2	3	2	1	4	5	5	5	4	5	2	1	4	4	2	2	3	5	4	4
	1	2	1	1	5	2	5	5	2	2	5	4	4	2	3	2	4	2	4	1	4	1	2	4	2	4	2				
OO4	2	33	1	1	O3	4	4	6	7	5	1	5	2	5	1	5	2	1	5	5	1	3	1	1	1	5	1	1	1	3	5
	4	4	1	1	5	1	1	5	4	4	5	4	5	3	5	5	5	4	5	4	5	5	4	5	4	5	4				
OO5	2	24	2	1	O1	2	4	6	7	5	1	2	3	3	1	5	4	3	3	4	3	2	2	3	2	3	3	2	3	4	5
	2	3	3	3	4	3	2	3	4	2	3	2	2	3	2	1	5	2	5	5	1	3	4	4	1	4	4				
OO6	1	27	2	2	13	3	4	4	2	3	2	1	3	3	4	3	3	3	4	4	3	4	3	3	4	3	2	3	2	4	4
	1	2	1	4	4	2	3	5	3	3	4	3	2	5	2	4	2	1	1	2	2	3	2	3	2	2	2				
OO7	1	21	2	2	31	1	1	2	2	5	1	1	1	3	2	4	1	1	1	5	1	3	1	1	1	4	1	1	1	4	5
	1	1	1	1	5	1	1	5	1	1	5	4	4	4	1	1	4	1	4	1	1	4	3	4	1	4	1				
OO8	1	35	1	2	O1	4	4	4	8	4	2	4	3	2	3	3	3	2	2	2	1	1	4	1	2	3	3	2	2	3	4
	2	5	3	2	4	4	3	4	3	3	5	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3	3				
OO9	3	20	2	1	15	2	3	3	2	4	5	1	3	5	1	5	3	4	4	5	2	4	1	2	1	4	1	2	4	3	5
	2	4	2	1	5	4	4	5	2	4	5	4	3	5	3	4	5	4	5	3	4	5	3	3	3	3	5				
O10	2	33	2	2	30	1	1	3	2	5	1	1	2	5	1	5	3	3	2	5	2	5	3	1	2	5	1	5	3	5	5
	1	1	1	1	5	1	3	5	1	3	5	4	4	3	4	3	4	4	4	4	4	4	4	4	3	4	3				
O11	3	20	2	2	20	4	4	6	8	5	5	1	4	3	1	3	4	5	3	4	5	4	3	3	4	3	4	2	4	3	5
	5	5	4	1	4	4	3	4	4	4	5	5	4	5	2	3	5	3	5	4	1	4	4	4	1	5	4				
O12	3	20	2	2	20	4	3	5	8	5	2	1	3	5	1	5	5	5	4	5	5	5	1	3	2	4	2	2	5	5	5
	4	5	3	1	5	5	2	5	5	5	5	5	5	5	5	5	3	5	4	5	2	5	5	5	5	4	4	5			
O13	1	23	2	2	30	1	2	3	5	5	1	3	4	5	2	5	3	3	4	2	1	4	2	1	4	3	4	3	3	1	5
	3	3	2	2	5	3	3	2	1	3	5	4	4	5	2	5	4	1	3	1	1	4	3	4	3	1	3				
O14	1	22	2	1	32	1	1	1	1	5	1	1	4	5	2	2	1	1	1	1	1	4	1	1	1	3	1	2	1	2	5
	1	1	1	1	5	1	1	3	1	1	5	4	4	4	4	4	4	4	3	4	4	5	2	4	4	4	4				
O15	2	31	1	1	20	2	1	3	7	5	1	4	5	5	3	4	1	3	3	4	1	3	1	1	3	4	2	3	1	3	5
	1	2	1	2	5	2	4	5	4	1	5	5	4	3	4	4	2	3	4	3	3	5	5	5	2	4	1				
O16	3	20	2	1	15	2	4	4	4	4	5	2	4	5	1	3	5	5	5	2	4	3	3	4	3	3	5	4	5	2	4
	2	3	3	1	5	3	1	5	1	2	5	2	2	4	2	2	4	2	2	2	2	3	2	2	2	2	3				
O17	1	20	2	1	30	1	1	1	1	5	1	1	1	4	3	2	1	1	2	2	1	5	1	1	1	4	1	1	1	5	5
	1	1	1	2	5	1	3	5	1	1	5	5	5	5	3	4	4	3	4	2	4	5	3	2	4	2	1				
O18	1	25	2	1	14	4	4	7	7	5	3	3	2	4	4	4	2	2	2	4	2	3	2	1	2	4	2	2	2	3	5
	4	5	2	1	5	5	3	5	5	5	5	3	4	4	4	1	3	4	2	4	2	1	4	4	1	4	1				
O19	2	42	2	2	14	4	4	7	8	4	3	1	4	5	5	2	1	1	5	2	1	1	3	1	5	4	4	5	1	1	5
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O20	3	37	1	1	14	4	4	7	7	5	4	2	3	5	1	4	4	4	4	4	4	4	1	3	3	4	2	2	4	5	4
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O21	3	25	1	1	20	4	4	6	8	5	5	1	4	4	1	5	4	5	5	5	4	5	1	4	2	3	4	3	5	5	5
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O22	2	41	1	1	13	4	4	5	3	4	2	5	4	5	5	4	2	1	2	2	2	1	4	1	4	4	4	2	1	1	4
	4	5	4	2	4	5	5	2	5	5	5	1	1	1	1	1	3	1	1	4	1	4	4	4	1	4	1				
O23	2	32	1	1	22	4	4	7	8	4	2	1	4	5	5	3	1	2	5	3	1	1	3	1	5	5	4	3	1	1	4
	5	5	4	2	5	5	2	4	4	5	4	2	2	2	2	2	2	2	2	3	2	2	2	2	2	2	2				
O24	3	51	1	2	20	4	4	5	3	5	5	1	1	5	1	2	5	5	1	5	5	4	1	5	1	2	1	1	5	5	4
	5	5	2	1	2	5	1	5	5	5	5	5	5	5	2	4	5	3	5	3	3	4	5	4	4	4	5				
O25	1	43	1	2	12	4	4	7	8	3	3	3	5	5	3	3	3	3	3	3	3	3	3	3	3	3	5	3	3	2	4
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O26	2	40	2	2	19	4	4	7	7	5	1	5	5	5	2	2	1	1	5	4	1	1	4	1	5	2	4	4	1	1	4
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O27	3	39	2	2	23	4	4	7	8	5	5	1	3	5	1	5	5	5	1	5	5	5	1	3	2	4	1	1	5	4	5
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O28	1	27	1	1	17	4	4	7	8	5	3	3	3	5	3	4	3	3	3	3	3	3	3	3	3	3	3	4	3	3	4
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O29	3	55	1	2	11	4	4	7	8	5	5	1	3	5	1	5	5	5	1	5	5	4	3	5	3	3	3	2	5	3	5
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O30	3	29	1	1	20	4	4	7	8	4	4	2	2	3	1	4	3	4	4	3	5	4	1	3	3	4	2	2	3	3	4
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O31	3	34	2	2	14	4	4	7	8	5	5	1	5	5	1	4	5	5	3	2	4	3	2	5	3	4	4	3	5	3	5
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O32	1	26	1	1	17	4	4	7	7	5	3	4	3	5	3	5	3	3	2	4	2	3	3	2	3	4	2	2	3	3	5
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O33	2	46	2	2	15	4	4	7	8	4	1	5	3	5	5	3	1	2	4	5	1	2	3	1	2	3	1	4	1	3	5
	4	5	1	1	4	4	1	5	5	5	5	2	2	3	3	3	1	3	1	4	3	4	4	4	3	3	1				
O34	1	29	2	2	12	4	4	7	6	5	3	3	4	5	1	5	3	3	3	5	3	3	3	3	3	4	2	2	3	5	5
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O35	3	45	1	1	20	4	4	7	8	4	5	1	3	5	1	4	4	5	5	5	4	3	2	3	3	5	2	3	4	3	5
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O36	1	43	1	2	22	4	4	7	8	4	3	3	4	3	3	5	3	3	3	2	3	3	1	3	3	3	2	2	3	4	4
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O37	2	25	1	1	14	4	4	7	8	5	1	5	5	5	5	1	1	1	5	1	1	1	5	1	5	5	5	5	1	1	5
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O38	2	24	1	2	18	4	4	7	6	4	1	4	1	5	2	5	2	3	4	3	2	3	2	2	3	5	2	2	1	2	4
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O39	1	31	1	1	20	4	4	7	8	4	1	1	2	5	2	5	3	3	2	5	3	3	1	3	3	3	2	2	3	4	4
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O40	1	28	1	1	20	4	4	6	5	4	4	1	4	3	3	5	3	3	3	4	2	2	3	1	5	4	3	3	3	3	4
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O41	2	30	1	2	14	4	4	7	6	3	3	4	4	3	4	2	2	2	4	4	2	3	3	2	4	4	4	4	2	3	4
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O42	2	21	2	1	12	4	4	7	8	5	1	5	5	5	1	4	1	1	5	3	1	1	4	1	4	5	4	5	1	1	5
	5	5	4	1	5	5	4	5	5	5	5	2	2	2	2	2	2	2	2	2	2	1	2	2	1	2	1				

O43	3	20	2	1	18	4	4	7	7	4	2	1	2	3	1	4	5	4	2	4	3	4	2	4	3	2	3	2	4	4	3
	4	5	2	1	4	5	2	5	4	5	5	4	4	5	4	3	4	2	3	2	2	3	3	3	1	2	5				
O44	3	18	2	1	12	4	4	7	8	5	5	1	3	5	1	5	5	5	3	5	5	3	2	5	3	4	3	1	5	5	5
	5	5	4	1	5	5	3	5	5	5	5	4	4	4	3	2	4	4	4	2	2	4	3	4	4	4	4				
O45	2	18	2	2	10	4	4	7	6	5	1	3	2	4	1	2	3	3	3	5	3	3	1	3	3	4	4	2	2	4	5
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O46	2	19	1	1	18	4	4	6	6	5	1	5	4	5	4	4	1	1	4	4	1	1	3	1	4	4	4	3	1	3	5
	4	5	3	1	4	5	3	5	4	5	5	3	4	3	2	2	3	4	4	4	3	4	4	4	3	4	3				
O47	3	18	2	1	24	4	4	7	6	5	5	1	1	5	1	5	5	5	5	5	5	1	5	1	4	3	2	5	5	5	
	5	5	1	1	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5	5				
O48	3	17	2	1	20	4	4	7	7	5	5	1	3	5	1	5	5	5	4	5	5	5	1	3	3	5	1	3	5	5	5
	5	5	3	1	5	5	5	5	5	5	5	5	5	5	3	1	5	5	4	1	4	4	3	4	3	2	4				
O49	3	20	2	1	25	4	4	7	8	5	5	1	4	5	5	4	5	5	4	5	5	5	5	5	3	3	4	2	5	4	4
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O50	2	18	2	1	15	2	2	1	1	4	2	1	2	*	2	4	4	5	4	5	5	5	1	4	2	4	4	3	4	4	5
	3	4	2	1	5	4	2	4	4	4	5	4	2	5	3	1	4	3	4	1	4	3	4	4	3	2	3				
O51	1	19	2	1	18	3	4	4	5	5	3	3	4	5	3	4	3	3	3	5	3	3	1	3	3	4	1	3	3	4	5
	4	5	2	1	4	5	4	5	3	5	5	1	2	5	1	1	1	4	4	1	2	1	1	3	3	1	1				
O52	2	19	1	1	17	4	4	7	8	4	1	5	5	2	5	1	1	1	5	3	1	1	5	1	5	5	5	2	1	1	5
	5	5	3	1	5	5	1	5	5	5	5	1	1	1	2	1	1	1	1	1	1	1	2	1	1	2	1				
O53	1	20	2	1	18	4	4	7	8	4	3	3	2	3	3	4	4	3	3	4	3	3	2	3	3	4	2	3	3	3	4
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O54	2	18	2	1	22	4	4	6	7	5	1	5	4	5	4	5	1	1	1	2	1	2	3	2	4	5	4	4	1	3	5
	5	5	3	1	5	5	2	3	5	5	5	3	4	2	4	3	4	3	5	2	2	2	5	5	3	4	1				
O55	2	19	2	1	17	3	4	7	7	5	5	1	2	5	1	3	5	5	3	4	5	5	1	3	2	2	1	1	5	5	5
	3	5	1	1	4	5	1	5	5	5	5	4	4	5	3	5	5	5	4	5	4	5	5	5	4	4	4				
O56	2	18	2	2	12	4	4	7	8	5	1	5	3	4	5	2	2	1	2	4	1	1	4	1	5	5	3	4	2	1	5
	5	5	3	1	5	5	4	5	5	5	5	1	1	1	1	1	1	1	1	3	1	1	1	1	1	2	1				
O57	2	18	2	1	14	4	4	7	7	4	3	4	4	3	4	2	1	1	2	2	1	2	4	2	2	4	4	4	1	2	4
	4	5	2	1	4	5	5	5	5	5	5	3	3	1	3	3	2	2	2	3	2	2	4	3	3	4	1				
O58	3	19	1	1	21	4	4	6	4	2	4	4	4	2	5	2	3	3	4	2	3	2	4	3	4	2	4	5	2	3	2
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O59	1	19	2	2	23	4	4	7	7	5	3	2	2	5	2	4	3	3	4	5	3	3	3	3	2	2	1	3	3	4	5
	5	5	2	1	5	5	2	5	5	5	5	4	4	4	4	3	5	4	4	3	3	5	4	4	3	3	2				
O60	1	19	2	1	18	4	4	7	6	5	3	3	2	5	3	5	3	3	3	4	3	3	2	2	3	4	3	3	3	3	5
	3	5	3	2	5	5	3	4	4	5	4	4	3	5	2	5	3	2	4	4	4	3	4	4	4	3	3				
O61	2	19	1	1	20	4	4	7	6	5	4	4	4	3	2	4	2	2	4	4	1	3	2	2	4	4	2	4	2	3	5
	4	5	2	2	5	5	1	5	5	5	5	2	2	2	3	3	1	3	2	4	2	1	2	2	1	3	1				
O62	3	18	1	2	14	4	4	7	7	4	5	1	3	5	1	5	5	5	5	5	5	5	2	5	1	5	2	2	5	4	5
	4	5	4	1	5	4	3	4	5	5	3	5	5	5	5	5	5	5	5	1	4	4	5	5	4	1	2				
O63	1	19	1	1	20	4	4	7	7	5	1	1	1	5	1	5	3	3	1	5	3	3	1	3	1	3	1	3	3	4	5
	5	5	1	1	5	5	1	5	5	5	5	4	4	3	4	4	4	3	4	4	3	4	4	4	3	4	3				

O64	2	30	1	1	O1	2	3	6	5	3	4	4	3	5	4	4	1	1	2	4	1	2	3	2	3	4	2	3	2	3	4
	3	4	2	1	5	4	4	2	3	4	4	3	3	2	4	3	1	3	3	2	3	3	3	2	3	3	1				
O65	2	19	1	2	20	4	4	5	8	5	1	5	5	5	5	2	1	1	5	4	1	1	5	1	5	5	5	5	1	1	5
	5	5	4	1	5	5	5	5	5	5	2	1	4	1	4	1	4	1	1	2	1	1	4	1	1	3	1				
O66	3	18	1	1	20	4	4	7	6	4	4	1	3	4	2	4	5	4	4	3	4	4	2	5	2	4	2	3	4	4	4
	4	5	2	2	4	5	3	5	5	4	5	4	4	2	4	2	4	4	4	4	2	4	4	1	1	4	5				
O67	1	19	2	1	12	4	4	7	8	5	3	3	1	5	2	4	3	3	2	5	1	3	4	1	3	2	1	3	1	4	5
	4	5	1	1	4	5	3	4	4	5	5	4	5	5	3	2	4	3	4	2	3	4	4	4	2	2	2				
O68	1	19	1	1	23	4	4	7	7	5	2	2	4	4	2	5	3	4	2	4	4	3	4	2	3	2	2	3	3	3	3
	5	5	1	4	4	5	3	5	5	5	5	4	4	4	4	4	4	4	4	3	4	4	3	3	3	3	3				
O69	3	18	2	2	12	4	4	7	7	5	4	1	4	5	1	4	5	5	3	5	5	5	1	4	1	4	2	3	5	5	5
	5	5	4	1	4	5	4	5	4	5	5	4	4	5	2	5	5	2	5	2	2	5	2	3	1	1	5				
O70	2	18	1	1	20	4	4	6	6	4	1	5	4	5	5	4	1	1	5	4	1	1	5	1	5	5	4	5	1	1	4
	5	5	3	1	4	5	1	5	5	5	5	2	4	1	3	1	1	3	3	1	1	1	3	1	1	4	1				
O71	3	19	1	1	20	4	4	6	4	5	5	1	1	5	1	5	5	5	4	4	3	3	1	2	4	1	1	2	5	3	5
	5	5	1	1	5	5	2	1	4	5	5	4	3	4	2	3	4	2	4	3	2	3	2	4	1	4	5				
O72	1	19	2	1	23	4	4	7	8	2	2	1	1	5	2	5	2	1	4	4	2	3	2	3	2	4	4	3	3	2	5
	5	5	1	1	5	5	5	5	5	5	5	1	1	4	2	4	2	1	1	3	1	4	1	1	4	1	3				
O73	2	18	2	1	12	4	4	7	8	5	2	5	5	5	5	2	1	1	1	2	1	1	4	1	5	5	5	5	1	3	5
	5	5	3	1	5	5	1	5	5	5	5	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1				
O74	1	24	2	1	20	4	4	6	8	5	4	4	5	5	4	4	5	4	4	4	4	4	4	4	5	4	4	4	4	4	5
	5	5	4	4	5	5	4	1	5	5	4	5	5	4	3	2	4	2	4	5	1	5	5	5	3	5	4				
O75	3	19	1	1	12	4	4	6	8	5	5	1	2	5	1	5	5	5	5	5	5	1	4	4	1	1	1	5	5	5	
	5	5	2	1	5	5	5	5	5	5	5	5	5	3	4	5	4	5	2	5	5	4	5	4	2	5					
O76	1	20	1	1	31	1	4	6	1	5	3	2	1	5	2	5	3	2	2	5	2	3	1	2	3	4	2	3	2	4	5
	4	4	3	2	5	4	4	5	3	4	5	5	5	5	4	4	5	4	5	5	4	4	4	5	3	3	2				
O77	3	18	2	2	20	4	4	7	7	5	5	1	3	5	1	5	5	5	1	4	5	5	1	5	2	2	4	1	5	5	5
	5	5	5	1	5	5	3	5	5	5	5	5	5	5	5	5	5	5	5	3	5	5	5	5	5	5	5				
O78	2	19	2	1	23	4	4	6	6	5	2	4	2	4	2	4	2	2	2	3	2	1	2	1	4	5	3	3	2	3	4
	3	5	3	2	4	5	2	5	4	4	5	4	4	2	2	2	4	2	5	4	2	4	4	1	1	1	1				
O79	3	19	2	1	11	4	4	7	7	5	5	1	1	5	1	5	5	5	5	2	5	5	1	5	2	3	1	2	5	5	5
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O80	3	18	2	1	19	4	4	7	7	5	5	1	2	3	*	1	5	3	3	5	5	3	1	3	2	1	1	3	5	4	4
	5	5	3	1	5	5	1	5	5	5	5	5	5	5	4	4	5	4	5	2	1	5	3	4	4	2	3				
O81	2	18	2	1	12	4	4	7	7	4	1	5	4	5	4	4	1	1	5	3	1	2	3	1	5	5	4	4	1	3	5
	4	5	2	1	5	5	2	5	5	4	5	3	1	4	1	1	1	3	1	3	1	1	4	3	1	4	1				
O82	1	19	1	1	17	4	4	7	7	5	1	3	2	5	3	5	3	3	3	5	3	3	1	3	2	1	2	2	2	5	5
	4	5	1	1	5	5	2	5	5	5	5	4	5	5	4	3	4	4	4	3	4	3	3	2	3	2	2				
O83	1	19	2	2	14	4	4	7	8	5	4	4	3	4	2	3	4	3	3	4	2	4	2	2	2	2	3	2	2	3	5
	4	5	4	1	5	5	3	4	5	5	5	2	4	1	3	2	2	2	2	4	2	1	3	3	3	2	2				
O84	1	18	2	1	12	4	4	6	7	5	4	2	4	5	1	5	5	4	2	4	3	4	1	3	3	5	1	2	3	4	4
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O85	3	18	2	1	26	4	4	7	8	3	4	2	2	5	1	5	5	5	3	5	5	4	1	4	2	4	3	4	5	5	4
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O86	2	18	2	2	20	4	4	7	8	5	1	5	4	4	4	2	1	1	1	5	1	1	3	1	5	5	4	3	1	2	5
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O87	1	18	2	1	22	4	4	7	4	5	4	3	1	5	3	4	2	3	3	5	3	4	2	3	4	5	4	2	2	4	5
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O88	2	19	2	1	13	2	4	6	7	5	1	3	4	5	4	2	2	2	2	5	3	4	1	3	2	5	4	4	2	3	4
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O89	1	17	2	1	23	4	4	7	7	4	2	3	1	5	1	4	3	3	3	4	3	3	3	3	3	4	3	2	3	3	5
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O91	1	19	1	1	12	4	4	6	7	5	4	3	4	5	2	4	2	2	3	4	3	4	1	2	3	4	4	4	4	4	5
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O92	3	20	1	1	12	4	4	6	3	4	5	1	4	5	1	4	5	5	5	2	4	4	1	5	3	4	4	3	4	4	4
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O93	1	18	2	1	20	4	4	6	6	4	1	2	3	4	2	4	2	1	3	4	2	3	4	2	4	4	2	2	2	2	4
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O94	2	18	1	2	12	4	4	7	8	4	1	5	4	5	5	4	1	1	4	1	1	2	3	1	4	3	4	3	1	1	4
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106	3	19	2	1	14	4	4	7	7	5	5	1	4	5	1	5	5	5	5	5	5	5	1	4	1	3	4	2	5	5	5
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107	1	19	2	1	17	4	4	6	7	5	1	2	1	5	2	5	2	3	1	5	3	4	1	3	2	2	1	3	3	5	5
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114	1	19	1	1	18	4	4	6	7	5	5	3	3	5	1	5	3	3	5	5	4	3	4	3	4	5	1	1	5	4	5
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122	3	19	2	1	26	4	4	7	7	4	5	1	4	3	1	5	5	5	3	5	5	4	2	5	3	4	4	3	5	5	5
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125	2	19	1	1	20	4	4	6	5	4	2	4	2	5	5	4	1	1	1	4	2	1	3	1	5	4	2	4	1	2	4
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126	2	19	2	1	17	4	4	7	8	4	4	4	2	5	2	3	3	3	4	5	3	3	2	3	3	4	2	2	4	3	5
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127	1	19	2	1	20	4	4	6	7	4	3	1	1	4	1	5	3	4	2	4	4	5	5	4	2	2	2	2	3	4	5
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128	1	18	1	1	17	4	4	7	8	5	3	3	4	5	2	5	3	3	4	4	3	3	2	3	3	3	4	3	3	4	5
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129	2	19	1	1	12	4	4	7	6	5	3	4	2	5	2	4	1	1	3	4	1	3	2	1	4	5	2	4	1	2	3
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130	3	18	2	1	26	4	4	6	8	5	5	1	5	5	1	5	5	5	1	5	5	5	1	5	1	1	2	1	5	5	5
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131	3	22	2	1	20	4	4	7	8	5	5	1	2	5	1	5	5	5	1	5	5	5	1	5	1	5	2	1	5	5	5
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132	1	19	2	1	11	4	4	7	8	5	2	3	3	5	1	5	4	3	2	4	3	3	2	3	2	3	2	2	3	4	4
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138	3	22	2	2	16	3	4	5	7	5	5	1	4	2	1	3	5	4	3	3	5	3	2	5	3	4	3	3	5	3	5
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139	1	26	1	1	16	4	4	5	6	4	2	4	1	1	4	5	2	3	5	4	4	3	2	4	2	5	2	2	4	3	4
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140	3	21	1	1	16	4	4	6	7	2	5	1	5	5	4	2	4	5	4	3	4	4	2	4	4	4	4	3	4	2	5
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141	2	48	2	1	16	4	4	6	8	4	2	5	4	5	4	2	1	1	3	4	1	1	3	1	2	4	3	4	1	1	4
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142	1	37	2	1	27	4	4	7	8	5	3	3	5	5	4	4	3	3	3	5	4	3	2	3	3	3	3	4	3	3	5
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144	3	36	2	2	20	3	4	5	5	5	4	1	3	5	1	3	4	5	5	2	4	2	1	5	2	2	3	1	4	1	4
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146	3	23	2	1	16	4	4	6	7	5	5	2	4	5	1	5	5	5	3	5	5	4	2	3	2	4	2	3	5	3	5
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147	1	22	2	1	12	4	4	7	8	4	4	1	4	3	2	4	4	4	2	4	4	4	1	4	4	3	2	3	4	4	4
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148	2	44	2	2	20	2	3	2	1	4	4	4	3	5	3	5	4	3	3	5	3	3	2	3	2	4	2	1	3	2	5
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Appendix K

Curriculum Vita

Curriculum Vitae

James Craig Thomas, Sr.

1715-C NE 116th Street
Vancouver, Washington 98686
(360) 576-1314

EDUCATION

Doctoral Student	Graduate School of Clinical Psychology George Fox University, Newberg, Oregon Student in Doctoral Program in Clinical Psychology
M.A.	Graduate School of Clinical Psychology George Fox University, Newberg, Oregon M.A..in Clinical Psychology (1993)
Graduate Student	Talbot School of Theology Biola University, LaMirada, Ca Work toward M.A. in Marriage and Family Therapy (12-87 to 7-89)
B.S.	Park College, Parkville Missouri (through Air Force Institute of Technology) B.S. - Social Psychology (graduated with distinction, 1987)
B.S.	Park College of St. Louis University, Cahokia, Illinois B.S. - Aeronautical Administration (1981)

CLINICAL EXPERIENCE

Therapist 11/97 - Present	CATHOLIC COMMUNITY SERVICES, Vancouver, Washington Individual, couples, and family therapy. Program development.
Therapist 5/95 - Present	VISTA CHRISTIAN COUNSELING SERVICE, Vancouver, Washington Private practice, sole proprietorship adult individual and marital therapy
Inpatient Therapist 9/93 - 5/95	SOUTHWEST WASHINGTON MEDICAL CENTER, Vancouver, Washington Mental Health Therapist - Psychological Services (full time) Provided brief individual assessment and therapy, case management, and led psychoeducational and therapy groups.
Therapist 6/93 - 5/95	COUNSELING CENTER OF VANCOUVER : Vancouver, Washington Counselor- adult, adolescent, couples, and family therapy

Behavioral Specialist 11/89 - 4/93	C.P.C. CEDAR HILLS PSYCHIATRIC HOSPITAL, Cedar Hills, Oregon Behavioral Specialist - adult open/closed, adolescent, child units Provided milieu therapy. Duties included coleading psychoeducational groups, evaluating patient's mental status and charting their progress, and providing brief psychotherapeutic interactions.
Behavioral Specialist 5/88 - 7/89	C.P.C. SANTA ANNA PSYCHIATRIC HOSPITAL : Santa Anna, California Behavioral Specialist - adult open/closed, adolescent, and Christian units Provided milieu therapy. Duties included coleading psychoeducational groups, evaluating patient's mental status and charting their progress, and providing brief psychotherapeutic interactions.

PROFESSIONAL EXPERIENCE

Commissioned Officer 4/81 - 4/88	UNITED STATES AIR FORCE, 321st Strategic Missile Wing Grand Forks AFB, Grand Forks, North Dakota Minuteman ICBM Missile Combat Crew Commander Wing Missile Crew Scheduler, Missile Combat Crew Trainer Operator

CLINICAL TRAINING

Predoctoral Internship 8/96 - 8/97	CAREMARK BEHAVIORAL HEALTH, Portland Oregon Portland Adventist Medical Center (8/96 - 2 /97) Good Samaritan Medical Center and Emmanuel Medical Center (2/97 - 8/97) Supervisors: Dr. Suzan Schradle, Ph.D. and Dr. Craig Montgomery, Ph.D. Inpatient psychiatric services. Provided individual assessment and therapy. Provided cognitive and personality evaluations. Co-led therapy groups. Participated in treatment and discharge planning. Attended team meetings, and patient family conferences.
Practicum 9/92 - 2/93	WILLIAM TEMPLE HOUSE, Portland, Oregon Supervisor: Dr. Suzanne Payment, Ph.D. Provided adult, couples, and family therapy to
Practicum 9/91 - 8/92	V.A. OUTPATIENT CLINIC-DAY TREATMENT PROGRAM, Portland, Oregon Supervisor: Dr. Mark Ward, Ph.D. Provided clinical assessments, group therapy, individual therapy for veterans day treatment program.

DISSERTATION

Title: The Effects of pretherapy information on a client's perception of a counselor's values and receptiveness to treatment.

Chair: Rodger K. Bufford, Ph.D.

PROFESSIONAL PRESENTATIONS

Thomas, J.C., Bufford, R.K., Johnson, W.B., & Ecklund, K. (1997). Effects of Pretherapy Disclosure of Personal Values. (Submitted for poster session at the 1998 American Psychological Association National Convention, San Francisco, California).

PROFESSIONAL ORGANIZATIONS

American Association of Christian Counselors (AACA)
American Psychological Association (APA), Student member

ADDITIONAL CLINICAL TRAINING

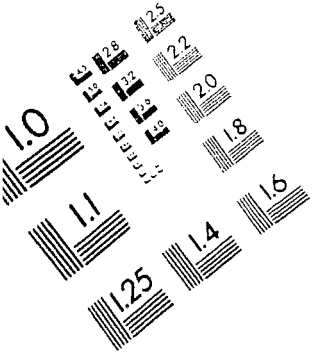
1994 Treatment Strategies for Sexual Offenders, by Barry Maletzky, M.A., Ron Reitmann M.A., & Deborah Baker, M.A., Pacific Gateway hospital and Counseling Centers.

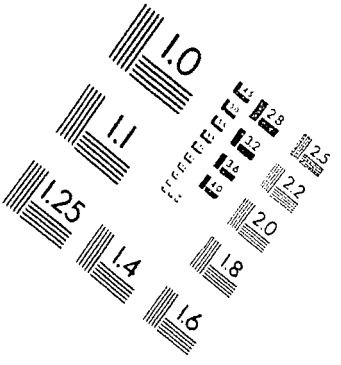
1994 Introduction to DSM-IV, by Linda Seligmann, Ph.D., LPC, CCMHC

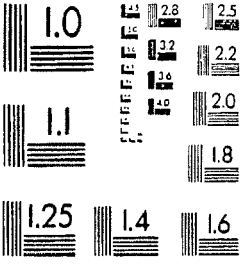
1997 Inpatient Psychodynamic Psychiatry, by Keith Cheng, M.D. Clinical Director, Child & Adolescent Treatment Program, Emanuel Hospital & Health Center

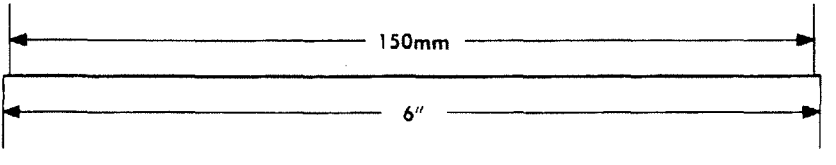
1997 New Interventions in Treating Schizophrenia, by Dr. Nancy C. Andreasen, M.D. University of Iowa College of Medicine and Hospitals and Clinics.

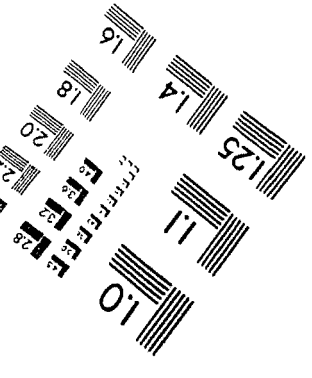
IMAGE EVALUATION
TEST TARGET (QA-3)

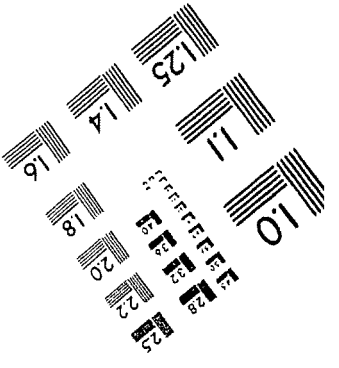












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