# THE RELATIONSHIP BETWEEN ADLERIAN PERSONALITY PRIORITIES OF CLIENTS AND COUNSELORS AND THE THERAPEUTIC WORKING ALLIANCE

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The purpose of this research was to determine if a relationship exists between quality of the therapeutic working alliance and counselors' and clients' Adlerian personality priorities. Variables included counselors' and clients' Adlerian personality priorities and ratings of working alliance. Information for counselors' and clients' Adlerian personality priorities was obtained on the Allen Assessment for Adlerian Personality Priorities (AAAPP; Allen, 2005). Working alliance was measured with the Working Alliance Inventory- short revised (WAI-SR; Hatcher & Gillaspy, 2006). Participants included 14 counselors and 31 clients from a community counseling clinic on a university campus in the southwest United States.

Results suggested that match between counselors' and clients' Adlerian personality priorities is related to counselors' perceptions of quality of the therapeutic working alliance. Statistically significant values were found on one hypothesis, as well as large effect sizes.

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# CHAPTER 1

## INTRODUCTION

Many counselors view the strength of the counseling relationship as a critical piece of successful therapy. Specifically, one aspect of the counseling relationship is the working alliance. Working alliance is generally defined as the feeling that client and counselor mutually care for each other and they can and will work together toward established counseling goals (Gelso & Carter, 1985). Although the specific definition of working alliance varies depending on the author, most often authors cite the definition proposed by Bordin (1979). Bordin defined working alliance as a combination of three related scales that establish quality of the counseling relationship: agreement client and counselor make concerning goals of therapy (goal), plan client and counselor decide on as a means to accomplish therapeutic goals (task), and bond formed between counselor and client through the course of therapy (bond). These factors play a large role in demonstrating the strength of the counseling relationship.

Researchers have conducted many studies to explore client and counselor traits as they relate to quality of the working alliance. In particular, researchers have examined the degree to which a client's social support is a factor in development of the working alliance (Mallinckrodt, 1996). Researchers have also examined client attachment as a possible element in formation of the counseling relationship (Kivlighan, Patton, & Foote, 1998; Ligiero & Gelso, 2002; Satterfield & Lyddon, 1995, 1998). In addition to examining client and counselor characteristics as they relate to the working alliance, researchers have explored the effect of specific counseling interventions on strength of the counseling relationship (Kivlighan, 1990).

Factors hypothesized to influence working alliance vary between theories. Numerous assessments are available to measure various client and counselor traits. In Adlerian therapy, the counselor may give an assessment to a client to help the client and counselor better understand personality characteristics. During counseling, Adlerian counselors help clients make sense of their history and discover lifestyle patterns that influence motivations and actions (Mosak, 2005). Alfred Adler (1870-1937) developed the term *lifestyle* to discuss a client's typical method of meeting tasks of life and interacting in social environments (Mosak). Four personality types guide understanding of an individual's lifestyle including: socially useful type, ruling type, getting type, and avoiding type (Adler, 1931).

Kefir is credited with being the first theorist to develop Adlerian personality priorities (Ashby, Kottman, & Rice, 1998). Kefir formed and discussed her own definitions of personality priorities based on Adler's personality types including controlling, pleasing, morally superior, and avoiding (Kefir, 1981). Pew (1976) used the term *number one priority* to describe a similar concept. The number one priority is a short statement within an individual's lifestyle that answers questions about what is important in the individual's pursuit to belong. Pew's list of personality priorities are stated in terms of what is important to an individual in order for that individual to belong, comfort, please, control, and feel superior. Brown (1976) elaborated on ideas discussed by Kefir and Pew, suggesting each personality priority arose out of an individual's quest for a particular goal: for pleasing, pleasing others; for superiority, maintaining superiority over others; for comfort, attaining a sense of comfort; for control, maintaining control over others or self. These theorists developed personality priorities

in order to assist clients in understanding their relation to society and motivation of their actions. Use of personality priorities in Adlerian counseling is beneficial in many counseling situations including individual, couples, and family counseling (Carlson, Watts, & Maniacci, 2006). Current researchers have shown that understanding an individual's personality priority as helpful in examining level of wellness (Britzman & Henkin, 1992; Britzman & Main, 1990).

## Statement of the Problem

Numerous researchers have studied the quality of the therapeutic relationship in counseling. Within these studies, several factors have been found to contribute to development of a working alliance. However, no investigations that address how clients' and counselors' personality priorities play a part in formation of an efficacious counseling relationship or working alliance were found. Possibly, if counselors are aware of their clients' personality priorities, their own personality priority, and the relationship between the two, they might be able to work to strengthen the therapeutic alliance.

Adlerians' view on assessment may be a factor in the lack of research on personality priorities. Adlerians prefer to assess individuals in a continuous, qualitative, idiographic process (Allen, 2005). The interview method was a widely used assessment to view individuals in this way. Focusing on individuals' change as a continual process was viewed as more important than using a snapshot assessment to categorize clients. Adlerian counselors believed use of observations and descriptions of uniqueness were more valuable than diagnostic categories and classifications (Allen, 2005).

In the literature on Adlerian personality priorities, researchers have explored frequent personality priority pairings in marriage (Evans & Bozarth, 1986; Holden, 1991) and personality priorities as indicators of marital adjustment (Main & Oliver, 1988). Researchers also examined the idea that wellness is related to an individual's personality priority (Britzman & Main, 1990; Britzman & Henkin, 1992). While there are an ample amount of studies that explore an individual's personality priority or personality priorities of each person in a marriage or couple, no studies in which researchers examined personality priorities of the client and counselor in the counseling relationship were found. Counselors and clients might both benefit if counselors are aware of the relationship between client and counselor personality priorities and the counseling relationship as counselors may be able to use that information to strengthen the therapeutic alliance.

## Purpose of the Study

The purpose of this study was to determine if a relationship exists between quality of the working alliance and counselor's and client's Adlerian personality priorities, as defined by Kefir (1971). This researcher hopes to add to current research on understanding the working alliance in counseling. In addition, the research will contribute to current literature examining interactions of individuals with same or different personality priorities. Finally, this researcher hopes to aid counselors in practice to better understand themselves and their clients. As counselors understand themselves better, their clients, and the relationship between the two, they can work to strengthen the counseling relationship. Researchers have shown there is a link

between the working alliance and positive outcome in psychotherapy (Horvath & Symonds, 1991).

## Review of the Literature

### *Working Alliance*

To understand the purpose of this study, a familiarity with working alliance in counseling is necessary. Working alliance focuses on collaboration between client and counselor in approaching the task of treatment (Kokotovic & Tracey, 1990). Although the specific definition of working alliance varies according to literature, the definition proposed by Bordin (1979) is commonly used. Working alliance is defined as a combination of three related scales that establish quality of the counseling relationship. The three factors are: agreement client and counselor make regarding goals of therapy (goal), plan client and counselor agree on as a means to achieve therapeutic goals (task), and bond developed between counselor and client through the course of therapy (bond). Bordin suggested the working alliance between client and counselor is the major factor in the change process. Bordin proposed that matching of counselor and client personality characteristics will increase quality of the working alliance, therefore meeting needs of the client and counselor.

Although Bordin and other theorists discussed importance of the working alliance in counseling, they did not mention a method of determining working alliance. Horvath and Greenberg (1989) sought to develop a measure to assess working alliance. They believed the assessment should be independent of the counselor's theoretical orientation. These researchers developed a self-report measure composed of 36 items,

with 12 items in each of three subscales: task, goal, and bond (Busseri & Tyler, 2003). Findings suggest statistically reliable relationships exist between measurement of the working alliance after the third counseling session and client-reported outcome indicators, satisfaction, and change (Hartley & Strupp, 1983).

## Working Alliance Development

Theorists such as Gelso and Carter (1994) stressed formation of an early working alliance, especially in brief therapy. They also acknowledged it is important to have some time to strengthen the working alliance. Kokotovic and Tracey (1990) demonstrated a strong working alliance can occur at the end of a first counseling session. Even with a strong initial working alliance, it is possible and likely the working alliance will increase over time. As bond increases and tasks and goals are made explicit, strength of the alliance should increase (Kivlighan & Shaughnessy, 2000).

Horvath, Gaston, and Luborsky (1993) proposed two phases in development of the working alliance. The initial, or Type 1, phase encompasses the first five sessions during which the working alliance is formed. The working, or Type 2, phase begins when the counselor begins to challenge the client's ways of thinking and behaving. Strength of the working alliance may vary as clients' resistance is confronted and worked through during the second phase. Kivlighan and Shaughnessy (1995) suggested clients and counselors may come to share a common perception of the working alliance over time.

Relation to Counseling Process

Working alliance has gained considerable attention in literature because several researchers have shown there is a link between working alliance and positive outcome in psychotherapy. Horvath and Symonds (1991) conducted a meta-analytic study of 24 reports relating quality of working alliance to outcome of therapy. The meta-analysis consisted of studies specifically identifying the measured relationship construct as a "working," "helping," or "therapeutic" alliance. All of the studies included a report of a quantifiable relationship between the alliance and some aspect of outcome in psychotherapy. Horvath and Symonds used the product moment relationship coefficient *r* as the estimate of effect size. Effect sizes for all of the data were combined to compute an overall effect size of .26. Horvath and Symonds found a moderate, reliable relationship between a strong working alliance and positive outcome in therapy. Average estimated reliability was .86. Overall, quality of the working alliance was most predictive of treatment outcome when compared to clients' assessments, counselors' assessments, and observers' report.

In light of the importance of the working alliance to treatment outcome, researchers have examined many factors when attempting to understand development of the working alliance in counseling. For example, Satterfield and Lyddon (1995) found a client who tends to distrust availability and dependability of others may be more likely to evaluate the counseling relationship in negative terms during the early phase of counseling. Researchers also suggested clients who consider themselves to be worthy of love and support and believe others are generally trustworthy, reachable, and responsive may be more likely to form emotional bonds and significant goals with their

counselors (Satterfield & Lyddon, 1998). In addition to this finding, Kivlighan et al. (1998) found clients who were comfortable with intimacy and able to depend on others perceived a stronger working alliance with their counselor.

Researchers have also investigated the role of counselor in the alliance. Mallinckrodt and Nelson (1991) found clients' ratings of the working alliance were higher on task and goal scales when counselors had higher levels of education in counseling; however, Mallinckrodt and Nelson did not find a similar difference in clients' ratings on the bond scale of the working alliance. Dunkle and Friedlander (1996) discovered clients whose counselors reported less hostility, more social support, and more comfort with intimacy were more likely to report a strong bond with their counselor early in therapy. Finally, Kivlighan (1990) found a moderate negative relationship between counselor utilization of counseling techniques and clients' ratings of the working alliance. When counselors tried to obtain and clarify information, explored behaviors, feelings, or thoughts, and offered support or encouragement to clients, the clients reported a weakened working alliance.

Previous researchers investigated various other factors that may be important in development of the working alliance. Client hostility, quality of current relationships, and past family relationships correspond to the working alliance formation (Moras & Strupp, 1982). Specifically, greater client hostility and lower quality of client relationships are related to lower quality of the working alliance. Furthermore, improvements in clients' reports of quality of the working alliance are associated with improvement in clients' social support (Mallinckrodt, 1996). Clients' expectations are also an important factor in establishment of the counseling relationship. Al-Darmaki's and Kivlighan's (1993)

findings suggest clients who expect an equal relationship are likely to collaborate with their counselor and therefore engage in a higher quality working alliance.

### *Overview of Adlerian Counseling*

Another important piece in understanding this study is an awareness of how Adlerian personality priorities fit into counseling. Becoming familiar with the theory behind personality priorities is critical to understanding this process. The theory of Alfred Adler (1870-1937), also known as Individual Psychology, is a practical approach to the process of counseling based on the fundamental concept that the best way to understand individuals is in a social context (Kern & Watts, 1993; Mosak & Lefevre, 1976)

According to Adlerian theory, personality is formed early in life as individuals attempt to create themselves with regard to their social environments. Throughout life, individuals strive to achieve individually perceived needs or goals within a social context. Family plays an important role in development of an individual because family provides the initial social context. Adlerians view individuals as holistic, creative, and responsible (Mosak, 2005). Adler's term *lifestyle* refers to an individual's typical method of meeting tasks of life and interacting in the social environment. The course of Adlerian therapy usually entails establishing a mutually respectful relationship, assessing client's lifestyle, and providing encouragement for growth and change (Wheeler, 1987). Personality priorities are tools used to help understand an individual's lifestyle.

### Social Embeddedness

Adlerian counselors believe human behavior is goal oriented and socially embedded (Carlson et al., 2006). Individuals organize their thoughts, feelings, and behaviors around the goal of a personally perceived sense of belonging. This concept is also known as striving for superiority or striving for significance. Mosak (2005) asserted individuals move toward goals they have selected themselves. He further contended people select goals they believe will give them a sense of belonging, will provide them with security, and will preserve their self-esteem. Through studying their interactions with others, individuals can understand how they are fitting in or seeking to belong in the social world (Carlson et al.). As people become more aware of their personalities, they are better able to recognize their place with others and interconnectedness with all of life (Maniacci et al., 1998).

### Social Interest

The Adlerian concept of social interest refers to an individual's capacity for interrelatedness and includes willingness to work for the general social good. According to Mosak (2005), a psychologically healthy individual has developed social interest and is therefore willing to commit to life. Mosak further stated a person with a developed social interest embodies a sense of belonging and contributing. Above all, this person rejects faulty social values of society and instead attempts to live by values more consonant with the logic of social living. Fall, Holden, and Marquis (2004) stated Adlerians believe all people are born with innate potential to develop social interest, but social interest must be fostered by interactions with family members and others in

society. According to Fall et al., behaviors associated with social interest include helping, sharing, participating, cooperating, and compromising. Feelings related to social interest include belonging, faith in others, optimism, and communality.

### Basic Mistakes

The Adlerian concept of basic mistakes refers to mistaken beliefs about oneself. Basic mistakes are a result of a lack of social interest. Mosak (2005) mentioned five basic mistakes: overgeneralizations, false or impossible goals of security, misperceptions of life and life's demands, minimization or denial of one's worth, and faulty values.

### Feelings of Inferiority

Adlerians consider feelings of inferiority to be the basis of all human strivings. These feelings involve viewing oneself as inadequate or less than others. Mosak (2005) asserted that when there is a discrepancy between an individual's self and ideal self-convictions, feelings of inferiority arise. Furthermore, Mosak stated that inferiority feelings are normal, but an inferiority complex is abnormal. In discussing feelings of inferiority, Fall et al. (2004) referred to a subjective evaluation of self. Fall et al. discussed feeling inferior as a normal part of the human condition. However, behaving as though one believes one is inferior is abnormal and suggests an inferiority complex. The inferiority complex consists of symptoms to avoid life tasks and to escape responsibility for meeting life tasks while safeguarding one's self-esteem.

## Family Constellation

According to Adlerian theory, individuals are born into a group of humans and will have to find their place in the family constellation (Carlson et al., 2006). According to Mosak (2005), Adlerians believe the family constellation constitutes an individual's primary social environment.  Each child is born into a unique spot within the family.  This spot creates the subjective position from where the child will see and interpret the world (Carlson et al.);  Mosak stated what is more important is this psychological birth order, meaning one's perception regarding one's birth position.  Children strive to find their place first in their family and then society.

## Goals of Misbehavior

From infancy, children strive to find ways to belong and be significant.  Their behavior is goal oriented.  They can easily misinterpret their observations, drawing the wrong conclusions.  This misinterpretation underlies their mistaken ways (misbehavior) used to find their place in the family (Dinkmeyer, McKay, & Dinkemeyer, 1997).  Similar to the way personality priorities depict an individuals' way of belonging, goals of misbehavior portray different ways children strive to belong.  First, children strive to belong by seeking attention.  All children desire and need attention.  However, a child who needs attention all the time will resort to behavior that is annoying.  The parent responds by scolding or warnings and the child is temporarily satisfied (Dinkmeyer et al.).  For some children their mistaken goal is to be in charge. By their misbehavior, they are saying, "I am in control" or "You can't make me." Parents feel angry and will meet the child in a power struggle.  If the parent gives in the child "wins" and stops the

behavior until the next power struggle arises (Dinkmeyer et al.). Some children with the mistaken goal of revenge often feel they have been hurt or they can never win in a power struggle. They feel the only way to belong is to get even. Parents feel hurt and rejected by this form of misbehavior (Dinkmeyer et al.). Often a child with the mistaken goal of inadequacy will give up displaying helplessness. They want to be left alone so they have no expectations to live up to. Parents feel helpless to do anything and feel like giving up as well. For many children this form of misbehavior is displayed only in certain areas such as homework or activities (Dinkmeyer et al.).

## Style of Life

Adlerians believe people choose whether or not to accept an idea based on a screening process that takes place through individuals' lifestyle (Carlson et al., 2006). Adlerians refer to the individual's lifestyle as one's characteristic way of living and pursuing long-term goals. Mosak (2005) contended an individual's lifestyle is neither right nor wrong, but is merely the lens through which one views oneself in relationship to the way in which an individual perceives life. According to Adlerian theory, the best way to understand people is to see them as operating out of a unique, subjective view of the world. Lifestyle is comprised of characteristic ways individuals act, think, and perceive their lives. From the lifestyle, individuals select methods for coping with *life tasks*: work, friendship, love, recreation, and spirituality. Adlerians believe an individual needs to master each of the tasks in order to be mentally healthy (Carlson et al.). The term "life tasks" refers to the dimensions in which individuals operate. According to Mosak (2005), life presents challenges in the form of these life tasks. Fall et al. (2004) related

life tasks to lifestyle by mentioning how an individual meets challenges in life tasks is directly associated with that individual's lifestyle. Adlerian personality priorities guide understanding of an individual's lifestyle.

### *Personality Priorities*

To further understand the purpose of this study, knowledge of the particular personality priorities is important. Although Adler did not specifically discuss personality priorities, he did differentiate ways people feel and behave as they approach life tasks. He arranged these groupings into typologies (Kutchins, Curlette, & Kern, 1997).

Kefir (1971) was the first theorist to develop a typology based on Adler's descriptions. This typology describes a set of convictions that are an indicator of what an individual believes he or she must do to belong as personality priorities. Kefir named four priorities: pleasing, superiority, control, and avoiding (comfort).

Kefir and Corsini (1974) speculated identification of an individual's personality priority could serve as a tool for uncovering an individual's lifestyle. Furthermore, Pew (1976) mentioned an individual's priority represents a short- range goal the individual consistently moves toward in interactions with other people. Pew added that, although he thought one should define an individual's priority in positive terms, personality priorities also provide helpful information about feelings an individual desperately wishes to avoid. Pew noted that people still operate from other priorities at times, but people most often operate from their number one priority. In the following paragraphs, specific personality priorities will be reviewed.

## Comfort Personality Priority

Pew described an individual with a number one priority of comfort as one who is predictable, easygoing, optimistic, peace making, mellow, and empathetic (1976). On the negative side, this person may not seek responsibility and typically has less drive for accomplishment. The primary goal of the comfort personality is not necessarily maintenance of pleasure, but is instead avoidance of stress or pain (Bitter, 1993). These individuals go to great lengths to stay away from potentially hurtful situations (Ashby et al., 1998).

As they try to avoid pain, individuals with comfort priority are emotionally expressive, at times to the point of hypersensitivity. They also avoid engaging with other people who might be in pain in order to protect themselves from suffering vicariously (Ashby et al., 1998). These people might wish to avoid rejection, embarrassment, or ridicule because these situations may create physical or emotional discomfort (Evans & Bozarth, 1986). Individuals with comfort personality priority are unwilling to risk frustration, desire a relaxed and easygoing environment, and wish to avoid doing a lot of work. People seeking comfort seldom take a stand because disagreement from others can lead to distress, which they must avoid (Bitter, 1993).

## Pleasing Personality Priority

Individuals with a number one priority of pleasing tend to easily connect with others (Pew, 1976). They are perceptive, friendly, considerate, willing volunteers, flexible, generous, peace making, and empathetic. These individuals tend to meet others' expectations. On the negative side, individuals with pleasing personality priority

might give in to others at their own expense. They tend to view others as being in control and believe they themselves have no chance for power (Pew). Individuals whose goal is pleasing may try to guess what others want from them in order to avoid displeasing them and experiencing rejection (Ashby et al., 1998).

Pleasing people will go out of their way to please others, be sensitive to others' feelings, give in to others' demands, allow others to be in control, and be friendly even when others are not (Evans & Bozarth, 1986). The goal of the pleasing priority is to satisfy others and win their approval. According to Bitter (1993), individuals whose goal is to please others often feel helpless without others because they believe they themselves may be worth nothing. No matter what they truly think or feel, pleasing people will agree to most any request. These individuals are typically successful at keeping relationships peaceful, friendly, and noncompetitive (Britzman & Henkin, 1992).

### Control Personality Priority

Individuals whose personality priority is control tend to demonstrate leadership ability, possess strong organizational skills and are highly reliable. They are productive, practical, persistent, assertive, predictable, and responsible. On the negative side, these individuals might be bossy, overly concerned with order, desire to win at all costs, overpowering in their demands, and prone to depression. Varieties of the control personality priority include one who wants to control others or situations and one who wants to control self. One who wants to control others or situations may accomplish the goal actively by being a tyrant or by acting passively. The individual who wishes to

control self suppresses emotions and therefore misses out on life's sorrows and joys (Pew, 1976).

Ashby et al. (1998) referred to the individual who works to control self as detaching. Detaching individuals typically have negative attitudes towards relationships. They believe interacting with others could be embarrassing and uncomfortable, so they protect themselves by avoiding physical and emotional contact with others. By detaching themselves and avoiding attention, these individuals believe they can remain safe. They do not like surprises and rarely are spontaneous (Ashby et al.). Evans and Bozarth (1986) refer to the individuals who maintain control over their emotions as suppressing priorities. The suppressor has an ability to withdraw from social situations, wants to avoid ridicule, and keeps social distance by constructing emotional barriers.

Holden (2002) described people with control of others personality priority as individuals who strive to manage whatever is outside of themselves, including situations and people. Individuals who work to control others avoid feeling out of control in their environment, which decreases feelings of vulnerability. Poduska (1985) described these individuals as very active, wanting to control finances, wanting others to be subservient, desiring positions of power, and desiring to teach others their skills and expertise. Brown (1976) defined someone with control of others personality priority as one who uses negative statements and withdraws or backs away when approached by others.

### Superiority Personality Priority

Pew (1976) stated individuals with superiority personality priority see others as

evaluators. In their efforts to avoid meaninglessness, superiority type individuals tend to engage in relationships where they are over involved and over responsible. These types of relationships lead to fatigue, stress, and uncertainty regarding their interactions with others. People with a priority of superiority have resources which include competency, knowledge, idealism, and persistence, ability to find meaningfulness in hardship, a strong moral sense, and a willingness to utilize self for the good of society.

As noted by Ashby et al. (1998), individuals whose goal is superiority are self-responsible and self-confident, relying on their own standards versus standards of others. These individuals tend to be hard-working, responsible, organized, intelligent, and possess a sense of right and wrong. Others may view these people as overly ambitious (Evans & Bozarth, 1986). Bitter (1993) discussed superiority types desire to be highly regarded or to have power. Their communication can include a large amount of disagreement and criticism, masking a tendency towards criticism of self. Individuals with superiority personality priority often feel pressured as if problems of the world are in their hands. They believe in avoiding meaninglessness and worthlessness (Bitter).

Ashby et al. (1998) termed the superiority type individual who is competitive and critical of others as “outdoing.” This individual strives to be better than others and surpass accomplishments of other people. People with an outdoing personality may be bossy, analytical, and manipulative in their attempts to avoid feelings of inferiority. These individuals are quickly annoyed and work hard to impress other people (Ashby et al.). Evans and Bozarth (1986), discussed the outdoing personality priority as seeking to be on top of everyone else. In order to get on top, this individual may try to control

others or may attempt to exceed the personal accomplishments of others. People with an outdoing priority want others to consider them to be the best at whatever they do.

### *Role of Personality Priorities in Counseling*

Counselors from a variety of treatment settings have used Adlerian personality priorities (Holden, 1991; Main & Oliver, 1988). The utilization of personality priorities ranges from counseling with couples to counseling with individuals. Counselors can make use of personality priorities in order to better understand clients' actions and behaviors in terms of what they do in order to belong and what they want to avoid. Understanding personality priorities and the way they work is helpful for clients to gain insight.

Counselors can use personality priorities to facilitate clients' understanding of strengths and weaknesses. Ashby et al. (1998) explored the relationship between Adlerian personality priorities and psychological and attitudinal issues. They investigated how individuals' self-esteem, social interest, locus of control, and dysfunctional attitudes correlated with their personality priorities. Pleasing individuals had lower levels of self-esteem and higher levels of dysfunctional attitudes than individuals whose priority is achieving (superiority). Achieving (superiority) type individuals had higher levels of self-esteem, greater internal locus of control, and lower levels of dysfunctional attitudes than individuals whose priority is control of self. Furthermore, Ashby et al. concluded some individuals with the outdoing (superiority) personality priority had lower levels of social interest than individuals with a pleasing priority, believing they are better than others. Findings indicated the comfort personality

priority had no significant differences from other priorities. Because researchers based personality constructs used in this study on the Langenfeld Inventory of Personality Priorities (LIPP; Langenfeld & Main, 1983), control of others personality priority was not included. This study provides empirical support for using personality priorities to conceptualize clients.

Ashby et al. (1998) noted that counselors can use Adlerian personality priorities to gain a deeper understanding of clients' beliefs about themselves, others, and the world. In addition, by using personality priorities, counselors can also help clients better know themselves. For example, counselors can help clients with an achieving (superiority) personality priority by emphasizing various strengths and focusing on projects to help them channel their need for accomplishment. Counselors can help individuals with control of self priority build their self-esteem by aiding them in uncovering their mistaken beliefs.

Ashby and Kottman (2000) conducted a study to investigate the relationship between Adlerian personality priorities and affect, depression, self-efficacy, and fear of intimacy. They found significant relationships between personality priorities, self-efficacy, and affect. Specifically, individuals with achieving (superiority) priority had higher general self-efficacy than individuals with pleasing, outdoing (superiority), and comfort priorities. Achieving (superiority) types also had higher levels of positive affect than did individuals with pleasing priorities. There were no significant relationships between personality types and negative affect, depression, or fear of intimacy.

The study conducted by Ashby and Kottman (2000) has several implications for counseling practice. Specifically, low self-efficacy of individuals with pleasing, outdoing

(superiority), and comfort types suggests building self-efficacy of these particular clients might be a valuable goal in counseling. By examining dynamics of each priority, counselors can utilize specific techniques to help clients learn more effective ways of self-evaluation (Ashby & Kottman). For example, in working with clients whose priority is pleasing, the counselor helps separate perceptions of self from feedback from others. With clients whose priority is comfort, the counselor can work to help reduce unwillingness to experience personal discomfort. In working with clients whose priority is outdoing (superiority), the counselor could concentrate on helping the client learn to judge self more on individual accomplishments instead of comparing self to others.

Utilization of personality priorities in counseling may also be helpful in couples work. Holden (1991) asserted understanding, empathy, and tolerance gained through awareness of one's partner's personality priority leads to an increased acceptance of certain behaviors. When individuals can understand partners' behaviors, fears, and personality priorities, they will be better suited to support and encourage one another. Bitter (1993) maintained every priority is a good intention which usefully realized becomes a resource to couples. Counselors can educate couples on how to encourage each other to achieve particular goals of their personality priority without attacking one another's vulnerabilities and fears.

Main and Oliver (1988) studied how personality priorities are helpful in examining marital adjustment. They explored whether partners' personality priorities were similar (symmetrical) or different (complementary). They also looked at whether personality priorities of marriage partners represented movement in the same direction, toward or away from others (symmetrical), or in opposite directions (complementary).

Furthermore, Main and Oliver classified marriage partners who have a parallel relationship, meaning they have both symmetric and complementary emotional interactions. For example, the husband's and wife's first priorities in combination might be complementary, but their second priorities may be symmetrical. Marriage partners having a parallel relationship had significantly higher marital adjustment scores than did complementary style couples. Symmetrical couples also reported higher marital adjustment than complementary couples. Indirectly, this study provided support for the assumption that equality of relationships offers higher satisfaction in intimate relationships.

### *Personality Priorities and Wellness*

Britzman and Main (1990) explored the relationship between personality priorities and wellness. They found five priorities used in the LIPP had a significant relationship to wellness. As the achieving (superiority) personality priority increased, so did the level of wellness orientation. On the other hand, as detaching (control of self) personality priority and avoiding (comfort) personality priority increased, level of wellness orientation decreased. This study provided empirical support for the relationship of personality priorities to wellness orientation.

Britzman and Main (1990) reported achieving (superiority) types seem to exhibit internal motivation to develop self-discipline necessary to incorporate a wellness philosophy. They are able to put forth effort and sacrifice, as well as engage in high levels of activity. Achieving (superiority) type individuals also tend to have strong internal motivation, set high standards for themselves, and are committed enough to

delay gratification. Conversely, a person with a detaching (control of self) personality priority is unlikely to engage in wellness activities. This finding seems to fit with the description of detaching (control of self) types as being reluctant to join in group activities and opposed to new social situations. An individual with an avoiding (comfort) priority has a difficult time adhering to high levels of wellness. This discovery also fits with portrayal of avoiding (comfort) types as wanting to avoid emotional and physical hardship. Britzman and Main did not find a relationship between the outdoing (superiority) personality priority and wellness. They suggested lack of a relationship might be due to outdoing (superiority) type's lower internal locus of control, which is opposed to wellness activities. They also did not find a relationship between pleasing priority and wellness orientation. These individuals may lack internal motivation needed to adopt high levels of wellness because of a strong need to place others' concerns before their own. Britzman and Main did not examine the control of others personality priority because they used the priorities from the LIPP study.

Britzman and Henkin (1992) explored personality priorities as they relate to an individual's wellness and discussed Adlerian encouragement strategies. They noted the importance of assessing an individual's lifestyle (including an individual's personality priority) when devising a personal wellness plan. Everyone has inner resources to make positive choices related to wellness. An individual's potential often remains hidden due to the individual's faulty beliefs about belonging and significance. Counselors need to individualize wellness plans based on individuals' personality priorities. For instance, people with an avoiding (comfort) priority may respond best to a plan that requires a small amount of emotional and/or physical discomfort. Those with a

detaching (control of self) priority may need assurance that there is only minimal chance participating in a wellness program will cause them social embarrassment. Individuals whose priority is pleasing may respond more quickly to wellness when risk of rejection is minimal. Outdoing (superiority) types may be inclined towards wellness through recognition and incentives. Finally, individuals with an achieving (superiority) priority may only need education concerning benefits of wellness. Britzman and Henkin did not discuss the control of others priority because they defined personality priorities by the LIPP model.

### *Summary*

Numerous researchers have studied quality of the therapeutic relationship in counseling. Within these studies, several factors have been found to contribute to development of a working alliance. In addition, several studies have linked quality of the working alliance to outcome in psychotherapy (Horvath & Symonds, 1991) Perhaps, if counselors are aware of clients' personality priorities, their own personality priority, and the relationship between the two, they can work to strengthen the therapeutic alliance.

# CHAPTER 2

# METHODS AND PROCEDURES

The purpose of this study was to explore the relationship between quality of the therapeutic working alliance and counselors' and clients' Adlerian personality priorities as defined by Kefir (1971). This research adds to current literature on understanding the working alliance in counseling. Several studies indicate the working alliance is linked to outcome in therapy (Horvath & Symonds, 1991). In addition, the research also contributes to current literature on examining interactions of individuals with same or different personality priorities. Knowledge of interactions of certain personality priorities in counseling can allow counselors and clients valuable insight into themselves and the counseling process. The following chapter provides research questions for the study, research hypotheses, definition of terms, methods, procedures, and analyses.

## Research Questions and Hypotheses

- Research Question 1: How are counselors' Adlerian personality priorities related to clients' perspective of the quality of the therapeutic working alliance?
    - *Hypothesis 1:* There will be no statistically significant mean differences between counselors' Adlerian personality priorities and clients' reports of the quality of the therapeutic working alliance.
- Research Question 2: How are counselors' Adlerian personality priorities related to their perspective of the quality of the therapeutic working alliance?
    - *Hypothesis 2:* There will be no statistically significant mean differences between counselors' Adlerian personality priorities and their reports of the quality of the therapeutic working alliance.
- Research Question 3: Is counselor and client match on Adlerian personality priorities significantly related to clients' perspective of the quality of the therapeutic working alliance?

- *Hypothesis 3:* There will be no statistically significant mean differences in client reports of the quality of the therapeutic working alliance for counselor and client pairs who match on Adlerian personality priorities and counselor and client pairs who do not match on Adlerian personality priorities.

- Research Question 4: Is counselor and client match on Adlerian personality priorities significantly related to counselors' perspective of the quality of the therapeutic working alliance?
  - *Hypothesis 4*: There will be no statistically significant mean differences in counselor reports of the quality of the therapeutic working alliance for counselor and client pairs who match on Adlerian personality priorities and counselor and client pairs who do not match on Adlerian personality priorities.

## Definition of Terms

Kefir was the first theorist to develop personality priorities (1971). She described personality priorities as a set of convictions that are indicative of what an individual believes he or she must do to belong. Kefir named four priorities: pleasing, superiority, control, and avoiding (comfort).

The primary goal of the *comfort* personality is not necessarily maintenance of pleasure, but is instead avoidance of stress or pain (Bitter, 1993). These individuals go to great lengths to stay away from potentially hurtful situations (Ashby et al., 1998). *Pleasing* people will go out of their way to please others, be sensitive to others' feelings, give in to others' demands, allow others to be in control, and be friendly even when others are not (Evans & Bozarth, 1986). The goal of the pleasing priority is to satisfy others and win their approval. Pew (1976) noted two varieties of the *control* personality priority: one who wants to control others or situations and one who wants to control self. The one who wants to *control others* or situations may accomplish that goal actively by being a tyrant or passively. The individual who wishes to *control self* suppresses

emotions and therefore misses out on sorrows and joys (Pew). Individuals whose goal is *superiority* are self-responsible and self-confident, relying on their own standards versus standards of others (Ashby et al.). Superiority types desire to be highly regarded or to have power. They believe in avoiding meaninglessness and worthlessness (Bitter).

The working alliance focuses on collaboration between client and counselor in approaching the task of treatment (Kokotovic & Tracey, 1990). Bordin (1979) defined the working alliance as a combination of three related scales that establish quality of the counseling relationship. Three factors are: agreement client and counselor make regarding goals of therapy (goal), plan client and counselor agree on as a means to achieve therapeutic goals (task), and bond developed between counselor and client through the course of therapy (bond).

## Methods

### *Selection of Participants*

Research participants for this study consisted of 14 masters and doctoral student counselors in the counseling program at a large metropolitan emerging research university in the southwest United States. Participants also consisted of 31 adult clients, aged 18 and older, who were voluntarily attending counseling at the counseling program community clinic. The 31 clients were receiving counseling from the 14 counselor participants. The majority of the client participants were attending counseling for personal growth as either a requirement for or extra credit in a counseling class.

*Measurement*

The Allen Assessment for Adlerian Personality Priorities (AAAPP; Allen, 2005) was used in this study to assess clients' and counselors' personality priorities. This instrument was designed to assess personality priorities as defined by Kefir: comfort, pleasing, control, and superiority (1971). The developer of the AAAPP sought to provide an assessment with strong comparability in assessing the Adlerian construct of personality priorities to the counselor interview. Allen's sample consisted of 107 participants from a Christian church group in North Carolina who were given the 1st administration of the AAAPP, Social Interest Scale and a demographic survey. Sixty-four participants completed a 2nd administration of the AAAPP two weeks later. Twenty participants experienced a counseling interview following the 2nd administration (Allen). The 190-item instrument consists of true/false questions and word pairs. Examples of true/false items include: "I feel uncomfortable when competing against others" and "I like my environment to be peaceful and relaxing." Examples of word pair items in which participants choose the word that most closely describes them include: "affectionate" or "reserved" and "trusting" or "skeptical" (Allen).

In order to determine construct validity, a paired samples *t*-test was conducted to examine mean differences between participant's number-one priority AAAPP scores and number-one priority interview scores. Participants interview scores had a mean of 3.2 and a $SD = 1.54238$ and AAAPP scores had a mean of 3.3 and a $SD = 1.55935$. The $df = 19$ with a *t*-test statistic was $t = -.384$ and the $p = .705$, which is greater than the .05 significance level, meaning that no significant differences exist between the interview scores and assessment scores (Allen, 2005).

All five constructs found test-retest reliability to be established for each first and second administrations of the AAAPP. Cronbach's alpha reliability testing was conducted to look at reliability for each of the constructs of the AAAPP. The pleasing construct had the highest Cronbach's alpha of .681 of the five AAAPP constructs. The control of others construct followed with a Cronbach's alpha of .662. The superiority construct had a Cronbach's alpha of .648. The control of self construct had a Cronbach's alpha of .489. The comfort construct had a Cronbach's alpha of .443. Overall Cronbach's alpha reliability statistic for the AAAPP including all five constructs was .790. Reliability estimates revealed the overall constructs were internally consistent (.790; $n$ = 107) (Allen, 2005).

The short revised form of the Working Alliance Inventory (WAI; Horvath & Greenberg, 1989) was used to assess quality of the therapeutic working alliance. This 12-item self-report measure was derived from the original 36-item version (Horvath & Greenberg) and from the Working Alliance Inventory- short version (Tracey & Kokotovic, 1989). This alternative 12-item WAI (WAI-SR), consistent with Bordin's (1979) model of working alliance, was developed in one sample and cross-validated in another (Hatcher & Gillaspy, 2006). The WAI-SR better differentiated Goal, Task, and Bond alliance dimensions and correlated well with other alliance measures. The Task dimension was particularly salient, as expected based on Bordin's original theory.

The WAI-SR consists of three 4-item scales, which reflect congruence on overall goals of treatment, tasks relevant for achieving these goals, and emotional bond of trust and attachment between client and counselor. Each item is rated on a 5-point scale, ranging from 1 (*seldom*) to 5 (*always*). The total scale score ranges from 12 to 60, with

higher scores reflecting a stronger working alliance. Each of the three subscale scores ranges from 4 to 20. The instrument can be used to measure working alliance from counselor and client perspectives.

The WAI-SR scales and scales of the original WAI correlate highly (Hatcher & Gillaspy, 2006) (.94 and .95), suggesting the WAI-SR can serve as an adequate stand-in for the full WAI if desired. The WAI-SR subscales also correlate strongly with corresponding subscales of the WAI. The respective Bond scales correlated highest (.94, .91); Goal scales (.91, .86) and Task scales (.83, .87) showed substantial but somewhat lower relationships (Hatcher & Gillaspy).

Clients' version of the WAI had an estimated alpha of .93 for reliability. Counselors' version yielded a composite reliability estimate of .87. Validity of the instrument is supported by the consistent finding that the client version of the WAI is predictive of outcome from both counselor's and client's perspectives. WAI-SR demonstrated adequate person and measure reliabilities (person reliability for Sample 1 was .92 and for Sample 2 was .88; measure reliabilities were .92 and .88, respectively).

## Procedures

The researcher attended four counseling practicum classes and asked student counselors to participate in the study. Participating student counselors asked their adult clients to participate in the study. Counselors saw clients for 50 minute sessions as part of a practicum class requirement at the counseling program sliding fee-scale community clinic located on the university campus.

### *Data Collection*

Before participating in the study, each participant was asked to read and sign an informed consent document. Participants were assured all information would be kept confidential with coded forms. All research participants were asked to complete a demographic survey at the beginning of the study. Client participants were asked to complete the AAAPP before the start of the counseling relationship as part of intake paperwork before beginning counseling. Counselor participants also completed the AAAPP. All participants completed the WAI-SR after the conclusion of at least 4 counseling sessions. Counselor participants completed the WAI-SR for the counselor's perspective and clients completed the WAI-SR for the client's perspective.

Counselors' AAAPP and demographics sheet were coded with a two digit number. All of the clients' information was coded with the same first two digits as their respective counselor plus one additional number. The counselors' WAI-SR was coded with the same three digit number as the client on whom they were reporting the working alliance. Participant information was kept confidential either in clients' files that were locked in a filing cabinet in the counseling program community clinic or in a locked box that was in possession of the researcher.

## Analysis of Data

An analysis of variance (ANOVA) was used to determine if counselors' Adlerian personality priorities are related to clients' perspective of the quality of the therapeutic working alliance. Another ANOVA was run to determine if counselors' Adlerian personality priorities are related to their perspective of the quality of the therapeutic

working alliance. Scores on the WAI-SR served as dependent variables and counselors' Adlerian personality priority served as the independent variable. Descriptive statistics on participant demographics were also determined.

An independent samples *t*-test was run to determine if counselor and client match on Adlerian personality priorities, obtained from the Allen Assessment for Adlerian Personality Priorities (independent variable), is significantly related to quality of the therapeutic working alliance, obtained on the Working Alliance Inventory- short revised (dependent variable). Independent samples *t*-tests were run using scores on the WAI-SR from counselors' perspective and run again using the WAI-SR scores from clients' perspective. Scores on the WAI-SR served as dependent variables and counselor and client match on Adlerian personality priority served as the independent variable.

# CHAPTER 3

# RESEARCH RESULTS

The purpose of this study was to explore the relationship between the quality of the therapeutic working alliance and counselor's and client's Adlerian personality priorities as defined by Kefir (1971). Research questions and hypotheses were designed to examine how counselors' Adlerian personality priorities are related to their clients' and their perspective of the quality of the therapeutic working alliance. Research also examined how counselor and client pair match on Adlerian personality priorities is related to clients' and counselors' perspective of the quality of the therapeutic working alliance.

Research questions were answered using several methods. An analysis of variance (ANOVA) was used to determine if counselors' Adlerian personality priorities are related to clients' perspective as well as their perspective of quality of the therapeutic working alliance. An independent samples *t*-test was run to determine if counselor and client pair match on Adlerian personality priorities, obtained from the Allen Assessment for Adlerian Personality Priorities (independent variable), is significantly related to quality of the therapeutic working alliance, obtained on the Working Alliance Inventory- short revised (dependent variable).

## Demographics

Of 14 counselor participants, 13 had valid demographic information surveys. Counselor participants in this study with valid demographic information included 6 males and 7 females at the counseling program community clinic at a large metropolitan

emerging research university in the southwest United States. One counselor participant preferred not to answer the demographic information. Ages of counselor participants ranged from 23 to 55 years (*M* = 34.8, *SD* = 10.8). Ethnicity of counselor participants was 85.7% (*n* = 12) white (non-Hispanic) and 7.1% (*n* = 1) Asian. Marital status of counselor participants was 50% (*n* = 7) married, 28.6% (*n* = 4) single, and 14.3% (*n* = 2) separated or divorced.

Education level of counselor participants ranged from individuals with bachelor's degrees (working on a master's degree in counseling) to master's degrees (working on a doctoral degree in counseling). There were 10 (71.4%) master's-level student counselor participants and 3 (21.4%) doctoral-level student counselor participants. The guiding theoretical orientation of counselor participants was 78.6% (*n* = 11) Adlerian; 7.1% (*n* = 1) cognitive behavioral; and 7.1% (*n* = 1) rational emotive behavioral. Area of focus of counselor participants was 28.6% (*n* = 4) community counseling with adults; 28.6% (*n* = 4) community counseling with children; 21.4% (*n* = 3) secondary school counseling; 7.1% (*n* = 1) college and university counseling; and 7.1% (*n* = 1) counselor education. Figure 1 illustrates a pie graph of counselor participants' area of focus.

All 31 client participants had valid demographic information surveys. Client participants in this study included 4 males and 27 females at the counseling program community clinic. Ages of client participants ranged from 18 to 44 years (*M* = 24.3, *SD* = 6.4). Ethnicity of client participants was 61.3% (*n* = 19) white (non-Hispanic), 22.6% (*n* = 7) black, 9.7% (*n* = 3) Hispanic/Latino, and 6.5% (*n* = 2) Asian. Marital status of client participants was 80.6% (*n* = 25) single, 9.7% (*n* = 3) married, and 9.7% (*n* = 3) separated or divorced.

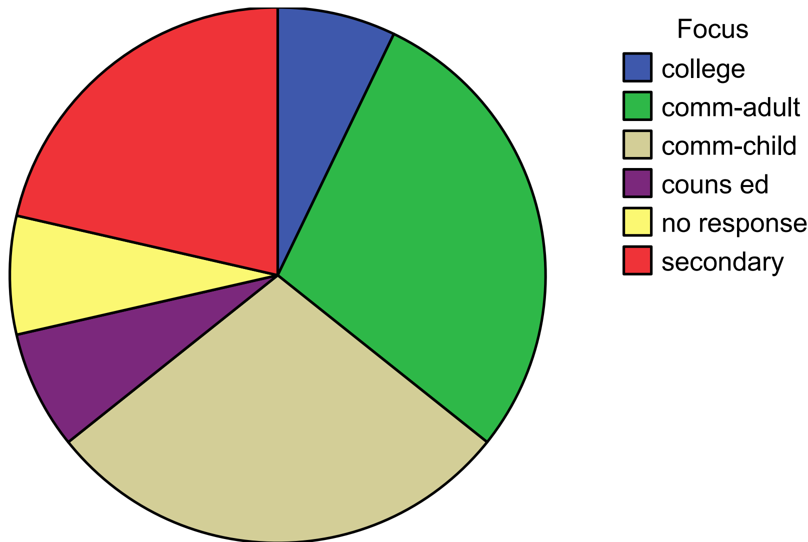


*Figure 1.* Descriptive statistics for demographic counselor area of focus.

Education level of client participants ranged from individuals who did not complete high school to individuals with bachelor's degrees. There were 17 (54.8%) client participants with some college, 10 (32.3%) client participants with bachelor's degrees, 3 (9.7%) client participants with high school diplomas, and 1 (3.2%) client participant who did not complete high school. Figure 2 illustrates a pie graph of client participants' education level.

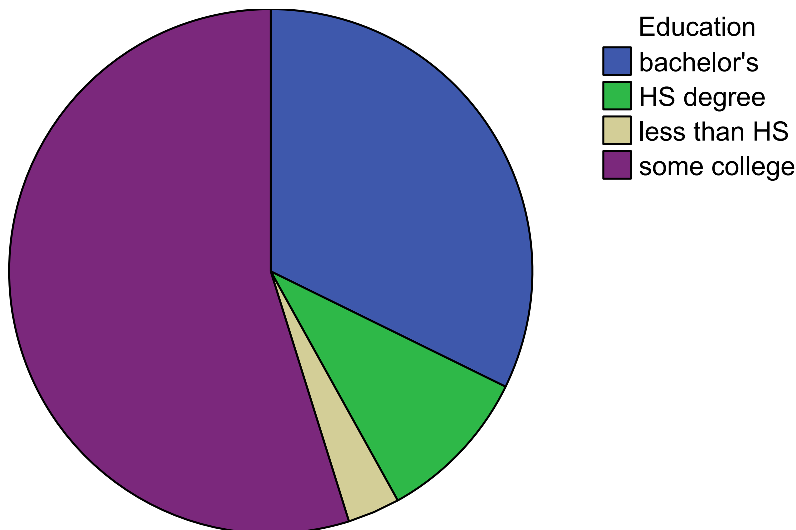


*Figure 2.* Descriptive statistics for demographic client education level.

Of 31 client participants, 21 (67.7%) were full-time students and 5 (16.1%) were part-time students (one student did not respond to full-time versus part-time status). The 27 client participants that were students ranged from college sophomore level to graduate level. Three (9.7%) client participants were sophomores in college, 8 (25.8%) client participants were juniors in college, 8 (25.8) client participants were seniors in college, and 8 (25.8%) were graduate students. Nineteen (61.3%) of the client participants attended counseling as either a requirement or extra credit in a counseling class, whereas 12 (38.7%) of the client participants did not attend counseling as part of a counseling class requirement. Eleven (35.5%) of the client participants worked full-time, 11 (35.5%) of the client participants did not work at all, and 9 (29%) of the client participants worked part-time.

Scores on working alliance total scale for counselor participants in this study ranged from 22 to 55. On the working alliance goal subscale, counselor participant scores ranged from 6 to 19. Counselor participants reported scores from 7 to 17 on the working alliance task subscale and from 8 to 20 on the bond subscale. Scores on working alliance total scale for client participants in this study ranged from 29 to 60. On the working alliance goal subscale, client participant scores ranged from 4 to 20. Client participants reported scores from 7 to 20 on the working alliance task subscale and from 13 to 20 on the bond subscale. Table 1 illustrates means and standard deviations for counselor and client perspectives of working alliance total scale, goal scale, task scale, and bond scale. The total *n* of 31 counselors accounts for several of the 14 counselors being counted more than once because they are in more than one counseling relationship with different clients.

Table 1

*Descriptive Statistics for Demographic Counselor and Client Perspectives of Working Alliance*

| | Counselor *M* *n* = 31 | Counselor *SD* *n* = 31 | Client *M* *n* = 31 | Client *SD* *n* = 31 |
|---|---|---|---|---|
| WAI Goal | 12.6 | 3.1 | 15.4 | 4.7 |
| WAI Task | 12.7 | 2.7 | 16.1 | 4.3 |
| WAI Bond | 15.8 | 2.8 | 18.4 | 2.2 |
| WAI Total | 41.1 | 7.3 | 49.8 | 10.1 |

A cross tabulation was conducted to look at differences between counselor or client and number-one personality priority. Table 2 illustrates differences between counselor and client for each of the five personality priorities.

Table 2

*Descriptive Statistics for Demographic Counselor or Client and Number-One Personality Priority*

| | Personality Priority | | | | | Total |
|---|---|---|---|---|---|---|
| | Comfort | Control of others | Control of self | Pleasing | Superiority | |
| Client | 4 | 2 | 3 | 5 | 5 | 19 |
| Couns | 1 | 0 | 2 | 6 | 4 | 13 |
| Total | 5 | 2 | 5 | 11 | 9 | 32 |

Of 31 client participants, 19 had valid AAAPPs for demographic data use. Out of the 19 client participants, five scored pleasing (26.3%), five scored superiority (26.3%), four scored comfort (21.1%), three scored control of self (15.8%), and two scored

control of others (10.5%).  Of 14 counselor participants, 13 had valid AAAPPs for demographic data use.  Out of the 13 counselor participants, six scored pleasing (42.9%), four scored superiority (28.6%), one scored comfort (7.1%), two scored control of self (14.3%), and none scored control of others.

## Results

This section describes results of each hypothesis.  In general, hypotheses were proposed in order to gain understanding of how counselors' and clients' Adlerian personality priorities are related to the quality of the therapeutic working alliance in counseling.  In examining results and discussing implications, it was important to have an understanding of personality priority and working alliance data distributions and how these distributions satisfied requirements of the statistical procedures.  The first part of this section examines important criteria in the use of parametric statistical procedures in order to describe how these procedures were appropriate with this study.  After examining statistical applicability issues for data sets in general, hypotheses results are reported.

### *Parametric Statistics*

The use of parametric statistical methods is based in part on the assumption that variables under study are reasonably normally distributed (Hinkle, Wiersma, & Jurs, 2003).  Each of the distributions used in this study were examined with regard to normality and whether or not an independent samples *t*-test and analysis of variance would be appropriate parametric tools for making inferences about this data sample.

Distributions of personality priorities and working alliance inventory scores for participants are discussed in this section.

*Tests for Significant Differences*

A one-way analysis of variance (ANOVA) is appropriate for identifying statistically significant differences between more than two groups (Hinkle et al., 2003). Using an alpha level of .05 as a criterion to either accept or reject the hypothesis, counselors' Adlerian personality priorities were compared to clients' working alliance scores to determine if a relationship existed. Counselors' Adlerian personality priorities were also compared, using an alpha level of .05 as a criterion to either accept or reject the hypothesis, to their working alliance scores to determine if a relationship was present. Also examined with these results was Levene's test for equality of variances to determine if there was homogeneity of variances.

Independent samples *t*-test is appropriate for identifying a statistically significant difference between two independent samples that satisfy conditions of normality and homogeneity of variance (Hinkle et al., 2003). For this research, two independent samples were created by dividing counselors and clients who have the same personality priority into one group and counselors and clients who have different personality priorities into another group. An independent samples *t*-test was run using working alliance scores from the clients' perspective and another was run using working alliance scores from the counselors' perspective. Using an alpha level of .05 as a criterion to either accept or reject hypotheses, the two groups on both runs of independent samples *t*-test were compared for significant differences in their working

alliance scores. Levene's test for equality of variances was run in order to determine if the assumption for homogeneity of variances had been met.

### *Effect Size Interpretation*

Eta squared and Cohen's d were used to determine effect size and strength of findings. Effect size is an estimate of amount of variability in the dependent variables explained, or accounted for by individuals defining the independent variable (Thompson, 2004). Eta squared was used to determine effect size of results found through use of an ANOVA. Cohen's d was used to determine effect size of results found through use of independent samples *t*-test. Examining effect size answers the question: "How good is the independent variable at describing the variation in the dependent variables?" Cohen (1988) tentatively suggested values for small, medium, and large effect sizes. These values are summarized in Table 3.

Table 3

*Effect Size Interpretation*

| Effect Size | Eta squared ($\eta^2$) | Cohen's *d* |
|---|---|---|
| small | 0.01 | 0.20 |
| medium | 0.06 | 0.50 |
| large | 0.14 | 0.80 |

## *Hypothesis 1*

Hypothesis 1 was stated as follows: There will be no statistically significant mean differences between counselors' Adlerian personality priorities and clients' reports of the quality of the therapeutic working alliance. Descriptive statistics for total quality of the

therapeutic working alliance scores and counselor participant personality priorities are presented in Table 4.

Table 4

*Descriptive Statistics for Total Working Alliance and Personality Priority Data used in Hypothesis 1*

| | *n* | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean | | Minimum | Maximum |
|---|---|---|---|---|---|---|---|---|
| | | | | | Lower Bound | Upper Bound | | |
| Comfort | 1 | 33.0000 | . | . | . | . | 33.00 | 33.00 |
| Control of self | 5 | 55.0000 | 3.67423 | 1.64317 | 50.4378 | 59.5622 | 49.00 | 58.00 |
| Pleasing | 17 | 47.5882 | 11.21416 | 2.71983 | 41.8224 | 53.3540 | 29.00 | 60.00 |
| Superiority | 8 | 53.2500 | 7.34361 | 2.59636 | 47.1106 | 59.3894 | 38.00 | 60.00 |
| Total | 31 | 49.7742 | 10.06548 | 1.80781 | 46.0821 | 53.4662 | 29.00 | 60.00 |

*Note:* The total of 31 counselors accounts for several of the 14 counselors being counted more than once because they are in more than one counseling relationship with different clients.

Statistical calculations showed the observed *F* value to be $F(3, 27) = 2.19$ using a one-way ANOVA. The value of $p = .11$ was not statistically significant at the .05 level. Hypothesis 1 was retained, indicating there is not a statistically significant difference between counselors' Adlerian personality priorities and clients' reports of total quality of the therapeutic working alliance. Results of the analysis did not meet the ANOVA assumption of homogeneity of variances ($p = .03$). A *p* value of more than .05 meets the assumption.

When three outlier client scores were deleted from the 31 client cases, the remaining 28 client cases did provide statistically significant data. Descriptive statistics

for the goal scale of quality of the therapeutic working alliance scores and counselor participant personality priorities without the deleted outliers are presented in Table 5.

Table 5

*Descriptive Statistics for Working Alliance-Goal and Personality Priority Data Without Outliers used in Hypothesis 1*

| | *n* | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean | | Minimum | Maximum |
|---|---|---|---|---|---|---|---|---|
| | | | | | Lower Bound | Upper Bound | | |
| Comfort | 1 | 4.00 | . | . | . | . | 4 | 4 |
| Control of self | 5 | 16.40 | 2.608 | 1.166 | 13.16 | 19.64 | 13 | 20 |
| Pleasing | 14 | 16.93 | 3.198 | .855 | 15.08 | 18.77 | 11 | 20 |
| Superiority | 8 | 16.25 | 4.683 | 1.656 | 12.34 | 20.16 | 6 | 20 |
| Total | 28 | 16.18 | 4.173 | .789 | 14.56 | 17.80 | 4 | 20 |

*Note:* The total of 28 counselors accounts for several of the 14 counselors being counted more than once because they are in more than one counseling relationship with different clients.

Statistical calculations showed the observed $F$ value to be $F(2, 24) = 3.99$ using a one-way ANOVA. The value of $p = .02$ was statistically significant at the .05 level. With the removal of the outliers, Hypothesis 1 was rejected, indicating there is a statistically significant difference between counselors' Adlerian personality priorities and clients' reports of the goal scale of the quality of the therapeutic working alliance. Results of the analysis did meet the ANOVA assumption of homogeneity of variances ($p = .54$). A $p$ value of more than .05 meets the assumption. A large effect size was present ($\eta^2 = .33$), implying a large relationship between counselors' Adlerian personality priorities and clients' reports of the goal scale of the quality of the therapeutic working alliance.

### *Hypothesis 2*

Hypothesis 2 was stated as follows: There will be no statistically significant mean differences between counselors' Adlerian personality priorities and their reports of the quality of the therapeutic working alliance. Descriptive statistics for total quality of the therapeutic working alliance scores and counselor participant personality priorities are presented in Table 6.

Table 6

*Descriptive Statistics for Total Working Alliance and Personality Priority Data used in Hypothesis 2*

| | *n* | Mean | Std. Deviation | Std. Error | 95% Confidence Interval for Mean | | Minimum | Maximum |
|---|---|---|---|---|---|---|---|---|
| | | | | | Lower Bound | Upper Bound | | |
| Comfort | 1 | 41.00 | . | . | | | 41 | 41 |
| Control of self | 5 | 45.20 | 1.924 | .860 | 42.81 | 47.59 | 43 | 48 |
| Pleasing | 17 | 39.59 | 9.172 | 2.225 | 34.87 | 44.30 | 22 | 55 |
| Superiority | 8 | 41.88 | 4.257 | 1.505 | 38.32 | 45.43 | 36 | 49 |
| Total | 31 | 41.13 | 7.338 | 1.318 | 38.44 | 43.82 | 22 | 55 |

*Note:* The total of 31 counselors accounts for several of the 14 counselors being counted more than once because they are in more than one counseling relationship with different clients.

Statistical calculations showed the observed $F$ value to be $F(3, 27) = .77$ using a one-way ANOVA. The value of $p = .52$ was not statistically significant at the .05 level. Hypothesis 2 was retained, indicating there is not a statistically significant difference between counselors' Adlerian personality priorities and their reports of total quality of the therapeutic working alliance. Results of the analysis did not meet the ANOVA assumption of homogeneity of variances ($p = .003$). A $p$ value of more than .05 meets the assumption.

### *Hypothesis 3*

Hypothesis 3 was stated as follows: There will be no statistically significant mean differences in client reports of the quality of the therapeutic working alliance for counselor and client pairs who match on Adlerian personality priorities and counselor and client pairs who do not match on Adlerian personality priorities. Descriptive statistics for total quality of the therapeutic working alliance scores from the clients' perspective and counselors and clients match on personality priorities are presented in Table 7.

Table 7

*Descriptive Statistics for Total Working Alliance and Personality Priority Data used in Hypothesis 3*

| | match | *n* | Mean | Std. Deviation | Std. Error Mean |
|---|---|---|---|---|---|
| WAItotal | no | 14 | 49.93 | 9.571 | 2.558 |
| | yes | 8 | 48.13 | 12.112 | 4.282 |

*Note:* Only 22 counselor and client pairs had valid data for use with this hypothesis.

Levene's test for equality of variances showed the equality of variances assumption was met (Levene's $F = 1.30$, $p = .27$). A $p$ value of more than .05 meets the assumption. With equal variances assumed, the independent samples $t$-test showed client perception of total quality of the working alliance in counselor and client participant pairs who share the same personality priority was slightly lower than in counselor and client participant pairs who did not share the same personality priority ($t(20) = .37$, $p = .70$). The value of $p = .70$ was not statistically significant at the .05 level. Hypothesis 3 was retained, indicating the relationship between counselor and client pair match on Adlerian personality priorities and clients' report of total quality of the

therapeutic working alliance was not statistically significant. Although results of this analysis were not statistically significant, Cohen's d was found to be .16, suggesting a negligible effect. This implies a less than small relationship between counselor and client pair match on Adlerian personality priorities and clients' report of total quality of the therapeutic working alliance

### *Hypothesis 4*

Hypothesis 4 was stated as follows: There will be no statistically significant mean differences in counselor reports of the quality of the therapeutic working alliance for counselor and client pairs who match on Adlerian personality priorities and counselor and client pairs who do not match on Adlerian personality priorities. Descriptive statistics for total quality of the therapeutic working alliance scores from the counselors' perspective and counselors and clients match on personality priorities are presented in Table 8.

Table 8

*Descriptive Statistics for Total Working Alliance and Personality Priority Data used in Hypothesis 4*

| | match | *n* | Mean | Std. Deviation | Std. Error Mean |
|---|---|---|---|---|---|
| WAItotal | no | 14 | 44.71 | 5.889 | 1.574 |
| | yes | 8 | 39.00 | 5.707 | 2.018 |

*Note:* Only 22 counselor and client pairs had valid data for use with this hypothesis.

Levene's test for equality of variances showed the equality of variances assumption was met (Levene's $F = .005$, $p = .94$). A $p$ value of more than .05 meets the assumption. With equal variances assumed, the independent samples $t$-test showed

counselor perception of total quality of the working alliance in counselor and client participant pairs who share the same personality priority was significantly lower than in counselor and client participant pairs who did not share the same personality priority ($t$ (20) = 2.21, $p$ = .04). The value of $p$ = .04 was statistically significant at the .05 level. Hypothesis 4 was rejected, indicating the relationship between counselor and client pair match on Adlerian personality priorities and counselors' report of total quality of the therapeutic working alliance was statistically significant. Cohen's d was found to be .98, suggesting a large effect. This implies a large relationship between counselor and client pair match on Adlerian personality priorities and counselors' report of total quality of the therapeutic working alliance.

When post hoc tests were run to further examine the statistical significance of the relationship between counselor and client pair match on Adlerian personality priorities and counselors' report of total quality of the therapeutic working alliance, the task scale was also found to be statistically significant. Descriptive statistics for the task scale of the quality of the therapeutic working alliance scores from the counselors' perspective and counselors and clients match on personality priorities are presented in Table 9.

Table 9

*Descriptive Statistics for Working Alliance-Task and Personality Priority Data used in Hypothesis 4*

| | match | *n* | Mean | Std. Deviation | Std. Error Mean |
|---|---|---|---|---|---|
| WAItask | no | 14 | 14.21 | 2.326 | .622 |
| | yes | 8 | 11.50 | 1.852 | .655 |

*Note:* Only 22 counselor and client pairs had valid data for use with this hypothesis.

Levene's test for equality of variances showed the equality of variances assumption was met (Levene's $F = .03$, $p = .86$). A $p$ value of more than .05 meets the assumption. With equal variances assumed, the independent samples $t$-test showed counselor perception of the task scale of the quality of the working alliance in counselor and client participant pairs who share the same personality priority was significantly lower than in counselor and client participant pairs who did not share the same personality priority ($t\,(20) = 2.82$, $p = .01$). The value of $p = .01$ was statistically significant at the .05 level. Therefore, the relationship between counselor and client pair match on Adlerian personality priorities and counselors' report of the task scale of the quality of the therapeutic working alliance was statistically significant. Cohen's d was found to be 1.29, suggesting a large effect. This implies a large relationship between counselor and client pair match on Adlerian personality priorities and counselors' report of the task scale of the quality of the therapeutic working alliance.

## Discussion

The purpose of this research was to examine relationships between counselor and client Adlerian personality priorities and quality of the therapeutic working alliance. Because the therapeutic working alliance has been linked to positive outcome in counseling (Horvath & Symonds, 1991), an understanding of these relationships could help counselors better serve clients. As predicted, this study found statistically significant evidence that whether counselor and client pairs share the same Adlerian personality priority is negatively related to quality of the therapeutic working alliance. Caution was taken in the statistical analysis to ensure parametric methods used were

suitable and would lead to results that were trustworthy. Necessarily important steps of checking for normality and homogeneity of variance contributed to a conservative evaluation of statistical results.

Statistical significance refers to the likelihood a difference found between groups could have occurred by chance alone. A result is statistically significant if the difference between groups could have occurred by chance alone in less than 1 time in 20. This is expressed as a $p$ value $< .05$. Practical significance has little to do with statistics and is more a matter of practical importance. It answers the question: “Is the difference between groups large enough to be clinically important and worth examining further?”

The first research question asked: How are counselors’ Adlerian personality priorities related to clients’ perspective of the quality of the therapeutic working alliance? Results of hypothesis testing for this research question were not statistically significant. However, when three outlier client scores were deleted from the 31 client cases, the remaining 28 client cases did provide statistically significant data regarding clients’ perspective of the therapeutic working alliance as being related to counselors’ Adlerian personality priorities. Without the three deleted cases, a statistically significant relationship existed between counselors’ personality priorities and clients’ perspective of the goal scale of quality of the therapeutic working alliance. These results suggest counselors and clients can benefit in counseling if counselors are aware of their own Adlerian personality priorities and how they might affect counseling relationships. Perhaps if counselors notice that the working alliance seems weak in some of their counseling relationships, they can assess whether their own personality priority is a factor. It might be beneficial for counselors to be immediate with their clients in

discussing the working alliance and how the counselors' personality priority may be affecting it.

The second research question asked: How are counselors' Adlerian personality priorities related to their perspective of the quality of the therapeutic working alliance? Results of hypothesis testing for this research question were not statistically significant. The third research question asked: Is counselor and client match on Adlerian personality priorities significantly related to clients' perspective of the quality of the therapeutic working alliance? Results of hypothesis testing for this research question were not statistically significant. The effect size for the hypothesis was negligible. Therefore, although counselor and client match on Adlerian personality priorities is not statistically significantly related to clients' perspective of quality of the therapeutic working alliance, there is a very small effect.

The fourth research question asked: Is counselor and client match on Adlerian personality priorities significantly related to counselors' perspective of the quality of the therapeutic working alliance? There was a statistically significant relationship between counselor and client pair match on Adlerian personality priority and counselors' report of total quality of the therapeutic working alliance. This relationship was explained by counselor and client pair match on Adlerian personality priority and counselors' report on the task scale of quality of the therapeutic working alliance. From counselors' perspectives, counselors and clients who did not have the same Adlerian personality priorities engaged in a stronger working alliance than counselors and clients who shared the same Adlerian personality priorities. Effect sizes for the hypothesis and post

hoc analysis were large, suggesting results are not only significant in a statistical way, but also in a practical way.

These results suggest counselors can benefit if they are aware of their Adlerian personality priorities and how this might relate to the way the counselors view their counseling relationships. Perhaps if counselors notice that the working alliance seems weak in some of their counseling relationships, they can assess whether the interaction of their clients' personality priority and their own personality priority is a factor. It might be beneficial for counselors to be immediate with their clients in discussing the working alliance and how the match between counselor and client personality priority may be affecting it.

In examining frequency distributions of the total working alliance scores as well as the subscale scores, it is interesting to note where differences lie. The highest score on each subscale of the Working Alliance Inventory-short revised is 20. There were a total of 62 reports of working alliance scores (31 total client reports and 31 total counselor reports with several of the 14 counselor participants reporting on more than one client). Nine reports showed a score of 20 on the goal scale, 11 reports showed a score of 20 on the task subscale, and 16 reports showed a score of 20 on the bond subscale. To further emphasize higher bond scale scores, it is also noted only 22 reports showed a score above 15 on the goal subscale, only 23 reports showed a score above 15 on the task subscale, but 48 reports showed a score above 15 on the bond subscale. The reason for these differences may reside in type of education student counselors receive at this particular university. The counseling program places a strong emphasis on core conditions of warmth, genuineness, and unconditional positive

regard. These conditions are commensurate with aspects of the bond scale of the working alliance. The counseling program places less emphasis on counseling techniques, which would be more commensurate with the goal and task scales of the working alliance.

It is also interesting to note out of 13 counselors who chose to fill out demographic data sheets, 11 considered themselves to be Adlerian counselors. One reason mostly Adlerian counselors participated in this study may be the research is on Adlerian personality priorities. Counselors may have had more of an interest in the research because they agreed with what was being examined more than counselors who chose not to participate.

## Limitations of Study

A limitation in this study may be the majority of counselor participants were master's level students and therefore had limited experience in counseling. A second limitation in this study is it was conducted at a sliding fee-scale educational clinic that may not be representative of settings for the general population of counselors and clients. Also a limitation is that two-thirds of the client participants were either attending counseling as a requirement of or extra credit for a counseling class.

Another limitation of the study is the small number of research participants. Because of this, statistical power to detect differences was small. The limited number of research participants may have also led to problems meeting the homogeneity of variances assumption. In running the hypotheses it was difficult to meet the homogeneity of variances assumption, which also limited the study.

Participant bias might also have occurred due to unknown intellectual levels of participants impacting performance on assessments. Given that the AAAPP was developed in 2005 and the WAI-SR was developed in 2006, the novelty of both assessments may also be a limitation of the study.

## Suggestions for Future Research

The primary suggestion for future research regarding Adlerian personality priorities and the therapeutic working alliance is to obtain a larger sample size. A larger sample would benefit researchers' understanding of how specific personality priority combinations between clients and counselors are related to quality of the working alliance by providing a comparison between specific counselor and client personality priority pairs.

Counselors other than student counselors in the sample would provide greater diversity. The majority of the counselor participants were master's level students and therefore had limited experience in counseling. If counselors in different counseling settings were included as another source of sampling, client participants might be more representative of the general population versus the current study participants from one sliding fee-scale educational clinic.

Because of the novelty of the AAAPP, another suggestion for future research is to only sample Adlerian counselors, versus counselors who are not familiar with Adlerian personality priorities, who can use the interview format to determine clients' personality priorities. It would be interesting to notice if there are differences between quality of the therapeutic working alliance as compared to clients' personality priorities

obtained on the AAAPP and to clients' personality priorities obtained through the interview method.

# APPENDIX A

# RESEARCH CONSENT FORMS

**University of North Texas**
**Institutional Review Board**
Consent to Participate in Research and
Authorization to Use and Disclose Health Information for Research

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose and benefits of the study and how it will be conducted. Signing this form also gives permission for use and disclosure of your health information as a part of this research study.

**Title of Study:** The Relationship between Client and Counselor Adlerian Personality Priorities and the Therapeutic Working Alliance

**Principal Investigator:** Gina Shojaian
University of North Texas

**Purpose of the Study:**
You are being asked to participate in a research study which involves understanding the relationship between the counselor-client relationship and counselor and client personality types. Responding to these items will help researchers better understand some of the variables that affect client-counselor relationships.

**Study Procedures:**
You will be asked to complete a questionnaire describing yourself and a questionnaire describing your experiences in the counseling relationship that will take about 15-30 minutes of your time. If you agree to participate, your counselor will also be asked to complete a questionnaire regarding his/her perceptions of the counseling relationship.

**Foreseeable Risks:**
The risks associated with this study are no greater than the risks of daily life. Your decision whether or not to participate in this study will have no effect on the services you receive, and your responses to this specific study will have no bearing on your counselor's evaluation. Even though counselors will not have access to your responses, it is possible that clients who participate in this study may feel slightly uncomfortable responding to questions about their relationship with their counselors. You are welcome to contact the principal investigator should you experience any concerns related to your participation in this study.

**Benefits to the Subjects or Others:**
Although answering the questions may help you to better understand yourself and your counseling relationship, this study is not expected to be of any direct benefit to you. This study will be of use to counseling professionals because there is currently limited research regarding variables related to the counselor-client relationship specific to professional counselors. Study results may help counselor educators to better prepare counselors to serve their clients.

**Procedures for Maintaining Confidentiality of Research Records:**
Participation in this study is strictly confidential. Your counselor will never have access to the questionnaires you complete during the study. We will use a coding process to ensure your full name is not included on any study-related materials other than this form. Your signed consent form will be kept separate from your survey responses, and these forms will be secured in a locked box. Responses will be analyzed in group form only, and your name will never be stored in the results database. In this way, we can guarantee that your responses will be kept with the

strictest confidence. Also, the confidentiality of your individual information will be maintained in any publications or presentations regarding this study.

## Use and Disclosure of Health Information

**Information that will be used or disclosed:**
Health information collected for purposes of this study will include number of sessions completed and your score on the *Allen Assessment for Adlerian Personality Priorities*. This instrument is completed as standard part of clinic procedures.

**Who may use or disclose the information:**
This information may be disclosed by the University of North Texas Counseling & Human Development Center.

**Who may receive the information:**
This information will be disclosed to Gina Shojaian (principal investigator).

**Purpose of each use or disclosure:**
The disclosure will be used as a measure of your personality type for research purposes.

**Expiration of the authorization:**
This authorization will expire one year from the date of consent.

**Right to revoke authorization**
The participant has a right to revoke authorization at any time by contacting the principal investigator in writing.

**Potential for re-disclosure**
Immediately after data is collected from files, the data will be recoded into a database that does not include identifying information. There is no foreseeable risk that the information will be re-disclosed to any other persons.

**Questions about the Study**
If you have any questions about the study, you may contact Gina Shojaian. You may also contact the faculty sponsor, Dr. Carolyn Kern, Department of Counseling, Development, and Higher Education.

**Review for the Protection of Participants:**
This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

**Research Participants' Rights:**
Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Gina Shojaian has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You have been told how your health information will be used and disclosed for the study.

- You understand that you do not have to take part in this study or authorize use and disclosure of health information.
- Your refusal to participate in or your decision to withdraw from the study will involve no penalty or loss of rights or benefits. If you decide to withdraw from the study or revoke authorization to use and disclose health information, the principal investigator may only use and disclose the health information already collected. The principal investigator may choose to stop your participation at any time. Your decision to withdraw from the study or revoke authorization will have no bearing on the services you receive.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You consent to use of your health information in this study.
- You have been told you will receive a copy of this form.

______________________________
Printed Name of Participant

______________________________ ____________
Signature of Participant Date

**For the Principal Investigator:**
I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits, the potential risks and/or discomforts of the study, and the use and disclosure of health information. It is my opinion that the participant understood the explanation.

______________________________ ____________
Signature of Principal Investigator Date

**University of North Texas**
**Institutional Review Board**
Consent to Participate in Research

Before agreeing to participate in this research study, it is important that you read and understand the following explanation of the purpose and benefits of the study and how it will be conducted.

**Title of Study:** The Relationship between Client and Counselor Adlerian Personality Priorities and the Therapeutic Working Alliance

**Principal Investigator:** Gina Shojaian
University of North Texas

**Purpose of the Study:**
You are being asked to participate in a research study which involves understanding the relationship between the counselor-client relationship and counselor and client personality types. Responding to these items will help researchers better understand some of the variables that affect client-counselor relationships.

**Study Procedures:**
First, you will be asked to complete a questionnaire describing yourself and a questionnaire regarding your personality priority; these questionnaires will take about 30-45 minutes of your time. Then, each time you complete a fourth session with a client who has agreed to participate in the study, you will be asked to complete a questionnaire describing your perceptions of the counseling relationship. This will take about 5 minutes of your time per client; it is anticipated that 1-4 of your clients will participate. If you agree to participate, your client will also be asked to complete a questionnaire regarding his/her perceptions of the counseling relationship.

**Foreseeable Risks:**
The risks associated with this study are no greater than the risks of daily life. Your decision whether or not to participate will have no bearing on your progress in your course, and your clients and instructor will not have access to your responses nor your clients' responses. You are welcome to contact the principal investigator should you experience any concerns related to your participation in this study.

**Benefits to the Subjects or Others:**
Although answering the questions may help you to better understand your counseling relationships, this study is not expected to be of any direct benefit to you. This study will be of use to counselor educators because there is currently limited research regarding variables related to the counselor-client relationship specific to professional counselors. Study results may help counselor educators to better prepare counselors.

**Procedures for Maintaining Confidentiality of Research Records:**
Participation in this study is strictly confidential. Your client will never have access to the questionnaires you complete during the study. I will use a coding process to ensure your full name is not included on any study-related materials other than this form. Your signed consent form will be kept separate from your survey responses, and these forms will be secured in a locked box. Responses will be analyzed in group form only, and your name will never be stored in the results database. In this way, I can guarantee that your responses will be kept with the

strictest confidence. Also, the confidentiality of your individual information will be maintained in any publications or presentations regarding this study.

**Questions about the Study**
If you have any questions about the study, you may contact Gina Shojaian. You may also contact the faculty sponsor, Dr. Carolyn Kern, Department of Counseling, Development, and Higher Education.

**Review for the Protection of Participants:**
This research study has been reviewed and approved by the UNT Institutional Review Board (IRB). The UNT IRB can be contacted at (940) 565-3940 with any questions regarding the rights of research subjects.

**Research Participants' Rights:**
Your signature below indicates that you have read or have had read to you all of the above and that you confirm all of the following:

- Gina Shojaian has explained the study to you and answered all of your questions. You have been told the possible benefits and the potential risks and/or discomforts of the study.
- You understand that you do not have to take part in this study, and your refusal to participate or your decision to withdraw will involve no penalty or loss of rights or benefits. The principal investigator may choose to stop your participation at any time.
- You understand why the study is being conducted and how it will be performed.
- You understand your rights as a research participant and you voluntarily consent to participate in this study.
- You have been told you will receive a copy of this form.

______________________________
Printed Name of Participant

______________________________ ____________
Signature of Participant Date

**For the Principal Investigator:**
I certify that I have reviewed the contents of this form with the subject signing above. I have explained the possible benefits, the potential risks and/or discomforts of the study, and the use and disclosure of health information. It is my opinion that the participant understood the explanation.

______________________________ ______________
Signature of Principal Investigator Date

# APPENDIX B

# RECRUITMENT MATERIALS

Greetings!

We are pleased you have chosen the UNT Counseling and Human Development Center for your counseling services. As you may already know, we designed our clinic to serve the community and to train high-quality professional counselors. The Counseling Program faculty and students are involved in research that will help us to provide the highest quality services to our clients and our students. We already know that counseling works for most people. Now we want to know more specifics about client and counselor personalities and the counseling relationship.

I am writing to ask for your participation in an important study regarding the counseling process. Your participation is voluntary and will have no bearing on the services you receive here. Your participation would involve filling out some questionnaires regarding your thoughts about counseling and your relationship with your counselor. If you are interested in learning more about this study, please read on. If you are not interested, simply return this letter and packet to the clinic office – no questions asked.

Here's a quick summary of what this study will involve:

- We ask you to complete a questionnaire about yourself and about your experiences in the counseling relationship. This will take 10-20 minutes.
- We ask for your permission to gather results from instruments you completed at this clinic.

We sincerely hope you will consider taking part in this study! A consent form that provides more details regarding the study, risks, benefits, and confidentiality is attached to this packet. If you have any questions you would like answered before you decide whether to participate in the study, please contact me.

Sincerely,

Gina Shojaian, M.Ed
Principal Investigator

**PROTOCOL FOR**
**ORAL INVITATION FOR COUNSELOR-IN-TRAINING PARTICIPANTS**

**Location:** Invitation to participate will be held in COUN 5690 or COUN 6021 (Practicum in Counseling) course sections with approval of instructors.

**Timing:** Invitation to participate will take approximately 10-15 minutes of class time.

**Outline:**

1. Introduce self

2. Distribute 2 copies of informed consent form to each student. Read "name of study" and "purpose of study."

3. Describe study methods to participants

 a. Counselors-in-training will complete an instrument regarding their personality priority at the beginning of the study.
 b. After 4 sessions with their adult clients, participating counselors will invite their clients to participate.
 c. After 4 counseling sessions, counselors-in-training will be asked to complete a 1-page questionnaire regarding their perceptions of the counseling relationship with each participating client.
 d. After the 4th session, clients will complete an instrument regarding their perceptions of the counseling relationship.
 e. Researchers will access client files to gather data regarding client's personality priority.
 f. These procedures should take a total of 30-45 minutes of counselors' time over the course of the semester

4. Describe foreseeable risks, confidentiality

 a. Explain to counselors that I have identified no foreseeable risks for counselor participation in this study
 b. Explain to counselors that their participation, lack of participation, or client responses to the study will have no bearing on their progress in practicum
 c. Explain procedures in place to safeguard privacy (responses will never be shared with supervisor/instructors or clients).
 d. Explain to counselors that I will use a special coding system so they never put their names directly on their study instrumentation or in the database.

5. Describe potential benefits

 Explain to counselors that there are no direct benefits for participating but that I expect the instrumentation will help them to reflect on their personality priority and counseling relationships. Share that I hope this will facilitate some discussions with their clients and

supervisor/instructor.

6. Reinforce rights
    a. Emphasize that I think this is an important study, but students should feel no obligation to participate
    b. Repeat that their decision will have no bearing on their status in practicum
    c. Remind students that they can discontinue participation at any time and for any reason

7. Details
    a. Encourage students to finish reading informed consent page
    b. Invite questions & respond
    c. Invite interested students to sign a copy of the informed consent form, keep a copy for their records, and see you to pick up an instrument packet.
    d. Witness signatures on the informed consent form
    e. If instructor has consented for in-class completion of instrumentation, stay with students while they complete instruments. Non-participating students can work quietly. When participants are finished, be sure they place one signed copy of informed consent form in their packets and they seal the packets. If students are not completing initial questionnaire in class, be sure they know to include a signed copy of the informed consent along with their instrumentation so I can begin the coding process.

# APPENDIX C

# DEMOGRAPHICS FORMS

**THIS PAGE OF YOUR ANSWER PACKET CONTAINS QUESTIONS REGARDING YOUR PERSONAL CHARACTERISTICS. PLEASE SELECT THE ANSWERS THAT BEST APPLY TO YOU.**

**PLEASE CIRCLE, X, OR WRITE IN THE ANSWERS THAT BEST APPLY TO YOU.**

**1. What is your gender?**
a) Man b) Woman c) Transgendered

**2. What is your age?** __________________

**3. Which of the following best describe(s) your ethnicity (check all that apply)?**
a) Asian
b) Black
c) Latino/a
d) Native American
e) White
f) Bi/multiracial
g) Other______________________________

**4. Which of the following best describes your marital status?**
a) Single
b) Married/partnered
c) Separated/divorced
d) Widowed

**5. What is the highest level of education you have completed?**
a) Less than high school
b) High school degree
c) Trade/technical school degree
d) Some college
e) Bachelor’s degree
f) Master’s or specialist degree
g) Professional degree (DDS, JD, MD)
h) Doctorate degree (PhD, EdD)

**6. Are you currently a student?**
a) Yes, full time
b) Yes, part time
c) No

**7. Are you attending counseling due to UNT Counseling Program requirements?**
a) Yes b) No

**8. If you are currently a student, what best describes your current year?**
a) First-year
b) Sophomore
c) Junior
d) Senior
e) Graduate student

**9. Are you currently employed outside the home?**
a) Yes, full time
b) Yes, part time
c) No

**10. How easy is it for you to trust people?**

a) Very easy
b) Slightly easy
c) It depends
d) Slightly difficult
e) Very difficult

**THIS PAGE OF YOUR ANSWER PACKET CONTAINS QUESTIONS REGARDING YOUR PERSONAL CHARACTERISTICS. PLEASE SELECT THE ANSWERS THAT BEST APPLY TO YOU.**

**PLEASE CIRCLE, X, OR WRITE IN THE ANSWERS THAT BEST APPLY TO YOU.**

**1. What is your gender?**
a) Man b) Woman c) Transgendered

**2. What is your age?** ___________________

**3. Which of the following best describe(s) your ethnicity (check all that apply)?**
a) Asian
b) Black
c) Latino/a
d) Native American
e) White
f) Bi/multiracial
g) Other___________________________

**4. Which of the following best describes your marital status?**
a) Single
b) Married/partnered
c) Separated/divorced
d) Widowed

**5. What is your degree status?**
a) Masters practicum student
b) Masters internship student
c) Doctoral practicum student / Masters degree earned
d) Doctoral internship student / Masters degree earned
e) Other_____________________________________

**6. Which of the following best describes your counseling program track?**
a) Elementary school counseling
b) Secondary school counseling
c) Community counseling – child/play
d) Community counseling – adult
e) College/University counseling
f) Counselor education (Doctoral Program)

**7. What is your guiding theory of counseling?** _________________________

**8. How easy is it for you to trust people?**
a) Very easy
b) Slightly easy
c) It depends
d) Slightly difficult
e) Very difficult

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