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**COUNSELOR-CLIENT VALUE SIMILARITY AND
DISSIMILARITY, THE WORKING ALLIANCE,
AND COUNSELING OUTCOME**

by

Lynn Nylund Lupini

**Dissertation
Submitted to the
Faculty of The Graduate College
in partial fulfillment of the
requirements for the
Degree of Doctor of Philosophy
Counselor Education and Counseling Psychology**

**Western Michigan University
Kalamazoo, Michigan
August 2000**

COUNSELOR-CLIENT VALUE SIMILARITY AND DISSIMILARITY, THE WORKING ALLIANCE, AND COUNSELING OUTCOME

Lynn Nylund Lupini, Ph.D.

Western Michigan University, 2000

Previous research in client-counselor value similarity and outcome studies has produced contradictory results. In the present study, an expanded model of Vervaeke, Vertommen, and Storms' (1997) value similarity construct was used to measure the degree of similarity and dissimilarity of values within the counseling dyad. The first purpose of the present study was to investigate the interrelationships among the client-counselor value similarity and dissimilarity, the working alliance and counseling outcome. The second purpose was to determine if the working alliance was a mediating factor between value (dis)similarity and counseling outcome, thus, providing insight into the previous contradictory results within the literature.

A sample of 42 counseling dyads at a counselor-training facility at Western Michigan University completed the Rokeach Value Survey, the Working Alliance Inventory, and the Counselor Effectiveness Rating Scale. The scores were analyzed using general linear model of regression and hierarchical multiple regression. Interpretation of the results demonstrated that value (dis)similarity predicted client-rated working alliance (dissimilarity $R^2 = .10$, similarity $R^2 = .14$), value

dissimilarity predicted counselor-rated working alliance scores ($R^2 = .19$), and client-rated working alliance predicted counseling outcome ($R^2 = .61$). However, there was no statistically significant relationship between value (dis)similarity (dissimilarity $R^2 = .04$, similarity $R^2 = .01$) and counseling outcome, and the working alliance was not a mediating effect between value (dis)similarity and counseling outcome (dissimilarity $R^2 = .04$, similarity $R^2 = .01$).

The results suggest that value (dis)similarity influences the working alliance, but has no relationship counseling outcome, and that the counseling relationship has a primary role in positive counseling outcome. In addition, it appears that clients use a combination of value dissimilarity and similarity in determining the working alliance, while counselors use only value similarity. The present study demonstrated the utility of the revised version of the Rokeach Value Survey for measurement of values salient to the counseling setting.

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ACKNOWLEDGMENTS

As with any major project, this dissertation was not written alone. I would like to acknowledge those who have assisted me during the process. Without their assistance and support, I would not have made it to this point.

First, I want to acknowledge and thank my dissertation committee. I truly appreciated their efforts and guidance. I wish to thank Dr. Robert Wait for his thoughtful contributions, especially his expertise in social psychology and research design. I would also like to extend my appreciation to Dr. Suzanne Hedstrom for her skillful attention to detail while simultaneously monitoring the “big picture.” Her efforts proved invaluable—not only to this research project, but in her guidance to me as well. Lastly, I want to thank Dr. Robert Betz. I am thankful for his adept direction and precise balance of challenge and support. I am additionally grateful for being able to learn from him before he retired and headed for other adventures.

I would also like to acknowledge friends and colleagues who offered tremendous support during this project. I wish to thank the staff and supervisors of the Center for Counseling and Psychological Services, and especially the counselors and clients whose generosity of time and energy allowed me to find out more about the counseling process. A special thanks to my friends who met for support at Bilbo’s: Cathy Kocarek, Debbie Renard, Nadine Pelling, and Angie Hirschey. Dissertation writing can be a lonely road in front of a computer. Your support, knowledge and laughter made the journey so much more enjoyable. I am most grateful to Dr. Mary Anderson whose mentoring taught me to think like a researcher.

Acknowledgments—continued

Finally, I want to thank my family: my mom and dad for their encouragement and love. A special thanks for their unselfish devotion as grandparents. It was so comforting to know that while I was crunching numbers or writing, my son was thrilled to be playing with his dama and papa. I also want to thank my son, Tony. He has balanced my life in innumerable ways—there's nothing like playing in the sandbox or reading Charlotte's Web to remind me of what is most important in my life. And lastly, I owe a great deal of gratitude to my husband, Robert. I am humbled by the consistency of his support and love. I thank you all.

Lynn Nylund Lupini

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CHAPTER I

INTRODUCTION AND LITERATURE REVIEW

Introduction

Strong (1968) advocated utilizing social psychology theory to improve the field's understanding of the counseling process. In doing so, Strong applied Festinger's (1957) cognitive dissonance theory as a means of conceptualizing the stages of counseling. Cognitive dissonance theory is widely accepted and embraced for its ability to operationalize intrapsychic inconsistencies of attitudes and behaviors (J. W. Brehm & Cohen, 1962; Eagly & Chaiken, 1993; Markus & Zajonc, 1998). Festinger's theory generated significant research and many theoretical publications (Wicklund & Brehm, 1976). In 1998, Markus and Zajonc reported that the subject of cognitive dissonance theory generated the most research in social psychology in the decade following its inception. Thus, the theory offers broad implications as it encompasses concepts of perception, cognition, affect, motivation, and action; and it encourages additional research without restraint of specificity to tightly defined constructs (Markus & Zajonc, 1998). Given its status of generating abundant research and general acceptance, cognitive dissonance is able to provide a theoretical background for the study of clients' discrepant cognitions. Additionally, further

exploration of the theory for application to counseling process and outcome research is warranted.

Cognitive Dissonance Theory

Festinger's cognitive dissonance theory is the third component in a sequence of major consistency theories following Heider's (1946) balance theory and Osgood and Tannenbaum's principle of congruity (J. W. Brehm & Cohen, 1962; Zajonc, 1960). As a group, the consistency theories proposed that people are uncomfortable with inconsistent cognitions and seek contiguity between attitudes, beliefs and behaviors (Jones, 1985). Cognitive dissonance theory similarly held that people seek internal consistency of clustered cognitions. Festinger (1957) defined cognition as "any knowledge, opinion, or belief about the environment, about oneself, or about one's behavior" (p. 3). Two cognitions or "cognitive elements" can exist as dissonant, consonant, or irrelevant. Cognitions are dissonant if they contradict each other, or "x and y are dissonant if not-x follows from y" (Festinger, 1957, p. 13). Consonant cognitions exist when two cognitions are consistent with each other. Irrelevant cognitions are unrelated to each other and are of little concern to the theory.

Festinger (1957) proposed that there are three methods for creating dissonance. The first concerns the dissonance created as new events or information are introduced to extant cognitions. New information could be presented in various forms such as exposure to a new event or through realizing that another person holds a differing opinion. Second, as a person forms an opinion or makes a decision

between competing actions or thoughts, dissonance can be created. The last method is “forced compliance,” or when force (e.g., reward or avoidance of punishment), induces a behavior normally avoided. Forced compliance creates dissonance as one engages in a behavior previously evaluated negatively. Dissonance is ubiquitous and unavoidable, but the theory’s primary focus is dissonant cognitions that remain conflicted and not easily or quickly resolved. Strong (cf. 1968) submitted, based upon Aronson’s (1969) review of dissonance literature, that it is not surface cognitions that generate the motivation for change, but the fundamental, self-defining beliefs.

Festinger’s theory distinguished itself from other cognitive consistency theories by quantifying the amount of dissonance experienced (J. Brehm & Cohen, 1962; S. Brehm, 1976). J. W. Brehm and Cohen (1962) offer a concise summary of Festinger’s model for representing the amount of dissonance created: “The magnitude of dissonance experienced depends directly on the number and/or importance of dissonant cognitions *relative* to the number and/or importance of consonant cognitions” (p. 5). Thus, as the amount of dissonance experienced increases (or decreases) so does the number and/or value of the dissonant to consonant cognitions.

Festinger (1957) stated that upon the creation of dissonance, there is pressure to reduce the conflicting cognitions. The pressure becomes the motivating factor for cognitive change. There are a number of ways of reducing dissonance: (1) discrediting the communicator, (2) creating consonant cognitions, (3) altering the importance of the dissonant and consonant cognitions or, (4) changing one or some of the dissonant cognitions.

The perceived level of communicator credibility and attractiveness controls the first method of dissonance reduction. Attractiveness is defined as the degree of similarity, compatibility, and liking of the communicator. Credibility is categorized into two types: expertness, the degree to which the communicator is viewed as a source of truth, and trustworthiness, which is the degree of confidence in the communicator's interest to convey truthfulness. Secondly, by creating consonant cognitions, the person is able to generate or justify their nonsensical behavior. For example, a person may smoke while in dissonance because of the knowledge that it causes cancer. However, in believing that smoking will assist in weight loss, dissonance is reduced. Third, through altering the importance of cognitions, the individual is able to convince him/herself that the cognitions are in some way consonant. For example, smoking for the enjoyment it provides is more important than to be cancer-free. Lastly, by changing one or some of the dissonant cognitions, one would convince him/herself that a belief is false. So, the smoker would need to convince him/herself that smoking is not related to cancer.

The strategies of dissonance reduction involve varying degrees of distorting reality. To change a dissonant cognition requires the greatest amount of distortion and is the most difficult to accomplish. In addition, given the interrelated nature of cognitions, to change one would require altering other cognitions as well. Therefore, the path of least resistance is the means of action, so the first three strategies would be exercised prior to the fourth.

The tenets of cognitive behavioral theory are able to demonstrate the relevance of cognitive dissonance theory to counseling. The goal of counseling within cognitive-behavioral theory (e.g., Beck, 1976; Ellis, 1962; Meichbaum, 1977) is to generate client change through a cooperative effort of introspection, challenging existing perspectives or behaviors, and creating new alternatives. While maintaining the integrity of cognitive-behavioral theory, the agent of the change process can be attributed to many factors. One such agent can be posited through Festinger's cognitive dissonance theory. Its thesis is broad in conceptualization and implications, and has generated an extensive body of research dating across 4 decades. Therefore, cognitive dissonance theory has the theoretical strength and flexibility to support applications from its social psychology background to investigating counseling processes.

Cognitive Dissonance and Social Influence in Counseling

Through the application of Festinger's cognitive dissonance theory, Strong (1968) conceptualized counseling as a form of social influence. Festinger's concepts and definitions were maintained while the theory was slightly altered to be more conducive to counseling practice and research. Strong proposed that the impetus for client cognitive dissonance is generated as clients become aware of the discrepancy between their own cognitive structures and those presented by the counselor. Strong conceptualized mediating client cognitive dissonance reduction to effect client change. As the counselor mediates the alternative methods of client cognitive

dissonance reduction, it is more likely that client change, as suggested by the counselor, will occur.

Strong proposed that counseling is a two-phase social influence process. In the first phase the counselor's ability to effect client change is enhanced through mediating client cognitive dissonance reduction through controlling perceived credibility (i.e., expertness and trustworthiness) and attractiveness. The purpose of the second stage is to use the influence generated in the first phase to generate change through enhancing the client's involvement in counseling. Involvement is the client's perceived level of valuing importance of an issue presented in counseling.

Three reviews of social influence and counseling literature (i.e., Corrigan, Dell, Lewis, & Schmidt, 1980; Heppner & Claiborn, 1989; Heppner & Dixon, 1981) were published since Strong's initial article (cf. Beutler et al., 1994). Heppner and Claiborn (1989) reviewed the social influence research during the 1980s and compared their findings to the previous reviews resulting in a comprehensive review of recent and historical literature. The review is organized to correspond to Strong's dual-phased counseling model and further categorized by methodology of analogue and field studies. The following summary of the literature is based upon the Heppner and Claiborn (1989) review because of its comprehensiveness and utility.

In general, Heppner and Claiborn (1989) findings were consistent with the results of the previous reviews, (i.e., Corrigan et al., 1980; Heppner & Dixon, 1981) and were also able to extend earlier reviews with a substantial amount recent social influence research. However, the review was unable to generate a solid understanding

of social influence in counseling. Although the review was able to make tentative generalizability statements on a small body of counselor behaviors, most of the review reported methodologically flawed studies or inconsistent findings. In addition, as a whole, the conclusions have very poor external validity to actual counseling setting since an overwhelming majority (53 of 60) of the studies used analogue methods. Therefore, any findings are initial and tentative until more field studies provide confirmation. However, given the previous caveat, the review provided a summary of the literature and examination of its results would provide insight into future study of social influence.

Heppner and Claiborn found that research with analogue studies suggests that counselor verbal behavior (i.e., self-disclosure, interpretative techniques, positive self-involving statements, and profanity) and nonverbal behavior (i.e., posture, eye contact, gestures, smiling) determine clients' perception of counselor expertness, attractiveness, and trustworthiness. The authors extended previous reviews by including the recent research on the effects of client and counselor personal characteristics and client-counselor similarity. The results of counselor personal characteristic research are inconclusive. The reviewers indicated that specific counselor behavior may affect counselor social influence variables more than general personal characteristics. Also, the research on client characteristics (i.e., gender, sex role identity, pre-counseling expectations, self-concept, and motivation) consistently found a non-significant relationship with perception of counselors' social influence. Heppner and Claiborn suggested non-significant results may be indicative of the

effects of a single client characteristic, and more comprehensive variables may hold more promise. The authors also point to the historical trend in counselor social influence literature to conceptualize the client as a passive recipient of influence. They suggest that it may be more fruitful to conceptualize the client as a more active participant within an exchange of information.

Heppner and Claiborn demonstrated that the literature contained inconsistent results on the effect of client-counselor similarity on social influence. Upon further examination of the review, the authors examined 8 studies in summarizing the similarity research. In 2 of the non-significant studies, the independent variable (i. e., race or physical disability) was a single, personal characteristic. The remaining studies demonstrated that more comprehensive characteristics predicted social influence. Consequently, a consistent pattern emerged from segregating the 2 studies of single, personal characteristics. The remaining 6 studies demonstrated that comprehensive independent variables predict counselors' social influence. For example, the results of 2 studies of similarity in sexual attitudes and 2 studies on language use were significant. An interaction effect was found in (a) counselor experience and the use of an interpreter with hearing-impaired clients, and (b) client racial identity and counselor's culturally sensitivity. In all, a consistent pattern of client-counselor similarity and perceived counselor attractiveness, expertness, and trustworthiness emerges: comprehensive factors predict social influence and personal characteristics do not.

In sum, according to Strong's two-phase counseling model, the initial phase determines a counselor's ability to influence change through mediation of the client's cognitive dissonance, thus transitioning to the second phase where the counselor's social influence invites client involvement. In order to better understand the two-stage counseling process, it is necessary to learn more about what factors contribute to the counselor's ability to mediate client dissonance in the first stage and those that affect client change in the second phase.

Literature Review

Value Similarity in Counseling

Strong (1968) referred to Rokeach's (1968) hierarchical values construct to illustrate the similarity of cognitive dissonance to another psychological theory. He parallels Rokeach's value systems in which an individual strives for consistency among one's value systems. Rokeach and Reagan (1980) proposed that as one gains new information or knowledge a state of self-dissatisfaction results where:

The person becomes aware of something quite specific that is bothersome or upsetting, something specific that threatens his or her sense of competence or morality, or both. Thus, the person is able to zero in and focus attention on it. It is such a state of specific self-dissatisfaction, the person will change values, or attitudes, or behavior to make them all more integrated with one another and, more important, to make them more integrated with the person's self-conception as a basically moral and competent person (p. 58).

Rokeach's theory is similar to cognitive dissonance since both conceptualize an internal sense of imbalance as the motivation for change to restore integration of personal constructs. They differ in the conceptualization of the conflicted entity: Rokeach's theory is specifically constructed to a personal hierarchy of values; whereas, Festinger was very diffuse in describing dissonance as occurring between vaguely defined cognitions. Given the specificity of Rokeach's value construct and the rather ambiguous nature of cognitive dissonance, the state of self-dissatisfaction from conflicting values can be subsumed as a type of cognitive dissonance. To investigate the nature of the relationship between cognitive dissonance and self-dissatisfaction, further examination of the role of values in counseling literature is necessary.

Historically, psychotherapy theory held that values played a very limited role in therapy: clients projected their values onto the therapists, while the therapist remained value-free (Patterson, 1989). In the 1950s, psychologists began to acknowledge that values do influence psychotherapy (Kelly, 1990). It was at this time that the development of cognitive theories introduced the concept of values and attitudes as the vehicle of change (Beutler & Bergan, 1991). As a result, values research, once reserved for sociology and anthropology, increased in the realm of psychotherapy process research (Kelly, 1990). Rosenthal (1955) was first to investigate the role of counselor-client value similarity in counseling outcome. He concluded that clients who showed the most improvement in counseling outcome also changed their moral values to be more like their therapist's. Although a great deal of

research on values in counseling followed, much of it included undefined value constructs, unreliable measurements (Kelly, 1990), methodological weaknesses, and contradictory results (Kelly, 1990; Kilmann, Scovern, & Moreault, 1979; Tjeltveit, 1986), which created a confusing body of literature with inconsistent findings.

Rokeach assisted research efforts through providing the first concise definition and measurement of values appropriate for psychotherapy research (Kelly, 1990).

Rokeach's programmatic work (1968, 1971, 1973) operationalized a value as such distinguishing it from an attitude, interest, need, norm and trait (Kelly, 1990).

Rokeach (1973) defined a value as "an enduring belief that a specific mode of conduct or end-state of existence is personally or socially preferable to an opposite or converse mode of conduct or end-state of existence" (p. 5). He also defined value systems as an enduring hierarchy of values that are organized by their degree of importance.

Rokeach's constructs and assessment of values are common in values research throughout the social sciences including counseling process research. Many prolific values researchers recommend Rokeach's operationalization for use in research (e.g., Beutler et al., 1994; Kelly & Strupp, 1992; Kilmann et al., 1979). Using the definition of values and value systems in its design, the Rokeach Value Survey (RVS, Rokeach, 1973) provides a rank order of terminal and instrumental values. Terminal values are desirable end-states of existence examining personal and social goals, and instrumental values are desirable modes of conduct that involve ideas of competence and morality. Rokeach stated that the theme of "oughtness" present in many conceptualizations of values is contained in the moral subcategory of the instrumental

values. The idea of "oughtness" originates in societal influence to act, or not act, in certain ways. Throughout this study, the terminology as prescribed by Rokeach will be followed when using the phrase of "values" or "value systems."

Excluding historical reviews (prior to 1979), there are 12 literature reviews of the role of values in counseling. The following section will include only current reviews, since the historical reviews would be redundant. Reviews were excluded on the basis of the following criteria: (a) specific focus on religious values (e.g., Bergin, 1980, 1983, 1991; Propst, 1990), (b) application of ethics to values in psychotherapy (Tjelveit, 1986), and (d) reviews in which the inclusion of other variables reduced the focus upon values (Atkinson & Schein, 1986; Beutler, Crago, & Arizmendi, 1985; Beutler et al., 1994).

Kilmann, Scovern, and Moreault (1979) reviewed the research on the role of value similarity and counseling outcome. The authors' selection criteria were such that any included study must have (a) compared client-therapist variables, (b) measured outcome at termination, and (c) employed field methodology. This review accounted major methodological problems throughout the literature, and a trend of empirical independence whereby values research acted as isolated events. The authors found no consistent pattern within the value similarity and counseling outcome research. Although this review employed a careful selection criterion, the authors did not specify a value construct, did not determine reasons for inclusion by a study's methodological strength or weakness, nor did they attend to number of subjects or effect size.

Beutler and his colleagues (1981, Beutler & Bergan, 1991; Beutler, Clarkin, Crago, & Bergan, 1990; Beutler, Crago, & Arizmendi, 1986, Beutler et al., 1994) authored a series of reviews significantly impacting the literature. Beutler's (1981) first review article focused upon summarizing value similarity and convergence and counseling outcome. He found that 12 of 16 studies, using clients in individual therapy, demonstrated value convergence was related to positive counseling outcome, and that convergence is most influenced by initial dissimilarity. However, upon closer examination of the studies included in the review, many were methodologically flawed and used a variety of values constructs. The same review was unable to determine a clear pattern between value similarity and outcome due to the inconsistency of the studies reviewed. In drawing his conclusions, Beutler was not selective on the independent variable used in the studies (a) values, (b) beliefs, (c) attitudes, and (d) therapy goals were interchangeable. Of the 22 studies included in the review, only 15 involved actual counselor-client contact the others were analogue studies and one used a phone interview. A more useful review would examine studies with a specific criterion for inclusion, not just all studies completed within a certain time span. Because this review is so frequently cited, it contributed to the present state of inconsistency and contradiction in the value research literature.

A more recent review, Beutler and Bergan (1991) added support to previous reviewers (cf. Kelly, 1990; e. g. Kilmann et al., 1979) and researchers (Kelly & Strupp, 1992) of Rokeach's conceptualization of values and value systems for providing the "most concise and useful" definition. The authors submitted a succinct

summary of relevant findings: (a) there is a linear relationship between values convergence and outcome, and (b) it is impossible to draw a conclusion on the relationship between initial value similarity and outcome due to inconsistent research findings. Although adhering to Rokeach's value definition, the authors criticize the RVS since it is unable to create a hierarchy of values pertinent to the counseling setting or capture the similarity-dissimilarity pattern related to positive counseling outcome. Beutler and Bergan cite the state of inconsistency of the value similarity-outcome research using the RVS as proof of its poor applicability to counseling research.

In an attempt to provide structure to future value similarity research, Beutler and Bergan (1991) proposed a typology for guiding the study of values in counseling. The authors operationalized values research through a typology that extended Spiegel's (1982) ecological model of values in family therapy into the values and counseling process research. Spiegel's model, based upon F. R. Kluckhohn (1961) and C. Kluckhohn's (1951) model of value orientations, included: (a) temporal focus that accounts for valuing of time as past, present, or future; (b) self definition that represents values that hold the power of one's future, sensory information, and self-constraint; (c) interpersonal relationship are values on a continuum from individualism to collectivism; (d) person-nature accounts for the values natural forces; and (e) nature of persons values determine how one views people as good, evil, or neutral. The structure accounted for cultural and social differences within value systems domains and examined, not only the preferred value system, but also

acceptable secondary choices within that domain (Spiegel, 1982). Incorporated into the typology was the Scale to Assess World Views (SAWV, Ibrahim & Kahn, 1986) that assesses the domains identified in the model.

Beutler and Bergan's (1991) typology may provide a structure on which to build values research in answer to Kilmann's et al. (1979) criticism that value research acted with empirically independence. No study has been identified implementing the typology. In all, the article has the potential to influence the literature for future studies of values in counseling. However, although the SAWV appears to be a possible methodological alternative to the RVS, upon closer inspection, the instrument is not appropriate for measuring value similarity within a counseling dyad. The value orientations of F. R. Kluckhohn (1961) and C. Kluckhohn (1951) that provided the theoretical and empirical support for the SAWV were intended to measure value differences among and between cultures. To transfer the instrumentation of a scale intended to measure differences within a population to that of a counseling dyad would violate the constructs of the original measure. Therefore, Beutler and Bergan's (1991) values typology holds promise for structuring the study of the values held by counselors as a population or for certain sociological categories of clients. However, because the SAWV cannot be used to detect differences within a counseling dyad, modification of the chosen instrument is necessary prior to use in value similarity research.

Beutler and his colleagues (i.e., Beutler et al., 1990; Beutler et al., 1985; Beutler et al., 1994) have also authored a series of handbook articles. Each provides a

brief review of the values research literature, but the articles' contribution does not exceed the previously mentioned articles, so they will not be included at this time.

Kelly's (1990) review of the value similarity research was based upon the need for a concise definition and refined methodology. Kelly collected over 100 values studies and selected only those articles that included (a) Rokeach's value construct, (b) valid assessment tools, (c) examined counseling process and outcome, and (d) quality methodology and results. Only 10 studies met this criterion. Kelly then highlighted 4 studies of psychometric strength and concluded the following results:

1. Values convergence takes place between client and counselor and is tied to initial value dissimilarity.

2. Values convergence is related to counselor-rated outcome measures, but not with clients' rating or a independent measure.

3. The pattern of values similarity and improvement is complex, and not yet determined since studies remain contradictory.

The results suggest that the relationship of values convergence and outcome may be a phenomenon of counselor-based evaluation. Kelly's review used the most stringent inclusion criteria of all the reviews examined and its findings and suggestions for future study are worthy of further examination.

Kelly's (1990) review commended Arizmendi et al. (1985) for the suggestion that not all values play an important role in positive counseling outcome. Arizmendi et al. (1985) found that of the 36 values in the RVS, only 13 of the values demonstrated that their similarity or dissimilarity was related to outcome. In addition,

the predictive power of those 13 values was dependent upon which outcome measure employed (i.e., client, counselor, or independent rating) and the clients' presenting problem. In one other study, Beutler, Pollack, and Jobe (1978) found differences in sexuality and religion predicted outcome. The findings suggest that value systems established by hierarchically ranked values are not be appropriate for determining value similarity. It also raises the issue of value salience, that only certain values should determine similarity, and that not all values included in the RVS do so.

The salience of values within a counseling dyad cannot to be determined using the RVS. The RVS asks participants to rank 2 sets of 18 values and it is impossible to determine which values were meaningful and applicable to counseling and which values are superfluous. In addition, since the RVS is a ranked instrument, the resulting ipsitive data is cumbersome to analyze because parametric procedures cannot be used for analyses. There is support for the use of converting the rankings of the RVS into a rated version in which the values included in the original instrument are rated on a Likert scale (Rankin & Grube, 1980; Schwartz, 1992; Schwartz & Bilsky, 1990; Vervaeke, Vertommen, & Storms, 1997). Since the respondents generate rated data by selecting values pertinent to the counseling situation, value similarity is based upon those values salient to the counseling dyad. In addition, with internal data, parametric procedures can be employed for analysis. Therefore, substituting rating values for ranked values, while maintaining the theoretical and empirical strength of the RVS, would be beneficial to the value similarity research literature.

In summarizing the current knowledge on the role of values in therapy, some areas have a consistent pattern on which to build future studies, and other areas seem to be trapped in a state of ambiguity. Researchers have demonstrated that values convergence occurs and is linearly related to initial value dissimilarity. However, reviewers do not agree as to the relationship between convergence and outcome. A great deal of inconsistency across the studies surrounds the research of value similarity and outcome and no reviewer or researcher has established a clear pattern. Lastly, the literature is plagued with major methodological problems and empirical independence whereby the studies acted as isolated events. Given the state of this literature, many questions remain. Clearly, additional study is needed prior to understanding the relationship between value similarity and outcome and to improve the methodology currently in use.

Working Alliance

A possible explanation for the lack of consistent results between value similarity and outcome is that this relationship is mediated by a counseling process variable not yet identified. The process variable can be inferred through examining Tracey and Dundon's (1988) study of the client variables and counseling process and outcome. The authors investigated changes across the counseling stages in clients' expectation of counseling meeting certain needs (a) approval, (b) advice, (c) audience (counselor acting as a "sounding board"), and (d) relationship. The researchers found that a great deal of change occurs in the clients' expectation during the initial stages

of counseling whereby expectations increase significantly from the beginning to the middle stage and then stay constant from the middle to end. The authors suggest that the pattern of expectations is a reflection of client bonding with the counselor in different forms, and that it may be "indicative of the establishment of a working alliance" (p. 12). The authors also demonstrated that increases in expectations were positively related to counseling outcome. Therefore, if clients' expectations increase at the beginning of counseling a solid counseling relationship is established and satisfactory outcome is predicted. Given Tracey and Dundon's (1988) finding that a specific variable influences the working alliance and counseling outcome, then it is necessary to determine the role of other variables in this area of counseling process and outcome. More specifically, it would be of benefit to expand Tracy and Dundon's study and examine the role of counselor-client value (dis)similarity in the establishment of the working alliance and its relationship to counseling outcome. In the remaining portion of this section, the working alliance literature supporting investigating a relationship with value similarity will be examined.

Researchers have suggested that value similarity or dissimilarity may play a role in the working alliance. For example, Vervaeke et al. (1997) found that counselor-client value dissimilarity, as measured by an adapted version of the RVS, predicted premature client dropout. The authors believed that the value dissimilarity influencing dropout was due to a lack of establishing a working alliance. Although this study did not directly measure the working alliance, the authors did contend that value dissimilarity and the working alliance are related. Also, Kelly and Strupp (1992)

found that an intermediate range of value similarity between counselor and client predicted outcome, or some degree of similarity and dissimilarity, was needed to predict positive outcome. They suggested that a “conspicuous clash” of values between counselor and client might inhibit the establishment of the working alliance. Lastly, Beutler and Bergan (1991) proposed that value dissimilarity might assist the dyad build a working alliance. Therefore, researchers have suggested that a pattern of similarity and dissimilarity of values effects the working alliance, but no published study to date has been found that specifically investigated this relationship.

The idea of an alliance within therapy was briefly discussed in Freud's writings in which he introduced the idea of an alliance (Gaston, Goldfried, Greenberg, Horvath, Raue, & Watson, 1995; Henry, Strupp, Schacht, & Gaston, 1994; Horvath & Greenberg, 1986). Zetzel (1956) made additions as she conceptualized the client's attachment to the counselor as an affective alliance within the dyad. Greenson (1965) later introduced the terminology and conceptualization as the “working alliance.” The working alliance has been incorporated into other theories and in doing so has evolved and has been adjusted (Gaston et al., 1995). It was Bordin's (1980, cf Horvath & Symond, 1991) programmatic writings that shaped the construct of the working alliance to its current status (Tracey & Kokotovic, 1989).

In his earlier work, Bordin believed that the working alliance was necessary, but not a sufficient condition of therapy. He later came to view that the effectiveness of therapy is not controlled by type of theoretical perspectives of intervention, but rather by the strength of the working alliance (Hartley & Strupp, 1983). Bordin cited

Horwitz's (1974) longitudinal study of by the Menninger Clinic researchers that found there was no difference between the various theoretical therapies and outcome, and that the working alliance was necessary for therapy to occur and is possibly, "the main vehicle of change" (p. 255). Bordin (1979) believed that the working alliance is what allows a client to accept and follow treatment and is a part of every helping relationship.

Bordin (1979) proposed that although the working alliance was born of psychoanalytic theory, its concepts are pantheoretical. He established the applicability of the working alliance to all forms of therapy through classifying the working alliance historical literature into two foundations: (1) created by Sterba (1934) and Menninger (1958) who wrote about the importance of the therapeutic, affective connection; and (2) proposed by Zetzel (1956) and Greenson (1967) on the importance of the "real" relationship existing in psychoanalytic therapy. Through the two foundations, Bordin (1979) generated three aspects of the working alliance: (1) agreement of goals, (2) agreement on task, and (3) the establishment of a bond. Specifically, an agreement on goals is demonstrated by a common striving to desired outcomes, tasks would be a shared understanding and responsibility of the therapy process, and the bond is a personal connection that is developed through conditions of trust, attachment and acceptance. Today, the three components are nearly universally accepted as the theoretical and methodological model of the working alliance.

In a meta-analysis of 24 studies, Horvath and Symonds (1991) demonstrated that the working alliance, when measured by client or observer, was more correlated

to outcome measures than the counselor's ratings of the alliance. In addition, the working alliance was most predictive of outcome as measured by clients or observers and less predictive of counselor evaluated outcome. The results suggest that counselors and clients have different impressions of their working alliances. Other studies confirm that counselors and clients have different perceptions of the working alliance (Horvath & Symonds, 1991; Tichenor & Hill, 1989). However, Kivlighan and Shaughnessy (1995) found this initial difference decreases through the course of treatment, and the dyad develops a common working alliance. Perhaps the difference in perception of the working alliance decreases as the dyad creates a shared process that builds a common working alliance (Anderson, personal communication, June 1997). The pattern of stabilization of the perception in working alliance is similar to the findings of stabilization of client expectation by Tracey and Dundon's study (1988). To summarize, there may be a critical period during the beginning stage of counseling where the relationship is forged and then stabilized as indicated by a plateau of working alliance perceptions and the client expectations of the counseling relationship.

In all, the predictive ability of outcome by the working alliance, when measured by client or observer, is supported in the literature. Also, client or observer ratings of the working alliance seem to be the most predictive as compared with counselor ratings. There is evidence of the importance of initial stage of counseling for the establishment of the working alliance. Although researchers have suggested

investigating the role of values in the working alliance, no published study has yet been identified.

Research Questions

The preceding literature review summarized the role of value similarity and the working alliance in predicting counseling outcome, and elicited additional questions. For example, there has been an abundance of client-counselor value similarity research, but its relationship to outcome remains unknown. Secondly, the working alliance literature has demonstrated its link to counseling outcome. However, the possibility of a relationship between value similarity and the working alliance has been posed, but not empirically investigated. In all, the counseling process and outcome literature acknowledges the importance of the working alliance and value similarity to counseling outcome, although their inter-relationships remain unknown.

The purpose of this study was to empirically investigate, using field methodology, the relationship between value similarity, the working alliance, and counseling outcome. The following research questions are examined in the present study:

1. Is there a relationship between client-counselor value similarity and the working alliance?
2. Is there a relationship between client-counselor value similarity and counseling outcome?

3. Is there a relationship between the working alliance and counseling outcome?

4. Is there a relationship between client-counselor value similarity, the working alliance and counseling outcome?

CHAPTER II

METHOD

Introduction

The investigator's doctoral dissertation committee approved the proposal for study. In accordance with ethical guidelines to protect the rights and confidentiality of the participants, a proposal for the research was submitted and approved by the Human Subjects Institutional Review Board (HSIRB) at Western Michigan University (Appendix A).

Setting

The present study was completed at the Center for Counseling and Psychological Services within the Department of Counselor Education and Counseling Psychology at Western Michigan University. The Center is a counselor training facility that also sponsors research of counseling process and outcome and provides counseling services for persons residing in the greater Kalamazoo area and for students referred by the University Counseling Center. The investigator requested and received permission from the Center's director to conduct data collection during the 1999 academic year (Appendix B).

Population

The counselors were master's level students majoring in counseling or counseling psychology from the Department of Counselor Education and Counseling Psychology at Western Michigan University. They were enrolled in a beginning practicum counseling classes. Doctoral students from the same department supervised the counselors. The clients were residents from the Kalamazoo community or university students. The data were collected across Winter and Spring/Summer academic semesters of 1999.

Sample

The investigator requested and received verbal permission from each of the 10 practicum instructors to present the opportunity for participation in the study to his or her class. The investigator or assistant invited the counselors to participate in the study during a beginning class session. The investigator or an assistant invited the clients to participate in the study before their fifth session with their counselor and were administered the surveys immediately following the fifth or final session (if termination occurred prior to that time). Participation data and demographic information is reported in Chapter III.

Statistical Design

The present study used a non-experimental correlational design to investigate the relationship between value similarity and dissimilarity, the working alliance as

rated by client and counselor, and counseling outcome. The criterion variables were counseling outcome and the working alliance scores, and predictor variables were value similarity and dissimilarity. Value similarity and dissimilarity were assessed using the Rokeach Values Survey (Rokeach, 1973), the working alliance was assessed with the Working Alliance Inventory (WAI, Horvath, 1984), and outcome was assessed by the Counselor Effectiveness Rating Scale (CERS, Atkinson & Wampold, 1982).

Instruments

Rokeach Value Survey

The Rokeach Values Survey (Rokeach, 1973) is a self-report measure designed to provide a rank order of 18 examples of terminal and instrumental values. Terminal values represent desirable end-states of existence. Instrumental values represent desirable modes of conduct. Each value on the measure is accompanied by a brief description. Test-retest reliability estimates range from .51 to .88 (Miethe, 1985; Rokeach, 1973). Validity has been demonstrated in a variety of methods. Braithwaite and Law (1985) demonstrated construct validity through statistically significant coefficients of congruence ($p < .01$) with similar items on three other value inventories generated for their study. Convergent validity of the RVS was indicated by Miethe's (1985) study of correlating aggregate responses across different

measurements methods of items. Therefore, the validity and reliability of the RVS was confirmed and indicated to be psychometrically adequate (Kelly, 1990).

The RVS has been criticized as not being able to create a hierarchy of values pertinent to the counseling setting, nor to capture the similarity-dissimilarity pattern related to positive counseling outcome (Beutler & Bergan, 1991). Since the RVS forces the ranking of all of its values, it is impossible to determine which values are salient to a client's presenting problem. Kelly (1990) proposed that a select group of values is important to certain presenting problems while the RVS includes values that may be irrelevant to the client and his or her concerns. There is support for altering the RVS to retain its empirical support while improving the applicability to counseling research. Researchers (e.g., Braithwaite & Law, 1985; Rankin & Grube, 1980; Schwart & Bilsky, 1987, 1990; Vervaeke et al., 1997) have demonstrated retention of validity and reliability of the RVS when converting its rank ordering into ratings using a Likert scale.

In an effort to measure values salient to counseling, the following adaptations were made. The alternative directions, based upon those delineated by Vervaeke et al. (1997), were used to instruct the client-participants. The clients were given the following directions in writing prior to completing the RVS: "Probably most of the values you will encounter in this questionnaire are more or less important in your life. However, we are interested in the importance of the following values in the light of counseling."

The four-point Likert ratings as designed by Vervacke et al. (1997) were applied to the present study. The respondents were asked to rate each value by answering: "Do you wish to have counseling in which (place value here) is worked toward? (1) Yes, and it must be so (I want it and it should be like that); (2) Yes, but it doesn't have to be so (I would like it that way, but I would accept it if it were not); (3) No, but it is allowable (I would not like it that way, but I would accept it if it were); (4) No, and it isn't allowable (I don't want it and it should not occur)."

The counselor-participants were asked to rate values based upon their work with their client. They were asked to rate the values using the same Likert scale, but were asked "do you wish counseling for this particular client in which (this value) is worked toward?"

Value similarity and dissimilarity was calculated using Vervaeke et al. (1997) model where highly similar and dissimilar values were weighted. An overall pattern of similarity and dissimilarity was calculated. The Likert ratings combinations of clients and counselors whose combination are the most different (1 to 4 or 4 to 1) were given a weight of two. The other combinations demonstrating a fair degree of dissimilarity (1 to 3 or 3 to 1; 2 to 4 or 4 to 2) were given a weight of 1. The remaining combinations expressed moderate or similar values and were not entered into the dissimilarity calculation. Value similarity in which the counselor and client values are an exact match were assigned a weight of 1. The similarity and dissimilarities were summed and a proportion of the total calculated.

Working Alliance Inventory

The Working Alliance Inventory (Horvath, 1984) is a self-report instrument that consists of 36 questions on two parallel forms, one each for clients and counselors. Items were assessed on a 7-point scale (1=Never, 7=Always). An overall score as well as subscores corresponding to Bordin's (1979) conceptualization of the working alliance as counselor-client agreement on task, counselor-client agreement on goals and establishment of a bond are yielded. Internal consistency has been estimated at .88 to .93 for the counselor subscales and .88 to .91 for the client subscales (Tracey & Kokotovic, 1989). Although subscales scores are available, an overall score was calculated for the present study since it is the best measure of the working alliance construct (Tracey & Kokotovic, 1989). Evidence of construct validity has been provided through multitrait analyses (Horvath & Greenberg, 1986). Concurrent and predictive validity has been provided through significant correlations of the WAI scores and outcome measures (Horvath & Greenberg, 1986).

Counselor Effectiveness Rating Scale

Counselor Effectiveness Rating Scale (Atkinson & Wampold, 1982) consists of 10 items completed by the client to measure 4 dimensions of the counselor's effectiveness: (1) expertness, (2) trustworthiness, (3) attractiveness, and (4) utility (whether the client would continue with the counselor in the future). There are three items designed to measure each of the dimensions. The dimensions are based upon

social and counseling psychology literature determining that they are important variables in social influence processes (Strong, 1968) as applied to counseling. Each dimension is rated on a 7-point Likert scale (1 = bad, 7 = good). Concurrent validity was found through a correlation ($\alpha = .80$) to Counselor Rating Form (Barak & LaCrosse, 1975) whose predictive validity was established (Atkinson & Wampold, 1982). Internal reliability was reported with Cronbach's alpha of .88 for expertness, .75 for trustworthiness, .78 for attractiveness, and .90 for the total score.

Although most of the social influence literature investigating counselor expertness, attractiveness and trustworthiness has been conducted using the Counselor Rating Form, (CRF, Barak & LaCrosse, 1975; cf. Heppner & Claiborn, 1989) its length, 36 questions, makes the instrument rather cumbersome to use within a battery. Atkinson and Wampold's (1982) validity study demonstrates that the CERS is a sound substitute and reduces subject fatigue.

Procedures

Subjects were orally invited by the investigator or an assistant to participate in the present study. The counselors and clients were read a script inviting participation to the study. The script informed of the purpose of the study, expectation of participation, participant rights and confidentiality of participation and responses. The client and counselor invitation scripts are in Appendix C. Those agreeing to participate were given a consent letter describing the study and their terms of

participation. Consent was obtained following the standards established by the Human Subjects Review Board at Western Michigan University (Appendix D).

The clients were administered the demographic, CERS, RVS, and WAI surveys immediately following the fifth session or final session. The fifth session was chosen since Atkinson and Wampold (1982) administered the CERS following the fifth session in the development of their instrument. Also, Horvath's programmatic research (1982, 1986, 1991) demonstrated the establishment of the working alliance by the third session. The client was offered the option of returning the survey to a secure file in the Center, or mailing the completed survey in a stamped, addressed envelope. If the client dropped out of counseling prior to the fifth session (defined by the counseling center as not showing for two consecutive appointments), the investigator mailed a survey packet to the participant to be completed and returned. The packet included an addressed, stamped envelope for return.

The counselor-participant completed the survey packet after the fifth session and returned it to a secure file within the Center. The survey-packet included a demographic survey, the RVS, and the WAI. The counselors did not complete the CERS since the scale measured client satisfaction with counseling.

If both members of the dyad agreed to participate, then each dyad was assigned a code by the investigator. The code was assigned at the time of informed consent and used to label the surveys for subsequent dispersal. The code insured that no identifying information was included on the surveys.

Statistical Analysis

Multiple regression procedures were used for data analysis. Both linear and non-linear regression analyses were conducted. In addition, correlations were computed.

Statistical Hypotheses

The present study posed the following questions:

- 1. Is there a relationship between value similarity/dissimilarity and the working alliance?**
- 2. Is there a relationship between value similarity/dissimilarity and counseling outcome?**
- 3. Is there a relationship between counseling outcome and the working alliance?**
- 4. What is the nature of the relationship between value similarity, the working alliance and counseling effectiveness?**

The hypotheses were written as research hypotheses with the accompanying null hypotheses for the purpose of statistical analysis.

Research Hypothesis 1

Is there a statistically significant linear relationship between client-counselor value (dis)similarity as measured by RVS and the working alliance as measured by WAI scores?

H₀1: There is no statistically significant linear relationship between value similarity and client-rated WAI scores.

H₀2: There is no statistically significant linear relationship between value dissimilarity and client-rated WAI scores.

H₀3: There is no statistically significant linear relationship between value similarity and counselor-rated WAI scores.

H₀4: There is no statistically significant linear relationship between value dissimilarity and counselor-rated WAI scores.

Research Hypothesis 2

Is there a statistically significant linear relationship between client-counselor value (dis)similarity as measured by RVS scores and counseling outcome as measured by CERS scores?

H₀1: There is no statistically significant linear relationship between value similarity and CERS scores.

H₀2: There is no statistically significant linear relationship between value dissimilarity and CERS scores.

Research Hypothesis 3

Is there a statistically significant linear relationship between counseling outcome as measured by the CERS scores and the working alliance as measured WAI?

H₀1: There is no statistically significant linear relationship between CERS and client-rated WAI scores.

H₀2: There is no statistically significant linear relationship between CERS and counselor-rated WAI scores.

Research Hypothesis 4

Is there a statistically significant linear relationship between client-counselor value (dis)similarity as measured by the RVS scores and counseling outcome as measured by CERS scores when mediated by the working alliance is the as measured by the WAI scores?

H₀1: There is no statistically significant linear relationship between value similarity and CERS scores when mediated by client-rated WAI scores.

H₀2: There is no statistically significant linear relationship between value dissimilarity and CERS scores when mediated by client-rated WAI scores.

H₀3: There is no statistically significant linear relationship between value similarity and CERS scores when mediated by counselor-rated WAI scores.

H₀4: There is no statistically significant linear relationship between value dissimilarity and CERS scores when mediated by counselor-rated WAI scores.

CHAPTER III

RESULTS

Participants

The possible participant pool included 58 counselors and 99 clients from the Center with 86.21% (50) of the counselors and 64.65% (68) of the clients agreeing to participate. A total of 140 surveys in 70 dyads were administered. Of the surveys returned, 23 surveys were rejected since only one member of the dyad returned the survey, or the returned survey was incomplete. The final sample consisted of 42 counselor-client dyads, or 84 surveys that were returned and used for data analysis. The resulting sample was comprised of 34 counselors (8 counselors completed surveys on 2 clients) and 40 clients (2 clients participated twice). The remaining 33 surveys were not returned. Overall, the return rate was 60%.

New client-counselor dyads were formed each semester in the Center; thus clients were able to participate twice with a different counselor each semester. Of the surveys returned, 2 clients agreed to participate across the 2 semesters. Also, within the practicum class, each counselor was assigned at most 3 clients yielding multiple dyad formations for each counselor. Of the returned surveys, 10 counselors completed surveys on 2 clients. Additionally, not all participants were surveyed since agreement of both members of the dyad was necessary for the dyad to be complete. If one

member declined participation, then the other member was verbally informed that his/her participation was completed.

The counselors were master's level trainees majoring in counseling or counseling psychology from the Department of Counselor Education and Counseling Psychology at Western Michigan University. The counselors were 79.4% (27) female and 20.6% (7) male. The mean age was 33.50 years. The counselors' ethnic representation was (a) 86.7% (31) Caucasian, (b) 5.9% (2) African American, and (c) 2.9% (1) International/Non-U.S. Resident. The counselors were 47.1% (16) counseling psychology majors and 52.9% (18) counseling majors.

The clients were residents from the Kalamazoo community or university students. They were recruited to the counseling center through the media, and referred by community resources or from the University Counseling Center. The data were collected across Winter and Spring/Summer academic semesters of 1999. The clients were 80% (32) female and 20% (8) male with a mean age of 35.23 years. The clients' ethnicity was (a) 85.0% (34) Caucasian, (b) 7.5% (3) International/Non-U.S. Resident, (c) 2.5% (1) African American, (d) 2.5% (1) American Indian, (e) and 2.5% (1) Hispanic.

Preliminary Analyses

The means, standard deviations, intercorrelations of value similarity and dissimilarity, client and counselor rated WAI scores, and the CERS scores were calculated and are presented in Table 1.

Table 1

Means, Standard Deviations, and Intercorrelations Between Value Similarity, Value Dissimilarity, Client-Rated WAI Scores, Counselor-Rated WAI Scores, and CERS Scores

Variable	M	SD	1	2	3	4	5
1. VaSIM	.42	.16	---	-.77**	-.18	.07	-.11
2. VaDIF	.12	.21		---	.32*	-.04	.21
3. CLWAI	214.31	24.94			---	.17	.78**
4. COWAI	205.31	25.58				---	.27
5. CERS	64.71	5.56					---

* $p \leq .05$, ** $p \leq .01$

Note: VaSIM = Client-Counselor Value Similarity, VaDIF = Client-Counselor Value Difference, CLWAI = Client-Rated Working Alliance Inventory, COWAI = Counselor-Rated Working Alliance Inventory, CERS = Counseling Effectiveness Rating Scale.

A statistically significant negative correlation was detected between value similarity and value dissimilarity. Thus, as the level of value similarity increased the level of value dissimilarity decreases. A negative correlation between value similarity and dissimilarity is not surprising since they are polar opposites of each other. The results of the regression analysis reported in the next section indicated different relationships between the working alliance and value similarity compared to dissimilarity. Therefore, although the preliminary results indicated a strong, negative

correlation between similarity and dissimilarity, the regression analyses demonstrated their distinct influences; not just an inverse measurement of the same construct.

The preliminary analyses detected a significant positive correlation between (a) value dissimilarity and client-rated working alliance, and (b) between client-rated working alliance and counseling outcome. The results suggest the variables increase concurrently.

Results of the Statistical Analyses for Each Hypothesis

Research Hypothesis 1

There is a statistically significant linear relationship between client-counselor value (dis)similarity as measured by RVS and the working alliance as measured by WAI scores.

H₀1: There is no statistically significant linear relationship between value similarity and client-rated WAI scores.

H₀2: There is no statistically significant linear relationship between value dissimilarity and client-rated WAI scores.

H₀3: There is no statistically significant linear relationship between value similarity and counselor-rated WAI scores.

H₀4: There is no statistically significant linear relationship between value dissimilarity and counselor-rated WAI scores.

The results of the null hypothesis testing for the first research hypothesis are presented in Table 2. Null hypothesis 1 was not rejected since the regression model of

Table 2

Regression Analysis Predicting Client-Rated WAI Scores and Counselor-Rated WAI Scores from Value Similarity and Value Dissimilarity

Source	Client-Rated WAI			Counselor-Rated WAI		
	R ²	F	p	R ²	F	p
VaSIM	.03	1.31	.26	.00	.17	.68
VaDIF	.10	4.61	.04	.00	.07	.79

Note: VaSIM = Client-Counselor Value Similarity, VaDIF = Client-Counselor Value Difference

client-rated WAI scores on value similarity was found to be non-significant ($F = 1.32$, $p = .26$) and accounted for only 3% of the variance in client-rated working alliance scores. Null hypothesis 2 was rejected as the regression model of value dissimilarity predicting client-rated working alliance scores was found to be significant ($F = 4.61$, $p = .04$). The model accounted for 10% of the variance in client-rated WAI scores ($R^2 = .10$). Null hypothesis 3 was not rejected since the regression model of counselor-rated WAI on value similarity scores was non-significant ($F = .18$, $p = .68$, $R^2 = .00$). Null hypothesis 4 was not rejected since testing for dissimilarity predicting counselor-rated working alliance scores was found to be non-significant ($F = .08$, $p = .78$, $R^2 = .00$).

Research Hypothesis 2

There is a statistically significant linear relationship between client-counselor value (dis)similarity as measured by RVS scores and counseling outcome as measured by CERS scores.

H₀1: There is no statistically significant linear relationship between value similarity and CERS scores.

H₀2: There is no statistically significant linear relationship between value dissimilarity and CERS scores.

Table 3 shows the results for the regression analysis of client-counselor value

Table 3

**Regression Analysis Predicting CERS Scores from
Value Similarity and Value Dissimilarity**

Source	CERS		
	R ²	F	p
VaSIM	.01	.47	.50
VaDIF	.04	1.77	.19

**Note: VaSIM = Client-Counselor Value Similarity,
VaDIF = Client-Counselor Value Difference, CERS
= Counseling Effectiveness Rating Scale.**

(dis)similarity predicting CERS scores. The research hypothesis was not supported.

Null hypotheses 1 and 2 were not rejected and statistically non-significant (similarity: $F = .468$, $p = .498$; dissimilarity: $F = 1.7$, $p = 1.1$). The model of value similarity accounted for only 1.2% ($R^2 = .012$) of the variance in CERS, and the model for dissimilarity accounted for only 4.2% ($R^2 = .042$) of the CERS variance.

Research Hypothesis 3

There is a statistically significant linear relationship between counseling outcome as measured by the CERS scores and the working alliance as measured WAI scores.

H₀1: There is no statistically significant linear relationship between CERS and client-rated WAI scores.

H₀2: There is no statistically significant linear relationship between CERS and counselor-rated WAI scores.

Table 4 shows the results of the regression analysis of WAI scores predicting CERS scores. Null hypothesis 1 was rejected since the linear model was found to be statistically significant ($F = 63.63$, $p = .0000$) and explained 61.4% of the variance in CERS scores ($R^2 = .614$). Null hypothesis 2 was not rejected since the linear regression model was found to be statistically non-significant ($F = 3.17$, $p = .08$, $R^2 = .07$) and explained only 7% of the variance in CERS scores.

Research Hypothesis 4

There is a statistically significant linear relationship between client-counselor

Table 4

**Regression Analysis Predicting CERS Scores from Client-Rated
WAI Scores and Counselor-Rated WAI Scores**

		CERS		
Source		R ²	F	p
CLWAI	Linear	.61	63.63	.00
COWAI	Linear	.07	3.17	.08

Note: CLWAI=Client-Rated Working Alliance Inventory,
COWAI=Counselor-Rated Working Alliance Inventory,
CERS=Counseling Effectiveness Rating Scale.

value (dis)similarity as measured by the RVS scores and counseling outcome as measured by CERS scores when mediated by the working alliance as measured by WAI scores.

H₀1: There is no statistically significant linear relationship between value similarity and CERS scores when mediated by client-rated WAI scores.

H₀2: There is no statistically significant linear relationship between value dissimilarity and CERS scores when mediated by client-rated WAI scores.

H₀3: There is no statistically significant linear relationship between value similarity and CERS scores when mediated by counselor-rated WAI scores.

H₀4: There is no statistically significant linear relationship between value dissimilarity and CERS scores when mediated by counselor-rated WAI scores.

As presented in Table 5, a series of regression analyses tested for WAI scores as a mediating effect between value (dis)similarity and CERS. To test for mediation, Baron and Kenny (1986) suggested determining the estimates of a series of regression models. The first series determined the significance of one independent variable predicting the mediator, or for the present study, regressing WAI on value

Table 5

Regression Analysis Series of Testing for Mediation Effects of Client-Rated WAI Scores and Counselor-Rated WAI Scores

Series 1: Regression Analysis Predicting Client-Rated and Counselor-Rated Working Alliance from Value Similarity and Value Dissimilarity

	Client-Rated WAI			Counselor-Rated WAI		
Source	R ²	F	p	R ²	F	p
VaSIM	.03	1.31	.26	.00	.17	.68
VaDIF	.10	4.61	.04	.00	.07	.79

Series 2: Regression Analysis Predicting CERS Scores from Client-Rated WAI Scores and Counselor-Rated WAI Scores

	CERS		
Source	R ²	F	p
VaSIM	.01	.47	.50
VaDIF	.04	1.77	.19

Table 5—continued

Series 3: Hierarchical Regression Analysis Predicting CERS Scores from WAI Scores and Value Similarity and Value Dissimilarity

CERS							
Sources	R ²	AdjR	ΔR	B	t	F	p
VaSIM	.01	-.01	---	.03	.7	---	---
CLWAI	.62	.60	.60	.80	.00	31.33	.00
VaSIM	.01	-.01	---	-.11	.50	.47	.50
COWAI	.09	.04	.08	.28	1.82	1.91	.16
VaDIF	.04	.02	---	-.05	-.49	---	---
CLWAI	.62	.60	.57	.8	.00	31.33	.00
VaDIF	.04	.02	---	.21	.19	1.77	.15
COWAI	.12	.08	.08	.28	.07	2.68	.08

Note: VaSIM = Client-Counselor Value Similarity, VaDIF = Client-Counselor Value Difference, CLWAI = Client-Rated Working Alliance Inventory, COWAI = Counselor-Rated Working Alliance Inventory, CERS = Counseling Effectiveness Rating Scale.

(dis)similarity. The second series determined the significance of the independent variable predicting the dependent variable by regressing CERS scores on value (dis)similarity. The last test determined the significance of the model in which the independent variable and the mediator predict the dependent variable. The last model would be regressing CERS on value (dis)similarity and WAI scores.

The research hypothesis was not supported since the second series, regressing CERS scores on RVS (similarity and dissimilarity scores), was statistically non-significant (similarity: $F = .468$, $p = .498$; dissimilarity: $F = 1.7$, $p = 1.1$). Thus, the working alliance, as measured by client- and counselor-rated WAI scores, is not a meditating effect and all four of the null hypotheses were not rejected.

CHAPTER IV

SUMMARY AND DISCUSSION

Introduction

In this chapter, the present study is summarized and discussed in two phases. In the first portion, the material from the previous chapters will be summarized. In the second section, the findings and implications are discussed in detail.

Summary

The purpose of the review of relevant literature was to synthesize the counseling process and outcome research pertaining to value similarity and working alliance. The guiding theoretical framework was the assumption that the counseling process can be conceptualized as a two-phase social influence model. Within the first phase, the client perceives the counselor in terms of expertness, trustworthiness and attractiveness. Thus, enabling the counselor to mediate the client's cognitive dissonance. The second phase process is based upon the previously established counselor's social influence factors to encourage client change.

The working alliance and value similarity literature was included in the literature review to explore factors influencing the counselor's perceived level of social influence within the first phase of counseling. Cognitive dissonance theory is the foundation for the social influence research. Both cognitive dissonance and the

values theories propose that once an individual senses imbalance, an internal drive develops to reestablish a sense of balance. The drive for balance is the impetus for change; the basis of incongruity is values or cognition. Given the common theoretical basis, the value similarity literature was reviewed for its relevance to social influence, counseling process and outcome research, and more specifically in relationship to the working alliance. The client-counselor value similarity and counseling outcome research is inconclusive since there has been no clear pattern emerges in the literature. The value similarity research demonstrated the necessity of securing values salient to the counseling setting. Researchers have suggested a relationship between value similarity and the working alliance, but no published study was found. In all, within the framework of counseling as a two-phase process, the researcher proposed that value similarity, with constructs similar to cognitive dissonance, is a factor in the development of the perceived level of counselors' social influence. Within the first phase, the working alliance is established. The relationship between working alliance and outcome is established in the literature; however, the interrelationship between value similarity, the working alliance and counseling outcome is not known.

The present study sampled counselors and their clients in a counselor training facility with the Counselor Education and Counseling Psychology Department at Western Michigan University. The data were collected during Winter and Spring/Summer academic semesters of 1999. The sample consisted of 34 counselors and 40 clients forming 42 counselor-client dyads. The counselors were trainees in master's level counseling or counseling psychology programs from the Department of

Counselor Education and Counseling Psychology at Western Michigan University.

The counselors were 79.4% (27) female and 20.6% (7) male. The mean age was 33.50 years. The counselors' ethnic representation of the was (a) 86.7% (31) Caucasian, (b) 5.9% (2) African American, (c) and 2.9% (1) International/Non-U.S. Resident. The clients were residents from the community or university students. The clients were 80% (32) female and 20% (8) male with a mean age of 35.23 years. The clients' ethnicity was (a) 85.0% (34) Caucasian, (b) 7.5% (3) International/Non-U.S. Resident, (c) 2.5% (1) African American, (d) 2.5% (1) American Indian, and (e) 2.5% (1) Hispanic.

The participants completed a packet of surveys immediately following the fifth session or final session. The packet included: (a) a demographic survey, (b) Rokeach Value Survey, (c) The Working Alliance Inventory, and (d) Counseling Effectiveness Rating Scales (clients only). Consent was required prior to participation in the study.

The design of the study was non-experimental, correlational design with the value similarity and value dissimilarity as the predictor variables and the criterion variables being the working alliance and counseling outcome.

The statistical analyses used correlation and general linear and non-linear models of regression to determine the nature of the relationships between the variables.

A preliminary analysis of correlation was conducted on all of the variables. Statistically significant correlations were found between: (a) value similarity and

value dissimilarity ($\alpha = -.766$, $p = .01$), (b) value dissimilarity and client-rated working alliance ($\alpha = .322$, $p = .05$), and (c) client-rated working alliance and counseling outcome ($\alpha = .784$, $p = .01$).

The first research hypothesis stated that there is a statistically significant linear relationship between client-counselor value (dis)similarity as measured by RVS and the working alliance as measured by WAI scores.

The overall research hypothesis was partially supported since one null hypothesis was rejected and the other three nulls were not rejected. The second null hypothesis was rejected since a linear regression model of value dissimilarity predicting client-rated working alliance scores was found to be statistically significant. The analyses indicated not rejecting the remaining null hypotheses. Therefore, there was no significant relationship between: (a) value similarity and client-rated WAI scores, and (b) value (dis)similarity and counselor-rated WAI scores.

A statistically significant linear relationship between client-counselor value (dis)similarity as measured by RVS scores and counseling outcome as measured by CERS scores were framed as research hypothesis 2.

The research hypothesis was not supported. Testing the null hypotheses and not rejecting them demonstrated that value similarity and dissimilarity were not related to counseling outcome.

A statistically significant linear relationship between counseling outcome as measured by the CERS scores and the working alliance as measured WAI was stated as research hypothesis 3.

The analysis indicated that client-rated working alliance and counseling outcome were significant with nearly two-thirds of the variance explained. There was no significant relationship between counselor-rated working alliance and counseling outcome.

A statistically significant linear relationship between client-counselor value (dis)similarity as measured by the RVS scores and counseling outcome as measured by CERS scores when mediated by the working alliance as measured by the WAI scores comprised the final research hypothesis.

The research hypothesis was not supported since one component of the mediation model, regressing counseling outcome on RVS (similarity and dissimilarity scores), was statistically non-significant. Thus, the working alliance, as measured by client- and counselor-rated WAI scores, was not a mediating effect in the present study.

Discussion

Preliminary Analysis

The preliminary analysis indicated correlational relationships among some of the predictor and criterion variables. More specifically, a significant negative

correlation between value similarity and value dissimilarity indicated that as the level of value similarity increases the level of value dissimilarity decreases. A significant positive correlation was found between: (a) value dissimilarity and client-rated working alliance, and between (b) client-rated working alliance and counseling outcome. The positive correlation suggests that both variables increase together. The results of the preliminary analysis did not reveal any unusual or surprising findings and subsequent hypotheses testing provided more insight.

Hypotheses Analysis

Statistical analysis of the research hypotheses demonstrated partial support for the prediction of the relationships between client-counselor value similarity and dissimilarity, working alliance, and counseling outcome. As expected, (a) value dissimilarity predicted client-rated WAI, and (b) client-rated working alliance predicted counseling outcome. However, contrary to expectations, there was no relationship between: (a) value similarity and client-rated WAI, (b) value (dis)similarity and counselor-rated working alliance scores, (d) value (dis)similarity and counseling outcome, and (e) the working alliance was not a mediating effect between value (dis)similarity and counseling outcome.

Analysis of the results indicated that counselors and clients tend to use values differently in their evaluations of the working alliance. That is, clients use dissimilarity of values, but counselors do not use values, similarity or dissimilarity, to

determine their impressions of the working alliance. Specifically, clients rate the working alliance highest when value dissimilarity is also highest.

The relationship between the working alliance and outcome has long been established in the counseling process and outcome literature. The results of the present study are consistent with previous studies in predicting counseling outcome from client-rated working alliance. Results obtained here demonstrated that client-rated working alliance scores and outcome were highly related with nearly two-third of the variance explained. Conversely, there was no relationship between the counselor's impression of the working alliance and outcome. Additionally, preliminary analysis showed that counselor and client ratings of the working alliance were not related. Differences in the perception the working alliance within the counseling dyad are consistent with the published literature (e.g., Horvath & Symonds, 1991; Tichenor & Hill, 1989). For example, Horvath and Symonds' (1991) meta-analysis study demonstrated that the client-rated working alliance was more correlated to client-rated outcome measures than the counselors' ratings of the alliance.

In the present study, value dissimilarity plays an important role in the client's impression of the working alliance. This finding is a direct contradiction to Kelly and Strupp's (1992) suggestion that a "conspicuous clash" of values between counselor and client might inhibit the establishment of the working alliance. Rather, findings of the present study support the proposal by Beutler and Bergan (1991) that value dissimilarity influences a strong working alliance.

Of most interest is the disparity between the results of the present study and those of Vervaeke et al. (1997), especially since the present study used Vervaeke's model of measuring value similarity and dissimilarity. Vervaeke et al. found that value dissimilarity predicted client dropout, and believed that the results were due to insufficiency of the working alliance. The inconsistency between the two studies is less meaningful when recalling that the Vervaeke et al. study did not explicitly measure the working alliance and that the present study did not consider dropout. Nonetheless, perhaps there is some unaccounted confounding variable between value difference and dropout, but as suggested from the results of the present study, it is not the working alliance.

The results of the present study are consistent with the results of Ladany, Ellis, and Friedlander (1999) that demonstrated that the supervisory working alliance between trainee and supervisor predicted trainee satisfaction in supervision. They also found that there was no relationship between trainee self-efficacy and satisfaction in supervision. The comparison of the results of present study and the Ladany et al. study are able to be made since the supervisory working alliance was conceptually based upon Bordin's (1979) theoretical and measurement adapted from the WAI (Horvath, 1982). The similarity between the 2 studies suggests the importance of the role of the relationship, whether in counseling or supervision, to successful outcome; an individual characteristic or its similarity of difference within a dyad is not as influential as the relationship.

The value similarity literature is plagued with inconsistency regarding value similarity and outcome. The results of the present study highlight the importance salience of values within a counseling dyad in determining the role of values and counseling outcome. The adaptation of the RVS as a rating rather than a ranking scale allowed for the transformation of a gross measure of value similarity into a construct accounting for salience of values in the counseling dyad. Salience measured the values that the dyad viewed as important to counseling. The traditional RVS forced the inclusion of all ranked values with no regard to the degree of pertinence to client or counselor. In addition, the application of Vervaeke's model for scoring value similarity and dissimilarity using the rated version of the RVS enabled the salient values to obtain a measure of the polarity between the similarity and dissimilarity that occurs within the counseling dyad.

The issue of salience in value similarity is consistent with Arizmendi et al. (1985) who found that only 13 of RVS's 36 values were salient to positive counseling outcome. In further examining the value similarity/counseling outcome literature, many of the contradictory results used Rokeach's construct of "value systems" rather than specific values salient to the counseling dyad. Given the ubiquitous nature of the RVS and value systems in value similarity research, and that the RVS rankings do not measure salience to the counseling session, inconsistent outcome results may be due to the insufficient measurement of values in counseling. Thus, through the application of the rated RVS and the Vervaeke et al. (1997) model for assessing similarity and

dissimilarity, the addition of value salience and (dis)similarity offers outcome studies a more precise construct.

The results of the present study demonstrated that the working alliance was not a mediating effect between value (dis)similarity and counseling outcome. The results are not consistent with the suggestion from Tracey and Dundon's (1988) counseling process and outcome study. Tracey and Dundon's (1988) suggested that changes in client expectations across the counseling process was indicative of establishment of the working alliance that in turn predicted satisfactory outcome. The current finding suggests that counselor-client value (dis)similarity does not influence outcome in a similar manner to client expectations. Value (dis)similarity has a role in the initial formation of the relationship, as measured by the working alliance, but diminishes in importance when determining counseling outcome. The discrepancy in between the studies indicate that value (dis)similarity which is a measurement of the counseling dyad does not influence the counseling process in the same manner as a single, client variable namely, client expectations.

In the present study, two additional research questions were raised from the results:

1. Upon examination of the assumptions of the regression analysis, testing for nonlinear models was indicated based upon the curvilinear plot of the residuals (Pedahazur, 1983; Cohen & Cohen, 1986). Specifically, further testing for non-linear models is suggested by: (a) value (dis)similarity predicting WAI scores; (b) client-rated WAI scores predicting CERS scores.

2. The research design used CERS to measure counseling outcome; however, it may not have accurately assessed outcome since it was administered after the fifth session and not at termination. This methodology issue may influence the results of: (a) the discovery of a strong link between client-rated working alliance and counseling outcome, (b) the relationships of value dissimilarity and client and counselor working alliance scores, (c) and that value (dis)similarity did not predict counseling outcome. The CERS assessed client-rated outcome based upon the assumption of Strong's proposal that in the second phase of counseling, the counselor's social influence generates client change. It is questionable, and certainly a limitation of the study, whether the CERS actually assessed counseling outcome. Perhaps the CERS measured the clients' perception of the counselors' social influence ability and not actually counseling outcome. The procedures of the present study indicated administration of the CERS after the fifth session and may have been premature to assess counseling outcome at that time.

If the CERS did not measure outcome, but instead assessed the counselor's social influence, then the variables and their relationships are affected. The construct of value (dis)similarity would not be altered; it would still be a predictor variable measuring counselor-client value similarity and dissimilarity regardless of the status of the CERS. However, the WAI would become the criterion variable with the CERS-generated data of social influence a predictor variable. The research question would be altered to: does the combination of value (dis)similarity and social influence

predict the working alliance? Thus, the study would be transformed into investigating the role of the counselor's social influence in establishing the working alliance.

Post-Hoc Analysis

In testing for the significance of non-linear regression models, altering the original research question was indicated and generated the following: Is there a statistically significant non-linear relationship between client-counselor value (dis)similarity as measured by RVS and the working alliance as measured by WAI scores? The first portion of the post-hoc analysis will address this question.

As observed in Table 6 and demonstrated in the original testing of H_{01} , the linear regression model of client-rated WAI scores on value similarity was found to be non-significant ($F = 1.32$, $p = .26$) and accounted for only 3% of the variance in client-rated working alliance scores. However, in testing for a nonlinear model, the quadratic regression model for value similarity on client-rated working alliance was statistically significant ($F = 3.18$, $p = .05$) and accounted for 14% of the variation in client-rated working alliance scores ($R^2 = .14$). Therefore, value similarity explained 14% of the variance in client-rated working alliance scores. A quadratic model demonstrated that client-rated working alliance scores are highest when value similarity scores are either very high or very low and the working alliance is lowest in the midrange of value similarity. Therefore, a linear relationship between value similarity was not significant. However, a nonlinear, quadratic model provided a better fit with the data.

Table 6

Regression Analysis Predicting Client-Rated WAI Scores and Counselor-Rated WAI Scores from Value Similarity and Value Dissimilarity

	Client-Rated WAI			Counselor-Rated WAI		
Source	R ²	F	p	R ²	F	p
VaSIM Linear	.03	1.31	.26	.00	.17	.68
Quadratic	.14	3.18	.05	.00	.09	.91
Cubic	.14	2.07	.12	.07	.92	.43
VaDIF Linear	.10	4.61	.04	.00	.07	.79
Quadratic	.11	2.52	.09	.13	2.90	.06
Cubic	.12	1.64	.19	.19	3.03	.04

Note: VaSIM = Client-Counselor Value Similarity, VaDIF = Client-Counselor Value Difference

As previously demonstrated, the linear model of value dissimilarity predicting client-rated working alliance scores was found to be significant ($F = 4.61$, $p = .04$). The model accounted for 10% of the variance in client-rated WAI scores ($R^2 = .10$). Given the nonlinear relationship between value dissimilarity and client-rated WAI scores, the testing for nonlinear models was preformed, but no significant effects were detected.

As indicated in the initial hypothesis testing, the linear regression model of

regressing counselor-rated WAI on value similarity scores was non-significant ($F = .18, p = .68, R^2 = .00$) and the testing for non-linear models were found to be non-significant as well.

In testing for value dissimilarity predicting counselor-rated working alliance scores, the linear regression model, was found to be non-significant ($F = .08, p = .78$). The quadratic model was also found to be non-significant ($F = 2.30, p = .06, R^2 = .129$). However, the cubic model of value dissimilarity predicting counselor-rated working alliance scores was significant ($F = 3.02, p = .04, R^2 = .19$). The cubic model accounted for 19% of the variance in counselor-rated WAI scores. The graph of the cubic model (Appendix E) indicated that the WAI was rated highest for a middle range of values difference.

Testing for non-linear regression models was appropriate from examining the plot of the residuals from CERS scores regressed on client-rated WAI. As shown in Table 7 and in the original hypothesis testing, the linear model was found to be statistically significant ($F = 63.63, p = .0000$) and explained 61.4% of the variance in CERS scores ($R^2 = .614$). Although nonlinear models were also found to be significant (quadratic: $F = 32.72, p = .0000, R^2 = .627$; cubic: $F = 32.74, p = .0000, R^2 = .627$), the models do not significantly improve the fit of the data to the models and were not used. Therefore, retaining of the original linear model is appropriate.

In sum, the post-hoc analysis indicated that the quadratic regression model for value similarity predicting client-rated working alliance was statistically

Table 7

**Regression Analysis Predicting CERS Scores from Client-Rated
WAI Scores and Counselor-Rated WAI Scores**

		CERS		
Source		R ²	F	p
CLWAI	Linear	.61	63.63	.00
	Quadratic	.63	32.72	.00
	Cubic	.63	32.74	.00

Note: CLWAI = Client-Rated Working Alliance Inventory, CERS = Counseling Effectiveness Rating Scale.

significant. The shape of the quadratic formula demonstrated that client-rated working alliance scores are highest when value similarity scores are either very high or very low and the working alliance is lowest in the midrange of value similarity. A nonlinear model was also detected for value dissimilarity predicting counselor-rated working alliance scores. The cubic model of value dissimilarity predicting counselor-rated working alliance scores was significant. The graph of the cubic model indicated that the working alliance was rated highest for a middle range of value difference.

The post-hoc analysis results demonstrated additional relationships among the variables not found in the original hypothesis testing analysis. Likewise, additional suggestions from the results are also indicated. It is of interest that here is no relationship between value (dis)similarity and counseling outcome given the

relationship between: (a) value (dis)similarity and client-rated working alliance and (b) client-rated working alliance and outcome. Taken together, the findings suggest that once the working alliance is established, value (dis)similarity has no role in client change, but instead the working alliance becomes the vehicle for enhancing counseling outcome. In other words, to gain successful counseling outcomes, the working alliance has a primary role, and there little importance is placed on the differences, or similarity, of values between client and counselor. However, if the working alliance accounts for nearly two-thirds of the variance in client-rated outcome, it leaves very little room for an additional factor to contribute.

The results indicated that within the counseling process, value (dis)similarity enhances the working alliance and, at the same time, explain why value (dis)similarity has no relationship to outcome. As a counseling dyad begins to establish their working alliance, the difference of their values highlight the components of the working alliance—tasks, goals, and bond. Once the dyad navigate through their differences to build the alliance in the first phase of counseling, then their differences are no longer as issue within the dyad and have no role in outcome. Within the second phase of counseling, the working alliance allows the counseling dyad to work toward the counseling goals to generate client change.

The second issue raised for post-hoc analysis concerns the In altering the purpose of the CERS to measure client perceived level of counselor's social influence, the following questions can the be pursued: Is there a linear combination of value (dis)similarity and social influence predicting working alliance?

As presented in Table 8, the hierarchical regression equation of client-rated

Table 8
Hierarchical Regression Analysis Predicting Client-Rated WAI Scores
and Counselor-Rated WAI Scores from Value Similarity
and Value Dissimilarity

Client-Rated WAI Scores							
Sources	R ²	AdjR	ΔR	β	t	F	p
VaSIM	.03	.01	---	-.10	.34	---	---
CERS	.62	.60	.59	.77	.00	32.23	.00
VaDIF	.10	.08	---	.16	.10	---	---
CERS	.64	.62	.54	.75	.00	34.80	.00
Counselor-Rated WAI Scores							
VaSIM	.00	-.02	---	.10	.53	---	---
CERS	.08	.04	.08	.28	.08	1.76	.19
VaDIF	.00	-.02	---	-.103	.51	---	---
CERS	.08	.04	.08	.29	.07	1.78	.18

Note: VaSIM = Client-Counselor Value Similarity, VaDIF = Client-Counselor Value Difference, CLWAI = Client-Rated Working Alliance Inventory, COWAI = Counselor-Rated Working Alliance Inventory, CERS = Counseling Effectiveness Rating Scale.

WAI scores on value dissimilarity and CERS was computed and found to be statistically significant ($F = 34.80, p = .0000$) which accounted for 64.3% of the variance of client-rated WAI ($R^2 = .643$). The change in R^2 associated with adding CERS indicated the unique variance explained when the CERS was entered second in the regression equation. Value dissimilarity explained 10.3% ($R^2 = .103$) and CERS uniquely explained 53.7% ($R^2 = .537$) of the variance in client-rated WAI. The contributions to explained variance was also demonstrated with beta weights of .16 for value dissimilarity and .75 for CERS. Therefore, the linear combination of value dissimilarity and CERS was a statistically significant predictor of client-rated WAI. The hierarchical regression of client-rated WAI on value similarity and CERS was statistically significant ($F = 32.23, p = .000$) and accounted for 62.3 ($R^2 = .623$) of the variance in client-rated WAI. However only CERS made a statistically significant contribution to the variance in client-rated WAI and uniquely explained nearly all of the variance (CERS $\Delta R^2 = .591$, VaSIM $R^2 = .03$). Beta weights also demonstrated that CERS contributed to explained variance and value similarity did not (VaSIM $\beta = -.10$, CERS $\beta = .77$).

In computing the hierarchical regression of counselor-rated WAI scores on value (dis)similarity and CERS, neither of the models was significant.

If the CERS was measuring clients' perceived level of counselor's social influence, the results of the post-hoc analysis suggests that the linear combination of value dissimilarity and CERS predicts client-rated WAI which means that the

working alliance, as perceived by the client, results from a combination of value dissimilarity and the counselors' social influence. The results of the post-hoc analysis are consistent with Strong's (1968) two-phase counseling model. The results suggest that in the first phase of counseling, counselors' social influence in combination with value dissimilarity create the working alliance. However, Strong's model did not account for the working alliance or the counseling relationship, which slightly alters Strong's model. The counselor's social influence does not create the groundwork for client change, but instead it is the working alliance. Therefore, the counseling relationship created within the dyad ultimately creates client change in the second phase, not social influence.

There is no available, definitive method of determining whether the CERS scores measured outcome, or if, because of the present study's research design, it measured the counselors' social influence. Although the CERS was based upon social influence theory, it was validated as an outcome measure to be administered prior to termination. Therefore, the original intention of the CERS as an outcome measure will be retained. Assuming the initial design of the study, in which the CERS in an outcome measure, Strong's position of counseling as a two-phases process of social influence is applicable to the present study's results. Festinger's (1957) social influence theory is based within the cognitive dissonance literature that maintains that cognitive change is generated to restore an internal sense of balance. Rokeach's theory of values change also maintains that the impetus for change is the personal need for returning to value congruence. In the present study, counselors and clients

used value dissimilarity in their perception of the working alliance. The results suggest that the relationship within the dyad becomes stronger in an effort to generate a values balance from the perceived values difference. As a client perceives a values dissonance between oneself and the counselor, the client is driven to reestablish a balance between one's values and those presented by the counselor. In the early phase of counseling, the dyad addressed the values difference as the dyad established their tasks, goals and bond, and as a result, enhanced the working alliance. Similarly, the counselor perceived the values difference between oneself and the client and is driven to help the client restore the imbalance. In an effort to assist the client to gain values clarity, the counselor addressed their value differences through establishing their tasks, goals and bond, and the working alliance is cultivated.

The counseling process in which value dissimilarity enhances the working alliance explains why value (dis)similarity has no relationship to outcome. Once a counseling dyad has utilized their value dissonance to generate the components of the working alliance-tasks, goals, and bond, then their differences are no longer an issue within the dyad. As the dyad creates their common tasks, goals and bond, they have utilized the value differences in the first phase of counseling to establish the working alliance. Once that relationship is established, the dyad's value difference or similarity becomes immaterial to outcome. According to the results of the present study, it is the working alliance that takes over in the second phase of counseling to generate client change.

Conclusions and Implications

The purpose of the present study was to investigate the relationships between counselor-client value (dis)similarity, the working alliance, and counseling outcome. The analysis of the first research question indicates counselors and clients do not use value similarity and dissimilarity in the same manner. Clients evaluated the working alliance highest when value dissimilarity is highest. The second research question found that there is a significant relationship between client-rated working alliance and counseling outcome. The third research question demonstrated there is no relationship between value (dis)similarity and counseling outcome. The last research question indicated that the working alliance was not found to be a mediating effect between value (dis)similarity and counseling outcome. Results of post-hoc analyses demonstrated additional findings:

1. A statistically significant non-linear relationship between value similarity and client-rated working alliance was detected, such that the highest working alliance scores are generated when value similarity scores are either very high or very low.
2. A statistically significant nonlinear model was detected for value dissimilarity predicting counselor-rated working alliance scores in which the working alliance was rated highest for a middle range of value difference.
3. Although there are statistically significant non-linear models for client-rated working alliance predicting outcome, the models do not improve the fit of the data, so the linear model was retained.

In all, the results suggest the following. For clients, a combination of value similarity and difference influences their perception of the working alliance, and the working alliance determines outcome. For counselors, value dissimilarity influences the working alliance. Additionally, for both dyad members, value (dis)similarity had no relationship to outcome, and working alliance is not a mediating factor between value (dis)similarity and counseling outcome. In other words, to gain successful counseling outcomes, the working alliance has a primary role, and little importance is placed on the differences, or similarity, of values between client and counselor. This suggests that the dyad navigates through their values similarity and differences to create a strong relationship.

In the early phase of counseling, the dyad addressed the values difference as the dyad established their tasks, goals and bond, and as a result, enhanced the working alliance. Once that relationship is established, the dyad's value difference or similarity becomes immaterial to outcome.

In generating implications from the present study, it is useful to be guided by Strong's (1978) statement concerning counseling process and outcome. Strong submitted that

...change in therapy arises out of the client's need for consistency. The therapist's role is to induce discrepancy by identifying inconsistencies and bringing them to the client's awareness through reflections, interpretations, suggestions, instructions, and questions. Once the client accepts the therapist's assertions, the client's concern for consistency generates long-lasting, pervasive changes that eliminates the discrepancy (p. 105).

In applying Strong's statement to the results of the present study, the "client's need for consistency" can be interpreted as an internal sense of value conflict driving the client to seek counseling as a means for generating change. The client is asking the counselor for assistance in values clarification to reduce dissonance. The act of the client accepting the "therapist's assertions" is analogous to the dyad establishing the working alliance. At this point, Strong's theory of how client change is generated is not verified by the present study's results which demonstrated that it is not the continuation of the client seeking consistency of values that generates change, but it is the working alliance that produces change.

In the first phase of Strong's model, the client uses the internal sense of dissonance to create the counseling relationship, and once the relationship is established the counselor-client value differences have a questionable role in driving client change. A possible addendum to Strong's model would be that during the second phase of counseling the working alliance between the counselor and client provides that context for the counselor's social influence to generate client change.

The counseling process and outcome literature will occasionally address the issue of matching clients and counselors based upon a degree of similarity of some trait. The results suggest that matching due to (dis)similarity of the values will influence the working alliance, but it is the counseling relationship that is most important to outcome. Therefore, the results of the present study do not indicate that of client-counselor matching would be of benefit to counseling outcome.

For practitioners, one implication of the results is that the working alliance as viewed from the client would benefit from exploration of the value differences within the counseling dyad. As Strong suggested, counselor use of “reflections, interpretations, suggestions, instructions, and questions” will enhance client change. However, the results of the present study suggest that the counseling techniques are within the context of the working alliance, not just attempting to reduce client dissonance toward counseling outcome. It appears that the reduction of value dissonance has no significant role in outcome, other than an indirect influence through establishing the working alliance.

If cognitive dissonance occurs when new events or information are introduced, then perhaps value dissonance is created in the same manner. Value dissonance can easily be created in counseling. One method of offering new information to a client is through the use of counselor’s self-disclosure. A counselor may share an interpersonally-based perception of the client in the moment of therapy. The technique offers new information to the client and creates dissonance. Secondly, counseling also promotes dissonance through formulation of decisions or opinions. The act of decision or forming an opinion would involve value clarification to reduce the dissonance. Lastly, counseling can be a catalyst for values dissonance by directly and purposefully highlighting contradiction of values as offered in the cognitive behavioral literature (e.g., Ellis, 1962; Meichenbaum, 1977). So, although the dissonance does not necessarily have to be initiated within the client, the counselor may

create client dissonance, in the interest of inducing change through challenging the client to observe the discrepancy between seemingly consonant values.

An additional implication for practitioners would be the importance of an awareness of the client's perspective of the working alliance. The results of this study are consistent with previous findings that suggest that clients and counselors do not have the same impression of the working alliance. Therefore, if counselors rely solely upon their own interpretation of the working alliance then they would neglect the client's version of the relationship. This clinical oversight could result in diminished counseling outcome.

The present study will add to the value similarity literature through replication of studying the inclusion of salience values, as well as accounting for both similarity and dissimilarity. The combined results of the present study with those of Vervaeke et al. (1997) indicate methodological strength of measuring similarity and difference; that is, value similarity is not a single measure. Additionally, the study demonstrated a relationship between value (dis)similarity and the working alliance. In doing so, this study empirically determined what has been suggested by the literature, but not investigated.

Limitations of the Study

The limitations of the study include the following.

1. A reduction of generalizability exists due to the homogenous sample. The participants were largely Caucasian, female and between 30 to 40 years old. In

addition, the counselors were counselor-trainees in a training facility. To increase reliability, a broader range of training and experience of counselors is needed. Additionally, counselor-trainees may not have the developmental ability to focus upon the working alliance to accurately assess it. Lastly, due to homogeneous sample, there may be a restricted range of values.

2. The measurement of outcome following the fifth session may be premature.

Although Atkinson et al. (1991) used similar data collection procedures to measure client satisfaction with counseling, it may be a risk to the study's reliability.

3. The alterations to the RVS were empirically substantiated, but few studies have utilized the rating format. Decreased validity was due to using an altered form of the RVS.

4. Assessing the client's values after the fifth session and then computing the (dis)similarity measure may be a risk to the validity of the (dis)similarity measure. Since the value similarity literature has demonstrated that clients' values change during therapy, and most often in the direction toward the counselors' values, the administration of the RVS following the fifth session may not take into account the initial client values. It may be that the client's values have already changed and become more similar to those of the counselors than at the beginning of counseling.

5. The validity of the outcome measure, CERS, could be questioned. As an instrument that is measuring the counselor's social influence ability, its validity is solid. However, whether it is measuring outcome is questionable. In addition, counseling outcome was client-rated only. If counselor or observer also assessed

outcome, additional information would have been gained. In addition, measurement of outcome based only on client's perceptions may not be valid.

Recommendations for Future Study

Based upon the results of the present study, the following recommendations are offered:

1. Additional study is needed to determine if the rating version of the RVS accurately represents the values salient to the counseling situation. Although the results of the present study demonstrated initial findings that the RVS is able to represent salient counseling values, a study with a larger sample size may be more able to accurately determine validity.
2. It would be of benefit to measure the same constructs, but adjusting the administration of assessment tools to more accurately reflecting the counseling process. For example, administering the RVS prior to counseling would be a more valid assessment of counselor-client value (dis)similarity prior to the change of clients' values. In addition, administering the CERS at termination may allow more valid assessment of outcome.
3. The results of the present study were based upon a rather homogeneous sample. Especially considering that values are often based in cultural and socioeconomic class norms, a more demographically diverse sample of counselors and clients would generate more information on value (dis)similarity.

4. It would be of use to expand the investigation of the role of value (dis)similarity into other counseling processes. For example, it may be of benefit to investigate the relationship of value (dis)similarity and client resistance or transference and counter-transference.

5. It would be of benefit to repeat the study with more experienced counselors. Given the counselors were trainees, their ability to attend to and assess the working alliance may not be as developed as more experienced counselors.

6. Given the results of the post-hoc analysis, it would be of value to systematically to examine non-linear relationships between value (dis)similarity, social influence, and counseling outcome.

Appendix A

Protocol Clearance from the Human Subjects Institutional Review Board

Human Subjects Institutional Review Board



Kalamazoo, Michigan 49008-31

WESTERN MICHIGAN UNIVERSITY

Date: 29 January 1999

To: Robert Betz, Principal Investigator
Lynn Lupini, Student Investigator for dissertation

From: Sylvia Culp, Chair *Sylvia Culp*

Re: HSIRB Project Number 98-12-13

This letter will serve as confirmation that your research project entitled "The Relationship Between Value Similarity, Working Alliance, and Counseling Effectiveness" has been approved under the expedited category of review by the Human Subjects Institutional Review Board. The conditions and duration of this approval are specified in the Policies of Western Michigan University. You may now begin to implement the research as described in the application.

Please note that you may only conduct this research exactly in the form it was approved. You must seek specific board approval for any changes in this project. You must also seek reapproval if the project extends beyond the termination date noted below. In addition if there are any unanticipated adverse reactions or unanticipated events associated with the conduct of this research, you should immediately suspend the project and contact the Chair of the HSIRB for consultation.

The Board wishes you success in the pursuit of your research goals.

Approval Termination: 29 January 2000

Appendix B

Approval for Data Collection from the Director of the Center for Counseling and Psychological Services



WESTERN MICHIGAN UNIVERSITY

LETTER OF SUPPORT

The Center for Counseling and Psychological Services (CCPS) is pleased to support the dissertation research being conducted by Ms. Lynn Lupini. Ms. Lupini will be surveying student counselors and clients who are involved in providing or receiving CCPS services. Ms. Lupini's dissertation topic is 'Perceived Value Similarity and Counseling Effectiveness'. This research study will begin Winter Semester, 1999 and continue until completion. Ms. Lupini will adhere to all APA ethical guidelines and University requirements during the course of her data collection and research.

The CCPS staff will be happy to assist Ms. Lupini in the coordination of her data collection and any other needs that may arise during the course of her research. We look forward to her successful completion of this project and will be very interested in her findings.

Sincerely,

Bruce P. Hackworth, Ph.D.
Associate Professor/Director
Center for Counseling and Psychological Services

Appendix C

Scripts for Invitation to Participate in the Study

I am asking you to participate in a research project called, "The Relationship Between Value Similarity, The Working Alliance and Counseling Effectiveness." It will examine how the values of the client and counselor effect the counseling process. The research is being conducted through the Department of Counselor Education and Counseling Psychology by doctoral student, Lynn Lupini, under supervision by faculty member Dr. Robert Berz.

You will be asked to complete a set of questionnaires after the fifth session with your clients participating in the study. You will asked to complete the surveys only if of your clients have also agreed to participate. It will take approximately 15 minutes of your time to complete the surveys. You will be asked questions regarding your values, your impressions of the counseling relationship and demographic information.

All data collected will be confidential. That means that neither your name of any other form of identification will appear on any reporting of the data collected. The names of the participants will not be used if the results of the study are published or reported at professional meetings. Lynn Lupini will assign a number to each counselor-client pair from a list of participants. This list will be used only to pair the surveys and will be destroyed upon the completion of the study.

The benefits of the study will help understand how values influence the counseling process. The potential risks for participation in the study are minimal. You may refuse to participate or withdraw from the study at any time. In no way will your decision to participate effect your grade or standing in the class.

If you are willing to participate, please read the informed consent letter at this time. You will be contacted again following the fifth session with your counselor. Thank you for your participation and you help in learning more about the counseling process.

I am asking you to participate in a research project called, "The Relationship Between Value Similarity, The Working Alliance and Counseling Effectiveness." It will examine how the values of the client and counselor affect counseling. The research is being conducted through the Department of Counselor Education and Counseling Psychology by doctoral student, Lynn Lupini, under supervision by faculty member Dr. Robert Betz.

You will be asked to complete a set of questionnaires after the fifth session with your counselor. It will take approximately 30 minutes of your time. Once you answer the surveys, your participation is complete. You will be asked questions regarding your values, your impressions of counseling and demographic information.

All data collected will be confidential. That means that neither your name or any other form of identification will appear on any reporting of the data collected. The names of the participants will not be used if the results of the study are published or reported at professional meetings. Lynn Lupini will assign a number to each counselor-client pair from a list of participants. This list will be used only to pair the surveys and will be destroyed upon the completion of the study.

The benefits of the study will help understand how values influence the counseling process. The potential risks for participation in the study are minimal. You may refuse to participate or withdraw from the study at any time. In no way will your decision to participate affect your opportunity to receive services at the Center for Counseling and Psychological Services now or in the future.

If you are willing to participate, please read the informed consent letter at this time. You will be contacted again following the fifth session with your counselor. Thank you for your participation and your help in learning more about the counseling process.

Appendix D
Statement of Consent

College of Education
Counselor Education and Counseling Psychology

WESTERN MICHIGAN UNIVERSITY
H. S. I. R. B.
Approved for use for one year from this date

JAN 29 1999

WESTERN MICHIGAN UNIVERSITY

Values Similarity, Working Alliance, and Counseling Effectiveness: Counselors Chair

I have been invited to participate in a research project entitled, "Values Similarity, the Working Alliance, and Counseling Effectiveness." The present study will examine how the values of the client and counselor effect counseling. This research project is being conducted through the Department of Counselor Education and Counseling Psychology by doctoral student, Lynn Lupini, under supervision by faculty member Dr. Robert Betz.

The study will take approximately 30 minutes of my time completing a questionnaire with four sets of questions that require demographic information, and information about my values, and my evaluation of counseling.

The benefits of the study will help understand how values influence the counseling process. There are no expected benefits to the participants of the study. The potential risks for participation in the present study are minimal. As in all research there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or additional treatment will be made available to the subject except as otherwise stated in this consent form. I may refuse to participate or withdraw from the present study at any point. In no way will my decision on whether or not to participate effect my grade or standing in this class.

All data collected from me will be confidential. That means that neither my name or any other form of identification will appear on any reporting of the data collected. Names of participants will not be used if the results of the present study are published or reported at professional meetings. Lynn Lupini will keep a list of names of the participants and assign a number to each counselor-client pair. This list will remain confidential and locked in a file cabinet during the completion of this study. This list will be destroyed upon completion of this study.

If I have any questions about this study, I may contact Lynn Lupini (387-1850) or Robert Betz (387-5100). I may also contact the Chair, Human Subjects Institutional Review Board (387-8293) or the Vice President for Research (387-8298) if questions or problems arise during the course of the study. This consent document has been approved for use for one year by the Human Subject Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Subjects should not sign this form if the corner does not show a stamped date and signature. My signature below indicates that I have read the purpose and requirements of the study and that I agree to participate.

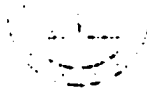
Signature

Date

Witness

Date

Division of Student Affairs
Counseling Center



Kalamazoo, MI 49008-5073
519 387-1850
FAX: 519 387-1850
H. S. I. R. B.
use for one year from this date

WESTERN MICHIGAN UNIVERSITY

JAN 29 1999

Sylvia Culp
HSIRB Chair

Values Similarity, Working Alliance, and Counseling Effectiveness: Client

I have been invited to participate in a research project entitled, "Values Similarity, the Working Alliance, and Counseling Effectiveness." The present study will examine how the values of the client and counselor effect counseling. This research project is being conducted through the Department of Counselor Education and Counseling Psychology by doctoral student, Lynn Lupini, under supervision by faculty member Dr. Robert Betz.

The study will take approximately 30 minutes of my time completing a questionnaire with four sets of questions that require demographic information, and information about my values, and my evaluation of counseling.

The benefits of the study will help understand how values influence the counseling process. The potential risks for participation in the present study are minimal. As in all research there may be unforeseen risks to the participant. If an accidental injury occurs, appropriate emergency measures will be taken; however, no compensation or additional treatment will be made available to the subject except as otherwise stated in this consent form. I may refuse to participate or withdraw from the present study at any point. In no way will my decision on whether or not to participate effect my current counseling services or my opportunity at any point in the future at the Center for Counseling and Psychological Services.

All data collected from me will be confidential. That means that neither my name or any other form of identification will appear on any reporting of the data collected. Names of participants will not be used if the results of the present study are published or reported at professional meetings. Lynn Lupini will keep a list of names of the participants and assign a number to each counselor-client pair. This list will remain confidential and locked in a file cabinet during the completion of this study. This list will be destroyed upon completion of this study.

If I have any questions about this study, I may contact Lynn Lupini (387-1850) or Robert Betz (387-5100). I may also contact the Chair, Human Subjects Institutional Review Board (387-8293) or the Vice President for Research (387-8298) if questions or problems arise during the course of the study. This consent document has been approved for use for one year by the Human Subject Institutional Review Board (HSIRB) as indicated by the stamped date and signature of the board chair in the upper right corner. Subjects should not sign this form if the corner does not show a stamped date and signature. My signature below indicates that I have read the purpose and requirements of the study and that I agree to participate.

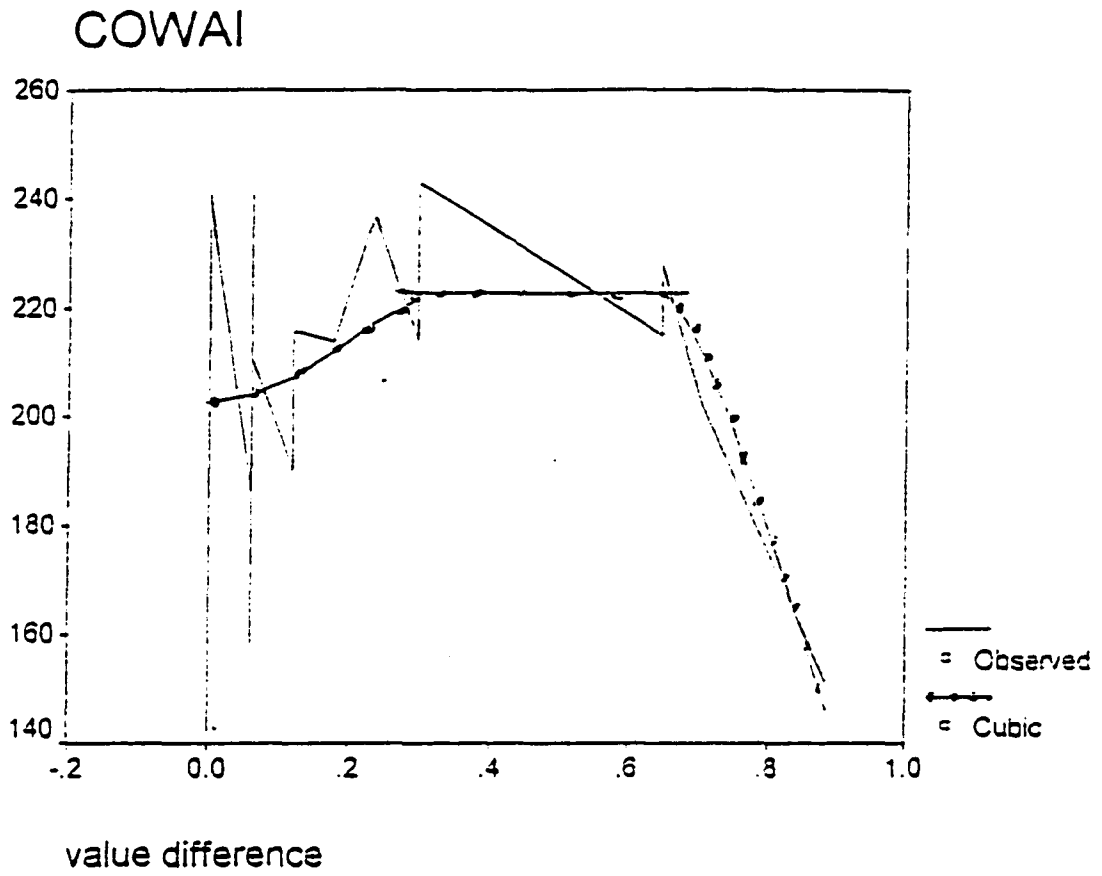
Signature

Date

Witness

Date

Appendix E
Graph of Regression



Appendix F
Demographic Survey

1. Age: _____
2. Gender: Female Male
3. Ethnicity: African American Alaskan Native American Indian
Asian American Caucasian Hispanic
International/Non-U.S. Resident Multiracial
Pacific Islander Other (specify) _____
4. Religious Preference: _____

1. Age: _____
2. Gender: Female Male
3. Ethnicity: African American Alaskan Native American Indian
 Asian American Caucasian Hispanic
 International/Non-U.S. Resident Multiracial
 Pacific Islander Other (specify) _____
4. Program of Study: _____
5. Degree of Program of Study: M.A. Ph.D.

Appendix G
Rokeach Value Survey—Adapted for the Present Study

Rokeach Value Survey-CO

Probably most of the values you will encounter in this questionnaire are more or less important in your life. However we are interested in the importance of the following values in the light of counseling.

- a. Please rate each of the following values by answering: DO YOU WISH COUNSELING FOR THIS CLIENT IN WHICH (place value here) IS WORKED TOWARD? For example, Do you wish to have counseling in which (A comfortable life) is worked toward?
- b. Circle the number after each value that indicates the importance of this value to you in counseling. Use the following scale to rate each value.

- 1 = Yes, and it must be so. (I want it and it should be like that.)
- 2 = Yes, but it doesn't have to be so. (I would like it that way, but I would accept it if it were not.)
- 3 = No, but it is allowable. (I would not like it that way, but I would accept it if it were.)
- 4 = No, and it is not allowable. (I do not want it and it should not occur.)

- d. Please do not skip any.

- e. Circle only one number for each value.

1.	A Comfortable Life a prosperous life	1	2	3	4
2.	Equality brotherhood and equal opportunity for all	1	2	3	4
3.	An Exciting Life a stimulating, active life	1	2	3	4
4.	Family Security taking care of loved ones	1	2	3	4
5.	Freedom independence and free choice	1	2	3	4
6.	Health physical and mental well-being	1	2	3	4
7.	Inner Harmony freedom from inner conflict	1	2	3	4
8.	Mature Love sexual and spiritual intimacy	1	2	3	4
9.	National Security protection from attack	1	2	3	4

Please continue on the next page.

Scale:

1 = Yes, and it must be so. (I want it and it should be like that.)

2 = Yes, but it doesn't have to be so. (I would like it that way, but I would accept it if it were not.)

3 = No, but it is allowable. (I would not like it that way, but I would accept it if it were.)

4 = No, and it is not allowable. (I do not want it and it should not occur.)

10.	Pleasure an enjoyable, leisurely life	1	2	3	4
11.	Salvation saved; eternal life	1	2	3	4
12.	Self-Respect self-esteem	1	2	3	4
13.	A Sense of Accomplishment a lasting contribution	1	2	3	4
14.	Social Recognition respect and admiration	1	2	3	4
15.	True Friendship close companionship	1	2	3	4
16.	Wisdom a mature understanding of life	1	2	3	4
17.	A World at Peace a world free of war and conflict	1	2	3	4
18.	A World of Beauty beauty of nature and the arts	1	2	3	4

Please continue on the next page.

Continue Rating each value using the same scale and directions.

Scale:

1 = Yes, and it must be so. (I want it and it should be like that.)

2 = Yes, but it doesn't have to be so. (I would like it that way, but I would accept it if it were not.)

3 = No, but it is allowable. (I would not like it that way, but I would accept it if it were.)

4 = No, and it is not allowable. (I do not want it and it should not occur.)

1.	Ambitious hardworking and aspiring	1	2	3	4
2.	Broad-Minded open-minded	1	2	3	4
3.	Capable competent; effective	1	2	3	4
4.	Clean neat and tidy	1	2	3	4
5.	Courageous standing up for your beliefs	1	2	3	4
6.	Forgiving willing to pardon others	1	2	3	4
7.	Helpful working for the welfare of others	1	2	3	4
8.	Honest sincere and truthful	1	2	3	4
9.	Imaginative daring and creative	1	2	3	4
10.	Independent self-reliant; self-sufficient	1	2	3	4
11.	Intellectual intelligent and reflective	1	2	3	4
12.	Logical consistent; rational	1	2	3	4

Please continue on the next page.

Scale:

1 = Yes, and it must be so. (I want it and it should be like that.)

2 = Yes, but it doesn't have to be so. (I would like it that way, but I would accept it if it were not.)

3 = No, but it is allowable. (I would not like it that way, but I would accept it if it were.)

4 = No, and it is not allowable. (I do not want it and it should not occur.)

13.	Loving affectionate and tender	1	2	3	4
14.	Loyal faithful to friends or the group	1	2	3	4
15.	Obedient dutiful; respectful	1	2	3	4
16.	Polite courteous and well-mannered	1	2	3	4
17.	Responsible dependable	1	2	3	4
18.	Self-Controlled restrained; self-disciplined	1	2	3	4

Probably most of the values you will encounter in this questionnaire are more or less important in your life. However we are interested in the importance of the following values in the light of counseling.

- a. Please rate each of the following values by answering: DO YOU WISH TO HAVE COUNSELING IN WHICH (place value here) IS WORKED TOWARD? For example, Do you wish to have counseling in which (A comfortable life) is worked toward?
- b. Circle the number after each value that indicates the importance of this value to you in counseling. Use the following scale to rate each value.
 - 1 = Yes, and it must be so. (I want it and it should be like that.)
 - 2 = Yes, but it doesn't have to be so. (I would like it that way, but I would accept it if it were not.)
 - 3 = No, but it is allowable. (I would not like it that way, but I would accept it if it were.)
 - 4 = No, and it is not allowable. (I do not want it and it should not occur.)
- d. Please do not skip any.
- e. Circle only one number for each value.

1.	A Comfortable Life a prosperous life	1	2	3	4
2.	Equality brotherhood and equal opportunity for all	1	2	3	4
3.	An Exciting Life a stimulating, active life	1	2	3	4
4.	Family Security taking care of loved ones	1	2	3	4
5.	Freedom independence and free choice	1	2	3	4
6.	Health physical and mental well-being	1	2	3	4
7.	Inner Harmony freedom from inner conflict	1	2	3	4
8.	Mature Love sexual and spiritual intimacy	1	2	3	4
9.	National Security protection from attack	1	2	3	4

Please continue on the next page.

Scale:

1 = Yes, and it must be so. (I want it and it should be like that.)

2 = Yes, but it doesn't have to be so. (I would like it that way, but I would accept it if it were not.)

3 = No, but it is allowable. (I would not like it that way, but I would accept it if it were.)

4 = No, and it is not allowable. (I do not want it and it should not occur.)

10.	Pleasure an enjoyable, leisurely life	1	2	3	4
11.	Salvation saved; eternal life	1	2	3	4
12.	Self-Respect self-esteem	1	2	3	4
13.	A Sense of Accomplishment a lasting contribution	1	2	3	4
14.	Social Recognition respect and admiration	1	2	3	4
15.	True Friendship close companionship	1	2	3	4
16.	Wisdom a mature understanding of life	1	2	3	4
17.	A World at Peace a world free of war and conflict	1	2	3	4
18.	A World of Beauty beauty of nature and the arts	1	2	3	4

Please continue on the next page.

Continue Rating each value using the same scale and directions.

Scale:

1 = Yes, and it must be so. (I want it and it should be like that.)

2 = Yes, but it doesn't have to be so. (I would like it that way, but I would accept it if it were not.)

3 = No, but it is allowable. (I would not like it that way, but I would accept it if it were.)

4 = No, and it is not allowable. (I do not want it and it should not occur.)

1.	Ambitious hardworking and aspiring	1	2	3	4
2.	Broad-Minded open-minded	1	2	3	4
3.	Capable competent; effective	1	2	3	4
4.	Clean neat and tidy	1	2	3	4
5.	Courageous standing up for your beliefs	1	2	3	4
6.	Forgiving willing to pardon others	1	2	3	4
7.	Helpful working for the welfare of others	1	2	3	4
8.	Honest sincere and truthful	1	2	3	4
9.	Imaginative daring and creative	1	2	3	4
10.	Independent self-reliant; self-sufficient	1	2	3	4
11.	Intellectual intelligent and reflective	1	2	3	4
12.	Logical consistent; rational	1	2	3	4

Please continue on the next page.

Scale:

1 = Yes, and it must be so. (I want it and it should be like that.)

2 = Yes, but it doesn't have to be so. (I would like it that way, but I would accept it if it were not.)

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13.	Loving affectionate and tender	1	2	3	4
14.	Loyal faithful to friends or the group	1	2	3	4
15.	Obedient dutiful; respectful	1	2	3	4
16.	Polite courteous and well-mannered	1	2	3	4
17.	Responsible dependable	1	2	3	4
18.	Self-Controlled restrained; self-disciplined	1	2	3	4

Appendix H
Working Alliance Inventory

Working Alliance Inventory

Form C

Instructions

On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her therapist (counselor). As you read the sentences mentally insert the name of your therapist (counselor) in place of _____ in the text.

Below each statement inside there is a seven point scale.

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you *always* feel (or think) circle the number 7; if it *never* applies to you circle the number 1. Use the numbers in between to describe the variations between these extremes.

This questionnaire is CONFIDENTIAL; neither your therapist nor the agency will see your answers.

Work fast, your first impressions are the ones we would like to see.
(PLEASE DON'T FORGET TO RESPOND TO EVERY ITEM.)

Thank you for your cooperation.

© A. O. Horvath, 1981, 1984.

1	I feel uncomfortable with	1	2	3	4	5	6	7
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	
2	we agree about the steps to be taken to improve teacher situation							
	1	2	3	4	5	6	7	
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	
3	I have some preconceptions about the outcome of lesson sessions							
	1	2	3	4	5	6	7	
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	
4	My client and I both feel comfortable about the usefulness of our current activity in therapy							
	1	2	3	4	5	6	7	
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	
5	I feel I really understand							
	1	2	3	4	5	6	7	
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	
6	we have a common perception of levels of goals							
	1	2	3	4	5	6	7	
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	
7	We do what we are asked in therapy counseling							
	1	2	3	4	5	6	7	
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	
8	We are not							
	1	2	3	4	5	6	7	
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	
9	I seem to need to clarify the purpose of our session(s) for							
	1	2	3	4	5	6	7	
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	
10	I have some disagreement with							
	1	2	3	4	5	6	7	
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	
11	I know the time							
	1	2	3	4	5	6	7	
	Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always	

WALIT p. 2

23	I appreciate	as a person	1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always
24	We agree on what is important for	to work on	1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always
25	As a result of those sessions	is closer as to how she/he might be able to change	1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always
26	I have built a useful trust		1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always
27	I have different ideas on what leader role problems are		1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always
28	This relationship is important to		1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always
29	I have some ideas that if done right or done the wrong things, I will stop working with her/his		1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always
30	I have collaborated in setting goals for these sessions		1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always
31	I am frustrated by what I am asking her/him to do in therapy		1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always
32	We have established a good understanding between us of the kind of changes that would be good for		1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always
33	Things that we are doing in therapy don't make much sense to		1	2	3	4	5	6	7
	Never	Rarely		Occasionally		Sometimes	Often	Very Often	Always

WATU p. 4

Working Alliance Inventory

Form T

Instructions

On the following pages there are sentences that describe some of the different ways a person might think or feel about his or her client. As you read the sentences mentally insert the name of your client in place of _____ in the text.

Below each statement inside there is a seven point scale:

1	2	3	4	5	6	7
Never	Rarely	Occasionally	Sometimes	Often	Very Often	Always

If the statement describes the way you *always* feel (or think) circle the number 7; if it *never* applies to you circle the number 1. Use the numbers in between to describe the variations between these extremes.

This questionnaire is CONFIDENTIAL; neither your therapist nor the agency will see your answers.

Work fast, your first impressions are the ones we would like to see.
(PLEASE: DON'T FORGET TO RESPOND TO **EVERY** ITEM.)

Thank you for your cooperation.

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1	I find it difficult to do with	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always
2	I feel I require a lot of things I will need to do in therapy to help improve my situation	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always
3	I am worried about the reduction of human resources	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always
4	What I am doing in therapy often has some impact on my problems	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always
5	I feel I am doing well (as opposed to not well)	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always
6	I sometimes feel unsafe when my grade is	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always
7	I feel what I am doing in therapy is helping	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always
8	I feel I am doing well (as opposed to not well)	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always
9	I feel I could clarify the purpose of our sessions	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always
10	I feel I am doing well (as opposed to not well)	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always
11	I feel I am doing well (as opposed to not well)	1	Never	2	Rarely	3	Occasionally	4	Sometimes	5	Often	6	Very Often	7	Always

WATC p. 2

12	1	does not understand what I am trying to accomplish in therapy.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always
13	1	I am clear on what my responsibilities are in therapy.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always
14	1	The grade of paper sometimes is a big deal for me.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always
15	1	I feel what I am doing in therapy is unrelated to my recovery.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always
16	1	I feel that the therapist is in therapy with him or her to accomplish the changes that I want.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always
17	1	I believe he usually responds for my welfare.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always
18	1	I am clear on his role.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always
19	1	I will respect each other.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always
20	1	I feel that he is not clearly/consistently/strongly/convincingly.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always
21	1	I am confident in his ability to help me.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always
22	1	I will use working towards my goals in therapy.	2	3	4	5	6	7
	Never		Rarely	Occasionally	Sometimes	Often	Very Often	Always

WANC p. 3

34	I don't know what to expect in the realm of my therapy						
	1 Never	2 Rarely	3 Occasionally	4 Sometimes	5 Often	6 Very Often	7 Always
35	I believe the way we are working with my problem is correct						
	1 Never	2 Rarely	3 Occasionally	4 Sometimes	5 Often	6 Very Often	7 Always
36	I feel						
	1 Never	2 Rarely	3 Occasionally	4 Sometimes	5 Often	6 Very Often	7 Always

Appendix I
Counselor Effectiveness Rating Scale

COUNSELOR EFFECTIVENESS RATING SCALE

The purpose of this inventory is to measure your perceptions of the counselor you just listened to by having you react to a number of concepts related to counseling. In completing this inventory, please make your judgments on the basis of what the concepts mean to you. For example, THE COUNSELOR'S EXPERTNESS may mean different things to different people but we want you to rate the counselor based on what expertness in counseling means to you. In recording your responses, please keep the following important points in mind:

- a. Place your X's in the middle of the spaces, not on the boundaries.
- b. Be sure you check every scale even though you may feel that you have insufficient data on which to make a judgment - please do not omit any.
- c. Never put more than one check mark on a single scale.
- d. Notice that the good and bad scales are reversed every other time.

	THE COUNSELOR'S EXPERTNESS										
Good											Bad
	THE COUNSELOR'S FRIENDLINESS										
Bad											Good
	THE COUNSELOR'S SINCERITY										
Good											Bad
	THE COUNSELOR'S COMPETENCE										
Bad											Good
	THE COUNSELOR'S SKILL										
Good											Bad
	THE COUNSELOR'S RELIABILITY										
Bad											Good
	THE COUNSELOR AS SOMEONE I AM WILLING TO SEE FOR COUNSELING IN THE FUTURE										
Good											Bad
	THE COUNSELOR'S APPROACHABILITY										
Bad											Good
	THE COUNSELOR'S LIKABILITY										
Good											Bad
	THE COUNSELOR'S TRUSTWORTHINESS										
Bad											Good

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Dear Dr. Lupini

Please find attached copies of the WAI for use in your research. You have my permission to duplicate this material as you require for your investigation.

I would appreciate it if you shared the results of your research when your work is completed. If I can be of further help, do not hesitate to contact me.

Sincerely,

A handwritten signature in black ink, appearing to read 'A. Horvath', with a long horizontal line extending to the right.

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