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The Relationship Between Current and Ideal Therapist Personality Matching and Collaboration, the Relational Bond, and Satisfaction in Psychotherapy

by

Katharine Roth

A thesis

submitted in partial fulfillment

of the requirements for the degree of

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To the Graduate Faculty:

The members of the committee appointed to examine the thesis of Katharine Roth find it satisfactory and recommend that it be accepted.

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RE: Study Number IRB-FY2021-210: The Relationship Between Current and Ideal Therapist Personality Matching and Collaboration, the Relational Bond, and Satisfaction in Psychotherapy

Dear Ms. Roth:

Thank you for your responses to a previous review of the study listed above. I agree that this study qualifies as exempt from review under the following guideline: Category 2.(i). Research that only includes interactions involving educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures, or observation of public behavior (including visual or auditory recording).
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Sincerely,

Ralph Baergen, PhD, MPH, CIP
Human Subjects Chair

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The Relationship Between Current and Ideal Therapist Personality Matching and Collaboration, the Relational Bond, and Satisfaction in Psychotherapy

Thesis Abstract--Idaho State University (2021)

Preference accommodation has been found to contribute to more positive ratings of the therapeutic alliance. However, few studies have examined what personality traits might be preferred by clients and how preference accommodation for therapist personality might be related to ratings of collaboration and the bond in the therapeutic relationship. The present study examined these questions using a questionnaire posted to Amazon's Mechanical Turk (MTurk), and 330 participants were recruited. Clients completed measures of collaboration, working alliance, client satisfaction with therapy and their therapist, personality, and self-esteem. Results of the study showed significant positive and negative correlations between client and ideal therapist personality, as well as ideal and current therapist personality. Six mediation analyses found partial mediation with collaboration and bond as mediators between ideal and current therapist personality match and satisfaction. There is a general discussion of our results, the limitations of our study, future directions, clinical implications, and conclusions.

Key Words: psychotherapy, personality, preference accommodation, collaboration, therapeutic bond, self-esteem

Chapter 1: Introduction

Over the past 100 years, psychotherapy process and outcome researchers have investigated many variables in order to identify the factors that play a role in determining treatment outcomes for clients (Lambert, 2013). In particular, several common factors have been identified as having a strong influence on client outcomes (American Psychological Association, 2013; Norcross & Lambert, 2018; Norcross & Wampold, 2018). Some of these common factors include the working alliance, empathy, goal consensus, collaboration, positive regard and affirmation, expectations of the client, congruence/genuineness, emotional expression, and tailoring the intervention based on the client's culture, values, and preferences (Laska et al., 2014; Norcross & Wampold, 2018). Research suggests that clinicians who use a common factors approach (i.e., build the working alliance, or are congruent and genuine) in therapy have better outcomes than clinicians who do not, above and beyond the success of the use of evidence-based treatments (Laska et al., 2014; Messer & Wampold, 2006). However, the burden of creating a positive therapy experience does not rest solely on the clinician. Indeed, the presence of many of the common factors in psychotherapy is dependent on both the therapist and the client.

The Alliance in Psychotherapy

The dyadic nature of the common factors is perhaps best seen in the single most commonly studied variable in psychotherapy – the working alliance (Fluckiger et al., 2018). The idea of the working alliance was most notably defined by Edward Bordin (1979) as "an agreement on goals, an assignment of tasks or a series of tasks, and the development of bonds" (p. 253). As different therapies may include different demands, Bordin theorized that each of these three components would contribute more or less to the alliance; however, he believed that all three elements are essential in determining the success of any form of psychotherapy. He

argued that with stronger alliances, clients would be more actively engaged in their treatment and in sessions, and in turn, more positive treatment outcomes would be seen.

Four decades after Bordin's (1979) original paper, hundreds of studies have now shown a link between the alliance and treatment outcomes. The most recent and comprehensive review of this topic was a meta-analysis published by Fluckiger and colleagues (2018). In their review, they were able to identify and include data from 295 independent studies, which represented more than 30,000 clients. Overall, they found an effect size of $r = .28$ (equivalent to $d = 0.58$) for the alliance-outcome association, indicating that stronger alliances are associated with more positive outcomes. Further, through their moderator analyses, they found that the alliance-outcome association was present regardless of the treatment type, client diagnosis, or client symptom severity.

Further examining the relationship between the working alliance and treatment outcomes, in recent years researchers have begun to study what happens when the therapeutic alliance falls apart in some way – typically referred to as an alliance rupture (Eubanks-Carter et al., 2010; Safran & Muran, 2000). Ruptures in the therapeutic alliance are not always big events, but tend to be smaller, more nuanced issues in goal consensus, collaboration, or the bond that can arise during the therapy experience (Eubanks-Carter et al., 2010). It has been suggested that these types of ruptures frequently occur in psychotherapy and it is not their occurrence that is important, but rather whether therapists are able to repair things after ruptures have occurred (Zilcha-Mano, 2017; Zilcha-Mano et al., 2020). Similar to the research on the alliance, a number of studies now exist that demonstrate a relationship between rupture repairs and treatment outcomes. The most recent meta-analysis on this topic included data from 11 studies and 1,314 patients (Eubanks et al., 2018). The results of this meta-analysis indicated a rupture repair-

outcome association of $r = .29$ (equivalent to $d = 0.62$). This finding held true even among clients with personality disorders, those who worked with novice or student clinicians, and across several different types of psychotherapy.

Collaboration in Psychotherapy

Not only has the alliance as a whole been shown to be tied to treatment outcomes (Fluckiger et al., 2018), individual elements of the alliance have also shown to be related to the probability of treatment success (Tryon et al., 2018). In particular, several studies have been conducted examining the relationship between collaboration and psychotherapy outcomes. Collaboration is considered "the mutual involvement of psychotherapist and patient in a helping relationship" (Tryon & Winograd, 2011, p. 157). In particular, collaboration has been described as being at "the intersection of the therapeutic relationship and treatment method" (Kazantzis & Kellis, 2012, p. 133). In other words, collaboration in therapy does not just involve the therapeutic relationship or the type of treatment used, but both the relationship and the method contribute to this concept. It is thus considered essential to the development of a strong therapeutic relationship as well as the successful delivery of any particular evidence-based treatment method (Kazantizis & Kellis, 2012). The most recent meta-analysis examining the effects of collaboration found it to be linked to treatment outcomes (Tryon et al., 2018). That meta-analysis included data from 53 studies and 5,286 clients. Across studies, the association between patient-therapist collaboration and outcome was $r = .29$ (equivalent to $d = 0.61$). Through moderator analyses, they found that this association was present regardless of therapist theoretical orientation, or who was rating the collaboration, and was not dependent on gender, race, or ethnicity.

While collaboration is important in improving treatment outcomes across clients (Tryon et al., 2018), the exact nature of collaboration may look different depending on the individual client, the individual therapist, and their unique dyadic relationship. This may be due to who the client thinks is responsible for being the force of change in the relationship (Bachelor et al., 2007). For example, it has been suggested that while "active" clients believe that they personally are the change agents in psychotherapy, "joint" clients see it as a split between themselves and the therapist, and "therapist-dependent" clients see the work of change as being the responsibility of the therapist (Bachelor et al., 2007). This suggests that clients' views and preferences in psychotherapy may be linked to the level of collaboration that is present. For example, a client desiring an "active" role may be disappointed with a therapist who offers lots of structure and advice, thus the level of collaboration and the alliance would be low. In contrast, a client preferring a "therapist-dependent" role would also experience a low level of collaboration and alliance if the therapist takes a more supportive, active-listening role in treatment.

Studies on collaboration have used varying operational definitions to examine its effects in therapy. The most common method for operationalizing collaboration is based on subscale scores for general measures of the therapeutic alliance (Tryon et al., 2018). For example, the Working Alliance Inventory – Short Revised (WAI-SR; Hatcher & Gillaspy, 2006) includes four items asking about agreement on the tasks of psychotherapy (e.g., "I believe the way we are working with my problem is correct"). As another example, the California Psychotherapy Alliance Scale (CALPAS; Marmar et al., 1989) includes two subscales that assess the level of collaboration – *Working Strategy Consensus* and *Therapist Understanding and Involvement*. The Session Rating Scale (SRS; Duncan et al., 2003), an ultra-brief measure of the alliance, includes a single item assessing collaboration in psychotherapy ("The therapist's approach is/is not a good

fit for me"). While many studies have used client-reported measures of collaboration, other studies have used homework compliance as a way to operationalize this variable. Because homework in psychotherapy is generally set up and agreed upon by both parties, client completion/non-completion of the homework is often seen as representing their level of agreement with the tasks of psychotherapy (Tryon et al., 2018). In a related way, some studies have measured collaboration by examining clients' levels of engagement in psychotherapy sessions and their use of the therapeutic techniques both within and out of the therapy office.

Client Preferences in Psychotherapy

Although many studies have examined the relationship between collaboration in psychotherapy and treatment outcomes, little is known about the variables that may contribute to the development of collaboration. More specifically, research has yet to fully examine if there are particular types of client-therapist matches that may be able to build collaborative relationships more easily than others. As mentioned previously, client preferences about the relationship and the therapist in particular may have an impact on the level of collaboration that is developed (Bachelor et al., 2007). Client preferences refer to the variables or conditions that clients desire to be present in psychotherapy (Swift et al., 2011). Research indicates that clients hold preferences about the roles or activities that they would like to be a part of their therapy experience, the type of treatment they would like to receive, and the type of therapist they would like to work with (Swift et al., 2011).

A number of studies have now tested whether accommodating client preferences has an impact on treatment outcomes. In reviewing this research, Swift et al. (2018) meta-analytically synthesized the data from 53 studies and over 16,000 clients. The results indicated that clients whose preferences were not matched were almost twice as likely (*O.R.* = 1.79) to prematurely

drop out of psychotherapy compared to clients whose preferences were matched. In addition, clients whose preferences were accommodated showed more positive outcomes by the end of treatment ($d = 0.28$). These findings were consistent across client age groups, ethnicity, gender, and diagnosis.

These findings, and the results from other studies, suggest that preference accommodation may be linked to collaboration in psychotherapy. For example, the finding that preference accommodation results in less treatment dropout (Swift et al., 2018) may be a sign that preference accommodation improves treatment engagement, which has been argued to be a sign of collaboration (Tryon et al., 2018). Further, in other research, preference accommodation has been shown to result in more positive ratings of the therapeutic alliance (Iacoviello et al., 2007), of which collaboration is a part. Preference accommodation is also associated with increased treatment satisfaction and better treatment outcomes (Lindheim et al., 2014). Further, one of the most frequently discussed methods for accommodating client preferences in psychotherapy is to use a shared-decision making model when making treatment decisions (Swift et al., 2018). The main purpose of the shared decision-making model is to build a collaborative relationship in psychotherapy (Trusty et al., 2019).

Preference Accommodation regarding Therapists' Characteristics

Although the existing research suggests that preference accommodation is associated with collaboration in psychotherapy, research has yet to directly test this link. In particular, it is still unclear whether a match between clients' preferred and current therapists is necessary for collaboration to occur. Some studies have investigated the results of clients receiving their preferred therapists. In their preference meta-analysis, Swift et al. (2018) identified and included data from three studies that examined the therapist preference effect. Across these three studies,

clients who received a non-preferred therapist were 2.09 times more likely to drop out of treatment prematurely compared to clients who received a preferred therapist. Further, clients who received a preferred therapist showed greater improvements while in therapy ($d = 0.38$) compared to clients who received a non-preferred therapist. Although these effect sizes were slightly higher than the overall preference effects found by Swift et al. (2018), they were not significantly different from the treatment or activity preference effects.

In addition to the three studies identified by Swift et al. (2018) that examined the effect of matching clients to their preferred therapists based on demographic characteristics, we were able to identify three other studies that have examined the relationship between a preference match for therapist personality characteristics and some type of treatment outcome. In the first study, Hartlage and Sperr (1980) examined whether clients reported greater satisfaction with treatment when they were working with a therapist whose client-rated actual personality was similar to a client-rated ideal therapist's personality. In their study, 60 clients from a VA hospital clinic were asked to fill out a 128-item checklist of characteristics to describe their ideal therapist, followed directly by another copy of the same checklist on which they were asked to describe their current therapist. A 5-item treatment satisfaction questionnaire was also administered. The authors found 23 items that the majority of clients (> 60%) considered to be desirable in a therapist and 29 items that most (> 80%) considered to be undesirable. There was a high level of accordance between the clients' ideal therapist and their current therapist, with 55 of the items being endorsed at an equal or almost equal rate for both the ideal and current. Further, a majority of the clients (71.7%) viewed their treatment as "what [they] hoped to receive" as well as being helpful to them. Unfortunately, Hartlage and Sperr (1980) did not directly compare the personality

match data to the satisfaction data, so it is difficult to conclude whether the two were actually related.

In the second study, Russell et al. (2020) tested whether matching between a current therapist's personality and an ideal therapist's personality was significantly related to the number of sessions attended by a client and the client's rating of the therapeutic alliance. In their study, clients (n = 335) were asked to complete the Ten Item Personality Inventory (TIPI; Gosling et al., 2003) to assess the personalities of their ideal therapists, current therapists, mothers, fathers, romantic partners, a close friend, and themselves. Immediately after they rated the personalities of each of these people in their lives, they were asked to fill out the Relationship Assessment Scale (Hendrick, 1988) for each relationship, or the Working Alliance Inventory – Short Revised (WAI-SR; Hatcher & Gillaspy, 2006) for their current therapist. They found that participants largely preferred a therapist who is emotionally stable and conscientious, as well as being agreeable, open, and extraverted in that order. The participants' current therapists predominantly were rated as being emotionally stable and conscientious, but were not universally seen as agreeable, open, or extraverted. They further found that their ideal therapists' personality was typically most similar to the reported personality of a close friend, but that depended on the strength of the existing relationship. Most pertinent to this study, they found that the number of sessions attended by the participant was not associated with congruence between ideal and current therapist personality (R^2 = .00 to .01), but congruence between the current and ideal was associated with ratings of the therapeutic alliance (R^2 = .06 to .09).

In the third study, Anestis et al. (2020) also examined client preferences for their therapist's personality. They used the Revised Interpersonal Adjective Scales – Big Five (IASR-B5; Trapnell & Wiggins, 1990) and the Modified Revised Interpersonal Adjective Scales – Big

Five (M-IASR-B5; Trapnell & Wiggins, 1990), which used a modified introduction, to measure the participants' personalities and the personality of a therapist "with whom they could work well" respectively. The participants largely rated that they would like to work with a therapist who had similar personality traits to their own. This was especially true for extraversion, agreeableness, conscientiousness, and openness to experience [ranging from $r = .56$ (conscientiousness) to $r = .78$ (openness)]. There was also a slight preference for those participants with high neuroticism to prefer a therapist with high neuroticism ($r = .22$). Certain preferred therapist profiles emerged as patterns across both the undergraduate and community samples that were included in the study. First, a therapist whose personality was low in love and agreeableness, as well as conscientiousness, and high in neuroticism, was preferred by 26.47% of undergraduates and 8.46% of community participants. Second, a therapist whose personality was rated as average on each of the five personality traits was preferred by 37.68% of the undergraduate sample and 35.82% of community participants. Last, and the most prominent pattern, was a therapist whose personality was high in agreeableness and conscientiousness, and low in neuroticism; which was preferred by 35.85% of undergraduates and 55.72% of the community participants. Although this study documented some of the personality types of preferred therapists, no comparison was made between receiving a preferred therapist and treatment outcomes.

Although bodies of research exist examining client and therapist personality types (Bucher et al., 2019; Anestis et al., 2020), preference accommodation (Swift et al., 2018), and collaboration (Tryon et al., 2018) in psychotherapy, studies have yet to merge these topic areas to examine why a match in client and therapist personality types could potentially lead to improved treatment outcomes. A number of questions in this area remain. Primary among these questions

is the degree to which clients prefer a therapist whose personality is similar to themselves, whether congruence between the ideal and current therapist personality traits predict ratings of collaboration in psychotherapy, which in turn predict treatment satisfaction and ratings of the therapeutic bond. Research answering these questions has the potential to give us additional insight into what creates a positive psychotherapy experience, as well as ways in which we can potentially improve the psychotherapy experience for clients.

Aims of the Current Study

The overall aim of the current study was to come to a better understanding of clients' preferences for therapist personality traits. First, we wanted to examine the extent to which clients would prefer a therapist with personality traits resembling their own traits. In testing this question, we also aimed to examine whether self-esteem mediates the relationship between these two variables – clients with high self-esteem may be more likely to prefer a therapist similar to themselves compared to clients with lower self-esteem. Russell et al. (2020) found that clients' greater satisfaction with other relationships in their lives was linked to similarity in personality between those individuals and an ideal therapist. However, they did not explore the relationship between a client's relationship with themselves, or in other words, a client's self-esteem and how this might affect their idea of an ideal therapist. Second, we aimed to further examine the relationship between preference accommodation for therapist personality (match between the current and ideal personality) and ratings of collaboration and ratings of the client-therapist bond in the therapeutic relationship. Third, we aimed to test the extent to which the amount of agreement between the preferred therapist and current therapist and client satisfaction with therapy was mediated by both collaboration and the client-therapist bond.

Hypothesis 1

It was hypothesized that clients' preferred therapist personality traits would be positively correlated with clients' own perceived personality traits. This hypothesis was made given the findings from Anestis et al. (2020) and Russell et al. (2020) showing that ideal therapists' personality traits tend to match clients' self-rated personality traits. It was also hypothesized that the degree of match between the client and ideal therapist's personality would be associated with the client's level of self-esteem, such that with higher levels of self-esteem, clients would have a stronger preference for a therapist who had similar personality traits to their own. This hypothesis was made given that Russell et al. (2020) found that greater satisfaction with other relationships was linked to similarity between the personality of those individuals and an ideal therapist.

Hypothesis 2

It was hypothesized that greater congruence in personality traits between a client's ideal therapist and their current therapist would predict stronger ratings of the therapeutic bond and stronger ratings of collaboration in the relationship. Russell et al. (2020) found that greater congruence was linked to a stronger therapeutic relationship; thus, we predicted that this finding would extend to the individual components of the therapeutic alliance.

Hypothesis 3

It was hypothesized that the relationship between congruence in personality traits between a client's ideal therapist and their current therapist and the client's satisfaction with their treatment as well as their therapist would be mediated by the strength of the therapeutic bond, and the strength of collaboration. Specifically, it was predicted that the link between preference match for therapist personality and satisfaction would be partially explained by the relationship

between these variables and the therapeutic bond and collaboration. Previous research has shown that preference accommodation is associated with more satisfaction in therapy (Swift et al., 2018). Preference accommodation has also been shown to be related to the therapeutic alliance (Windle et al., 2020; Iacoviello et al., 2007) and stronger therapeutic alliances have been associated with more satisfaction in therapy (Fluckiger et al., 2018). This hypothesis will test a potential mediational relationship between these variables.

Chapter II: Methodology

Participants

We planned to recruit a sample of 350 adult psychotherapy clients for the study. This sample size was determined a priori to provide enough power to conduct the planned analyses based on the expected results. More specifically, previous studies in areas related to the hypotheses have shown small (d = .28; Swift et al., 2018) to medium (d = .61; Tryon et al., 2018) effect sizes. Given that all of the analyses were based on correlational analyses, we estimated power for the smallest correlation that was expected – correlations between current/ideal therapist match and collaboration subscales, the bond, and satisfaction were expected to be small (r = .14 based on Swift et al., 2018). Using G*Power and with an alpha of .05 and a power of .80, the projected sample size needed for this effect to be significant would be 311 participants. Thus, data from 350 participants was planned to be collected to allow for incomplete or inadequate data by some participants.

Client participants were recruited through Amazon's Mechanical Turk (MTurk). Participants needed to be 18 years of age or older, actively participating in therapy (having completed 2 or more sessions) at the time of taking the questionnaire and residing in the United States. In MTurk and Qualtrics, settings prevented users from completing the study multiple times. The final sample included 330 participants. On average they were 36.94 (SD = 10.45) years old and ranged in age from 18 to 73. The majority of participants were White/Caucasian (83%; 9.1% Black/African American; 2.7% Hispanic/Latinx; 1.2% Multiple Reported Races/Ethnicities; 0.9% Asian/Pacific Islander; and 0.3% Middle Eastern). The majority also identified as male (55.2%; 43.6% female; 0.6% non-binary; and 0.6% other gender expression) and straight (56.7%; 17.6% bisexual; 2.4% gay/lesbian; 0.9% asexual; and 5.5% other sexual orientation). Most participants were married (76.1%; 17% single; 3.3% cohabitating; 2.1%

divorced; 0.6% separated; and 0.9% other relationship status). Most participants' highest level of education was a bachelor's degree (54.5%; 31.8% Master's degree; 8.5% high school degree; 3.3% associates or other professional degree; 1.5% Doctoral degree; and 0.3% less than a high school degree). They reported an average income of $78,503 per year (*SD* = $189,999) ranging from $2 to $2,500,000 per year. The majority of participants were seeking therapy for depression (47.9%; 22.1% anxiety; 13.3% psychosis; 8.8% trauma/stress; 2.4% bipolar; 1.8% substance use; 1.5% eating disorder; and 2.1% other diagnosis).

Therapist Characteristics

Participants were asked to report information about their therapists (Appendix A). The majority of participants reported seeing a psychologist (70.3%; 22.1% counselor; 5.5% social worker; 1.8% other type of therapist; and 0.3% did not know). These therapists were reported as mostly holding a Ph.D. (38.8%; 20.3% Psy.D.; 17.9% M.D.; 11.5% M.S.; 0.3 other degree; and 11.2% did not know). After the removal of 12 improbable scores (perceived ages ranging from 2 to 12), participants reported that they believed their therapists were on average 41.01 years old (*SD* = 10.60) and ranged from 18 to 88 years old. The majority of the therapists were reported to be female (47.6%; 41.2% male; and 1.2% other gender expression). After removal of 7 outlier scores (number of sessions attended ranging from 250 to 25,110), participants reported having attended on average 10.64 (*SD* = 20.71) sessions with their current therapist. They reported having a therapy appointment on average 18.24 days (*SD* = 18.66) before participating in the study. Participants reported that they felt they knew their therapist fairly well (37.6%) or extremely well (37.0%), followed by moderately well (17.6%), slightly well (7.0%), and not well at all (0.9%).

Measures

Big Five Inventory – 2 Short Form (BFI-2-S; Soto & John, 2017)

The BFI-2-S (Soto & John, 2017; Appendix B) was used in this study as a measure of personality. It was completed by the participants three separate times: once for themselves, once for their current therapist, and once for their ideal therapist. The wording of the form was slightly changed when the participants filled it out for their current and ideal therapists so that the form asked them to judge another's personality rather than their own. The BFI-2-S was chosen because it is one of the most reliable and valid short form personality inventories available (Soto & John, 2017). It includes 30 items which are split into 5 subscales – Extraversion, Agreeableness, Conscientiousness, Open-Mindedness, and Negative Emotionality. The measure uses a 5-point Likert-type scale ranging from "Disagree Strongly" (1) to "Agree Strongly" (5) to assess items like "worries a lot", "is compassionate, has a soft heart", "is reliable, can always be counted on", and "can be somewhat careless". Each of the five subscales has three normally scored items and three reverse scored items. Both the normally scored and reverse scored items are added together in order to get a total score for each subscale. Higher scores indicate higher levels of the particular personality trait. The BFI-2S has been shown to be highly correlated with other well-validated measures of personality (Rammstedt et al., 2018). A test-retest reliability between $r = .76$ and $r = .83$ has been demonstrated for the measure, and items load well onto the constructs on which they are meant to load (Rammstedt et al., 2018). Additionally, the internal consistency has been found to range from $\alpha = .77$ to .78 (Soto & John, 2017). In the present study we found an internal consistency ranging from $\alpha = .76$ to $\alpha = .85$.

The California Psychotherapy Alliance Scales (CALPAS; Gaston & Marmar, 1991)

A portion of the CALPAS (Gaston & Marmar, 1991; Appendix C) was used in this study as a measure of collaboration. The CALPAS was chosen because it is one of the most frequently used measures in determining the degree of collaboration in the therapeutic alliance in the literature (Tryon et al., 2018). It includes 24 items that are split into four subscales – Patient Working Capacity, Patient Commitment, Working Strategy Consensus, and Therapist Understanding and Involvement. In order to determine the degree of collaboration in the relationship, we used scores from the Therapist Understanding and Involvement and Working Strategy Consensus subscales. There are six items in each scale and items are rated on a 7-point Likert-type scale from "not at all" (1) to "very much so" (7). Three items in each subscale are reverse coded and then items scores are added together to find a total subscale score. Higher scores are indicative of stronger collaboration. An overall internal consistency of α = .84 has been demonstrated for the measure; however, the subscale's internal consistency is somewhat lower, ranging between α = .43 to α = .73 (Gaston, 1991). In the present study we found an internal consistency of α = .79 for the Therapist Understanding and Involvement subscale and α = .80 for the Working Strategy Consensus subscale. All of the CALPAS scales have been shown to be associated with client's satisfaction in therapy (demonstrating predictive validity), but not with measures of social desirability (demonstrating discriminant validity). Additionally, the CALPAS is correlated with several other measures of therapeutic alliance, which demonstrates strong convergent validity (Cecero et al., 2001).

Rosenberg Self-Esteem Scales (RSE; Rosenberg, 1965)

The RSE (Rosenberg, 1965; Appendix D) was used to measure participants' self-esteem. This measure was chosen because it is reliable, short, and widely used. It is a 10-item scale that

assesses a participant's global sense of self-esteem. Each item is rated on a 4-point Likert-type scale of "strongly agree" (1) to "strongly disagree" (4). The high self-esteem items are scored as they are, while the low self-esteem items are reverse scored, then these scores are added together to obtain an overall self-esteem score. Given the scoring of the items, higher scores are indicative of lower self-esteem; however, in this study we reversed the scoring so that high scores were indicative of higher self-esteem. This was done to be consistent with the other measures used in this study. Researchers have demonstrated an internal consistency of $\alpha = .92$ and a test-retest reliability between $r = .85$ and $r = .88$ for the measure (Donnellan et al., 2015). In the present study we found an internal consistency of $\alpha = .82$. Additionally, it has been shown to be highly correlated with other measures of self-esteem, and in predictable ways with measures of depression and anxiety (Rosenberg, 1979).

Satisfaction with Therapy and Therapist Scale (STTS; Oei & Shuttlewood, 1999)

The STTS (Oei & Shuttlewood, 1999; Appendix E) was used as a measure of client satisfaction with the therapy they are receiving and their therapist. This measure was chosen because it is reliable, widely used, and free to use in research. It is a 12-item scale which has participants rate each item on a 5-point Likert-type scale ranging from "strongly disagree" (1) to "strongly agree" (5). The scale is split into two subscales that measure satisfaction with the therapist (SWT) and satisfaction with therapy (ST). Scores of all odd numbered questions are summed to get a score for SWT, and scores of all even numbered questions are summed to get a score for ST. Higher scores on each of the subscales represent greater satisfaction with the respective domain. Researchers have demonstrated an internal consistency ranging from $\alpha = .80$ to $\alpha = .93$ for the measure (Oei & Shuttlewood, 1999; Oei & Green, 2008). In the present study we found an internal consistency ranging from $\alpha = .77$ to $\alpha = .78$. Adequate concurrent validity

with other similar measures and discriminant validity with measures of depression as well as between the two subscales has been demonstrated (Oei & Shuttlewood, 1999).

Working Alliance Inventory – Short Revised (WAI-SR; Hatcher & Gillaspy, 2006)

A portion of the WAI-SR (Hatcher & Gillaspy, 2006; Appendix F) was used in this study as a measure of the client-therapist bond. This measure was chosen because it is widely used and well validated. The WAI-SR has 12 items which are divided between three subscales: goal agreement, task agreement, and bond. To examine the client-therapist bond, we used scores from the "bond" subscale of the measure. The bond subscale has four items which are rated on a 5-point Likert-type scale ranging from "never" (1) to "always" (5). Responses on these items are then added together for a total subscale score. Higher scores on the subscale indicate a stronger bond, while lower scores indicate a weaker bond. The WAI-SR has been shown to demonstrate adequate internal consistency (between $\alpha > .80$ and $\alpha > .90$; Munder et al., 2010). In the present study we found an internal consistency of $\alpha = .79$. Scores on the measure correlate well with scores on the original Working Alliance Inventory (WAI; Hovarth & Greenberg, 1989). Further, the measure has shown high convergent validity with other similar measures (Hatcher & Gillaspy, 2006).

Procedures

Participants were recruited by posting the study to MTurk. MTurk was used as it would allow us to reach a broader range of potential participants than traditional recruitment methods through local clinics. Interested individuals were given a link for an online screening survey. Without telling the purpose of the study, on the screening survey participants were asked to endorse services they were currently using at the time of the survey from a list of 10 different services. Those who endorsed psychotherapy, but did not endorse having completed training to

be a limousine driver, were taken to the actual survey. We used “completing training to be a limousine driver” as an extremely unusual option to separate out those who were marking boxes at random rather than reading the options. The study survey then included an informed consent document, demographic questions, and the five main measures of interest (BFI-2-S, CALPAS, RSE, STTS-R, & WAI-SR). Participants were presented first with the BFI-2-S for self, current therapist, and then ideal therapist in that order. They were then presented with the other four measures in random order. We had originally wanted to split whether the BFI-2-S’s or the other four measures were presented first; however, due to problems with the randomization in Qualtrics, we were unable to do this. Attention check items designed to blend in with the flow of the measures (e.g., “Please select agree a little for this one” or “Please select the somewhat option for this item.”) were included throughout. Individuals who incorrectly answered any attention check items were discontinued from the survey. In total, the survey took approximately 15 to 30 minutes for participants to complete. Participants were compensated $1 after they had completed the survey

Data Checking/Cleaning

Eligibility

The screening questionnaire was initiated by 2,599 individuals. First, 1,782 individuals who did not endorse attending psychotherapy in the initial screener were removed. After that, 253 individuals were removed from the study for endorsing having completed training to become a limousine driver. Of those individuals, 164 endorsed having completed/engaged in every one of the screener items. An additional 13 individuals did not fill out the informed consent question and 3 declined informed consent, all of which were removed.

Incomplete/Inaccurate Data

Data from all participants who agreed to informed consent but did not fill out anything else in the survey (n = 23) were next removed. An additional 57 participants were also removed because they only filled out demographic information. Further, those participants who incorrectly answered any one of the six attention check items throughout the survey were also removed, including 20 participants who missed the first check, 49 who missed the second, 19 who missed the third, 3 who missed the fourth, 27 who missed the fifth, and 8 who missed the sixth. We then looked for any participants who marked only the highest or lowest answer on all of the survey items regardless of reverse scoring - none were found. Removing the individuals/data at various stages resulted in a final sample of 330 participants.

Missing Values

Previously, we had planned for missing item scores to be replaced with the mean for that individual's scores on the subscale or measure for which there were missing items, as long as the participant had completed at least 80% of the subscale or measure. Any participant who was missing data for more than 80% of a subscale or measure would not be included in any analyses involving that subscale or measure. No participants were missing less than 80% of items on any subscale or measure. Many participants, however, failed to complete measures due to a scale randomization error in Qualtrics during data collection. 58 participants did not complete the CALPAS; 65 did not complete the RSE; 50 participants did not complete the STTS; and 45 did not complete the WAI. Missing total scores from these participants were not included in any analyses involving the CALPAS, RSE, STTS, or WAI.

Outliers

We also examined the data for outliers, identified as any scores 3.5 standard deviations above or below the mean for the total scores on the measures. Of participant scores, 5 were found to be outliers (one on the RSE; two on the STTS-ST; one on the STTS-SWT; and one on the WAI-SR). These scores were replaced by the score closest to 3.5 standard deviations while still being below it (Barnett & Lewis, 1978)[1].

Normal Distribution Checks

Normality was checked for all of the main total measure scores, including each of the three separate administrations of the five subscales of the BFI-2-S, the two subscales of the CALPAS, the RSE, the two subscales of the STTS-R, and the bond subscale of the WAI-SR. Skew and kurtosis were calculated for each and each were found to be in the normal range. The skew and kurtosis values for each variable (see Table 1).

[1] The analyses were run again with all five of the outliers removed. None of the analyses were significantly different when they were removed.

Table 1. Skew and Kurtosis for BFI-2-S (Self, Current Therapist, and Ideal Therapist), CALPAS, RSE, STTS-R, WAI-R

Variable	*Skew (SE)*	*Kurtosis (SE)*
BFI-2-S Self, Agreeableness Subscale	.39 (.13)	.29 (.27)
BFI-2-S Self, Conscientiousness Subscale	.57 (.13)	.26 (.27)
BFI-2-S Self, Extraversion Subscale	-.40 (.13)	1.52 (.27)
BFI-2-S Self, Negative-Emotionality Subscale	.95 (.13)	.65 (.27)
BFI-2-S Self, Open-Mindedness Subscale	.38 (.13)	1.07 (.27)
BFI-2-S Current Therapist, Agreeableness Subscale	.42 (.13)	-1.11 (.27)
BFI-2-S Current Therapist, Conscientiousness Subscale	.54 (.13)	-.96 (.27)
BFI-2-S Current Therapist, Extraversion Subscale	1.03 (.13)	.91 (.27)
BFI-2-S Current Therapist, Negative-Emotionality Subscale	.85 (.13)	.59 (.27)
BFI-2-S Current Therapist, Open-Mindedness Subscale	-.63 (.13)	-.84 (.27)
BFI-2-S Ideal Therapist, Agreeableness Subscale	.33 (.13)	-1.23 (.27)
BFI-2-S Ideal Therapist, Conscientiousness Subscale	.45 (.13)	-1.28 (.27)
BFI-2-S Ideal Therapist, Extraversion Subscale	.83 (.13)	.28 (.27)

BFI-2-S Ideal Therapist, Negative-Emotionality Subscale	.68 (.13)	-.34 (.27)
BFI-2-S Ideal Therapist, Open-Mindedness Subscale	-.54 (.13)	-1.15 (.27)
CALPAS, TUI Subscale	.94 (.15)	-.41 (.29)
CALPAS WSC Subscale	1.00 (.15)	.46 (.29)
RSE	-.42 (.15)	.34 (.29)
STTS-R, ST Subscale	-.92 (.14)	2.08 (.29)
STTS-R, SWT Subscale	-.84 (.14)	1.75 (.29)
WAI-R, Bond Subscale	-.79 (.14)	.84 (.29)

Data Analyses

Hypothesis 1

The first hypothesis was that clients' preferred therapist personality traits would be positively correlated with the client's personality traits and that the degree of match would be related to the client's level of self-esteem. This hypothesis was examined in two steps. First, bivariate correlations for each of the five personality scales (Extraversion, Agreeableness, Conscientiousness, Open-Mindedness, and Negative Emotionality) between the participants' ideal therapist and themselves were calculated. Second, distinctive scores were calculated. This was done by subtracting the average of each item for the sample from the individual rating for each item for each of the client personality domain scores and their ideal therapist's corresponding personality domain scores. A correlation was then calculated between each of the individual self/ideal therapist distinctive scores for each participant. From this we calculated the

mean and standard deviation of the correlations for the self/ideal therapist distinctive scores. This correlation was then correlated with reverse-scored self-esteem ratings (RSE).

Hypothesis 2

The second hypothesis was that greater congruence in personality traits between a client's ideal therapist and their current therapist would predict stronger ratings of the therapeutic bond and stronger ratings of collaboration in the relationship. This analysis was also conducted in steps. First, bivariate correlations for each of the five personality scales (Extraversion, Agreeableness, Conscientiousness, Open-Mindedness, and Negative Emotionality) between the participants' current therapist and their ideal therapist were calculated. Second, distinctive scores were calculated. This was done by subtracting the average of each item for the sample from the individual rating for each item for each of the current therapist personality domain scores and their ideal therapist's corresponding personality domain scores. A correlation was then calculated between each of the individual current/ideal therapist distinctive scores for each participant. From this we calculated the mean and standard deviation of the correlations for the current/ideal therapist distinctive scores. Bivariate correlations between the current/ideal therapist correlation scores and ratings of collaboration (CALPAS Therapist Understanding and Involvement and Working Strategy Consensus subscales) and the bond (WAI-SR Bond subscale) were calculated.

Hypothesis 3

The third hypothesis was that the relationship between congruence in personality traits between a client's ideal therapist and their current therapist and the client's satisfaction with their treatment as well as their therapist would be mediated by the strength of the therapeutic bond, and the strength of both dimensions of the collaboration. Six mediational models were conducted in order to test this hypothesis. We chose to run separate mediational models rather than a single

Structural Equation Model as we wanted to examine and understand each of the mediation models separately. First, the current/ideal therapist correlation score was entered as the independent variable and satisfaction with therapy (STTS-R Therapy subscale) was the dependent variable. The collaboration scores (CALPAS Therapist Understanding and Involvement and Working Strategy Consensus subscales) and the bond score (WAI-SR Bond subscale) were entered as mediators in three separate models. These steps were repeated with satisfaction with the therapist (STTS-R Therapist subscale) as the dependent variable. For each mediational model, Preacher and Hayes' (2008) bootstrapping method was used to create 95% bias-corrected confidence intervals from 5,000 bootstrap samples, which were calculated for each path of the model. Confidence intervals that did not cross zero indicated statistically significant paths in the model.

Chapter III: Results

Research Aim 1: Preferred Therapist Personality Traits, Client Personality Traits, and Self-Esteem

We were first interested in testing whether or not participant's preferred personality traits for their therapist were related to their own personality traits. Within this research aim, we were also interested in testing whether the relationship between self and ideal therapist personality was significantly correlated to participant self-esteem.

Bivariate Pearson's *r* correlations between the self-report and ideal therapist for each of the five personality subscales of the BFI-2-S were calculated. Agreeableness was significantly positively correlated between self-report and ideal therapist ($r = .60$, $p < .01$). Conscientiousness was significantly positively correlated between self-report and ideal therapist report ($r = .51$, $p < .01$). Extraversion was not significantly correlated between self-report and ideal therapist ($r = .033$, $p = .55$). Negative-emotionality was significantly positively correlated self-report and ideal therapist report ($r = .64$, $p < .01$). Lastly, open-mindedness was significantly negatively correlated between self-report and ideal therapist report ($r = -.14$, $p < .01$).

Correlations representing the degree of match between self and the ideal therapist ratings on all items of the BFI-2-S were next calculated for each participant. Correlations were then calculated for each participant between the distinctive scores for their self-report and for their ideal therapist. An average correlation of $M = 0.39$ ($SD = 0.29$) between the distinctive scores for the participant's self-report and for their ideal therapist was found for the sample, indicating a moderate match. Contrary to our hypothesis, the match values (correlation of the distinctive scores) were not significantly correlated to participant self-esteem scores, $r = .08$, $p = .17$.

Research Aim 2. Congruence In Personality Traits Between The Ideal Therapist And The Current Therapist, The Therapeutic Bond And Collaboration In The Relationship

Secondly, we were interested in testing whether or not participant's preferred personality traits for their therapist were related to their current therapist's personality traits. We were also interested in testing whether the match between current and ideal was significantly correlated with to clients' reports of collaboration and the bond with their therapists.

Bivariate Pearson's *r* correlations between the current and ideal therapist for each of the five personality subscales of the BFI-2-S were calculated. Agreeableness was significantly positively correlated between current and ideal therapist ($r = .87$, $p < .01$). Conscientiousness was significantly positively correlated between current and ideal therapist ($r = .83$, $p < .01$). Extraversion was significantly positively correlated between current and ideal therapist ($r = .63$, $p < .01$). Negative-emotionality was significantly positively correlated self-report and ideal therapist report ($r = .68$, $p < .01$). Lastly, open-mindedness was significantly positively correlated between current and ideal therapist ($r = .83$, $p < .01$).

Correlations representing the degree of match between the current and ideal therapist ratings on all items of the BFI-2-S were next calculated for each participant. Correlations were then calculated for each participant between the distinctive scores for their current and ideal therapist. Across the whole sample, we found an average correlation of $M = 0.61$ ($SD = 0.23$) indicating a large degree of match. Consistent with our hypothesis, the bivariate correlation between the current/ideal therapist match score and the CALPAS Therapist Understanding and Involvement scale was significant in a positive direction ($r = .29$, $p < .01$). The current/ideal therapist match score was also significantly and positively correlated with the CALPAS Working

Strategy Consensus scale ($r = .31$, $p < .01$). Further, the current/ideal therapist match score was significantly correlated with the WAI bond scale in a positive direction ($r = .27$, $p < .01$).

Table 2. Mean, Standard Deviation, and Confidence Intervals for the Three Administrations of the BFI-2-S

BFI-2-S Subscale	*Mean*	*SD*	*95% CI*
Self – Agreeableness	26.23	3.90	25.81 – 26.65
Self – Conscientiousness	25.86	3.93	25.44 – 26.29
Self – Extraversion	23.86	3.64	23.46 – 24.25
Self – Negative-Emotionality	25.41	3.91	24.98 – 25.83
Self – Open Mindedness	24.21	3.95	23.78 – 24.64
Ideal Therapist – Agreeableness	27.91	5.19	27.35 – 28.47
Ideal Therapist – Conscientiousness	27.83	5.01	27.28 – 28.37
Ideal Therapist – Extraversion	26.07	3.46	25.69 – 26.44
Ideal Therapist – Negative-Emotionality	26.49	4.36	26.01 – 26.96
Ideal Therapist – Open Mindedness	20.42	5.02	19.87 – 20.96
Current Therapist – Agreeableness	27.64	4.69	27.12 – 28.15
Current Therapist – Conscientiousness	27.35	4.39	26.87 – 27.82
Current Therapist – Extraversion	25.77	3.15	25.43 – 26.11
Current Therapist – Negative-Emotionality	25.55	3.82	25.13 – 25.96
Current Therapist – Open Mindedness	20.85	4.50	20.36 – 21.33

Research Aim 3. Relationship Between Congruence In Personality Traits Between Ideal And Current Therapist And Participant Satisfaction With Their Treatment As Well As Their Therapist Mediated By The Strength Of The Therapeutic Bond, And The Strength Of Collaboration

Lastly, we were interested in examining whether the relationship between the participant's current and ideal therapist match and their satisfaction with their treatment and their therapist is mediated by the strength of the therapeutic bond and collaboration. We examined this by running six mediational models and examining the unstandardized effects. Using the bootstrapping method outlined by Preacher and Hayes (2008), based on the data from 236 participants who completed all three measures, we tested the mediational model with 95% bias-corrected confidence intervals from 5,000 bootstrap samples.

First, we ran a mediational model with match between current and ideal therapist personality as the independent variable, STTS Satisfaction with Therapy subscale as the dependent variable, and the CALPAS Therapist Understanding and Involvement subscale as the mediator. Taken together, the match between current and ideal therapist personality and therapist understanding and involvement predicted 21.24% of variance in satisfaction with therapy (R = .46, $F(2, 220)$ = 29.66, $p < .001$). A significant indirect effect (ab path) from current/ideal match to therapist understanding and involvement to satisfaction with therapy was found, *effect* = 1.23, 95% $CI_{bias\ corrected}$ [.53, 2.08]. However, even with the indirect path in the model, the direct effect (c' path) from current/ideal match to satisfaction with therapy scores was still significant, *effect* = 3.52, 95% $CI_{bias\ corrected}$ [1.76, 5.28]. Specifically, the indirect effect explained 10.87% of the variance in the model. A diagram of the mediation results is provided in Figure 1.

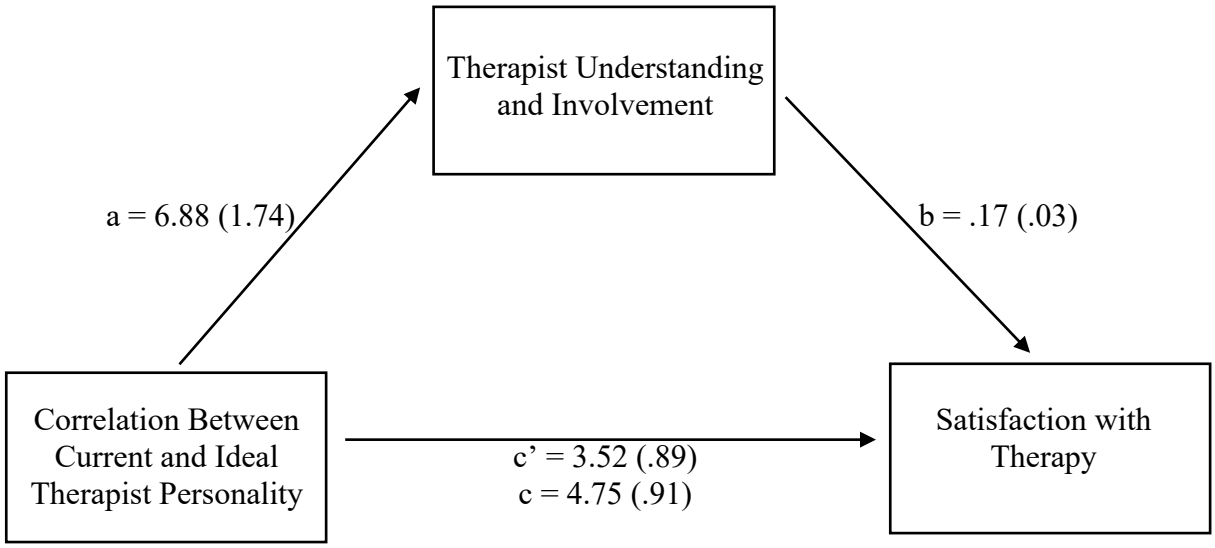

Figure 1. Illustration of the relationship between the Correlation Between Current and Ideal Therapist Personality, Therapist Understanding and Involvement, and Satisfaction with Therapy.

Second, we ran a mediational model with the CALPAS Working Strategy Consensus subscale as the mediator. Taken together, the match between current and ideal therapist personality and working strategy consensus predicted 21.53% of variance in satisfaction with therapy ($R = .46$, $F(2, 220) = 30.18$, $p < .001$). Again, a significant indirect effect (ab path) from current/ ideal match to therapist working strategy consensus to satisfaction with therapy was found, *effect* = 1.39, 95% $CI_{\text{bias corrected}}$ [.07, 2.26]. Again, the direct effect (c' path) was still significant, *effect* = 3.36, 95% $CI_{\text{bias corrected}}$ [1.59, 6.56]. Similar to the first model, the indirect effect explained 10.87% of the variance in the model. A diagram of the mediation results is provided in Figure 2.

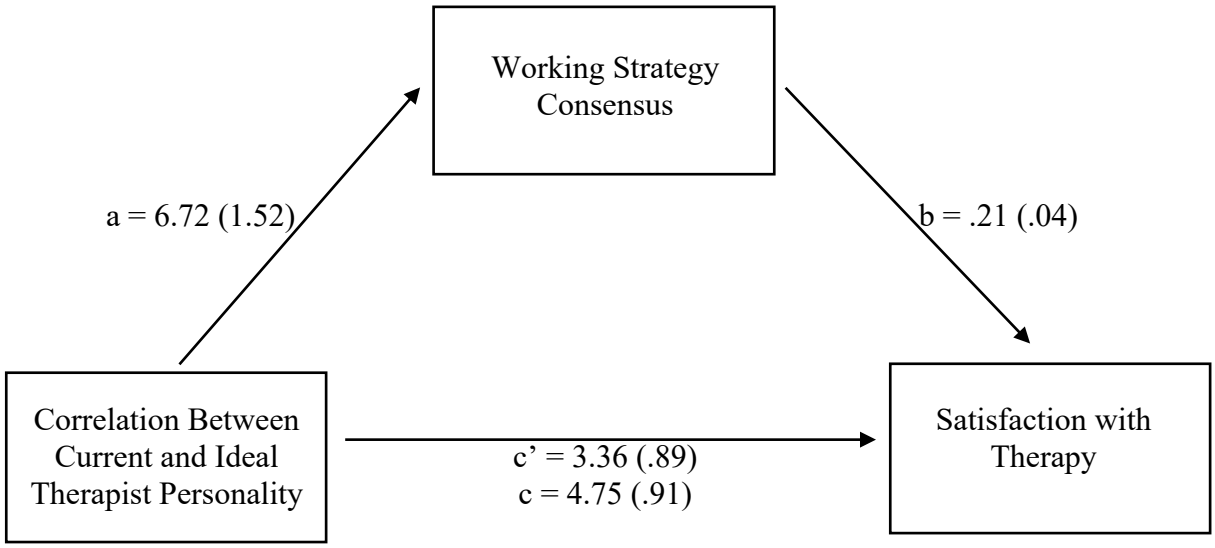

Figure 2. Illustration of the relationship between Correlation Between Current and Ideal Therapist Personality, Working Strategy Consensus, and Satisfaction with Therapy.

Third, we ran a mediational model with the WAI Bond subscale as the mediator. Taken together, the match between current and ideal therapist personality and bond predicted 45.62% of variance in satisfaction with therapy (R = .67, $F(2, 220) = 97.72$, $p < .001$). Again, a significant indirect effect (ab path) was found, *effect* = 2.66, 95% $CI_{\text{bias corrected}}$ [1.31, 4.42]. However, again, even with the indirect path in the model, the direct effect (c' path) was still significant, *effect* = 2.75, 95% $CI_{\text{bias corrected}}$ [1.19, 4.30]. Specifically, the indirect effect explained 11.96% of the variance in the model. A diagram of the mediation results is provided in Figure 3.

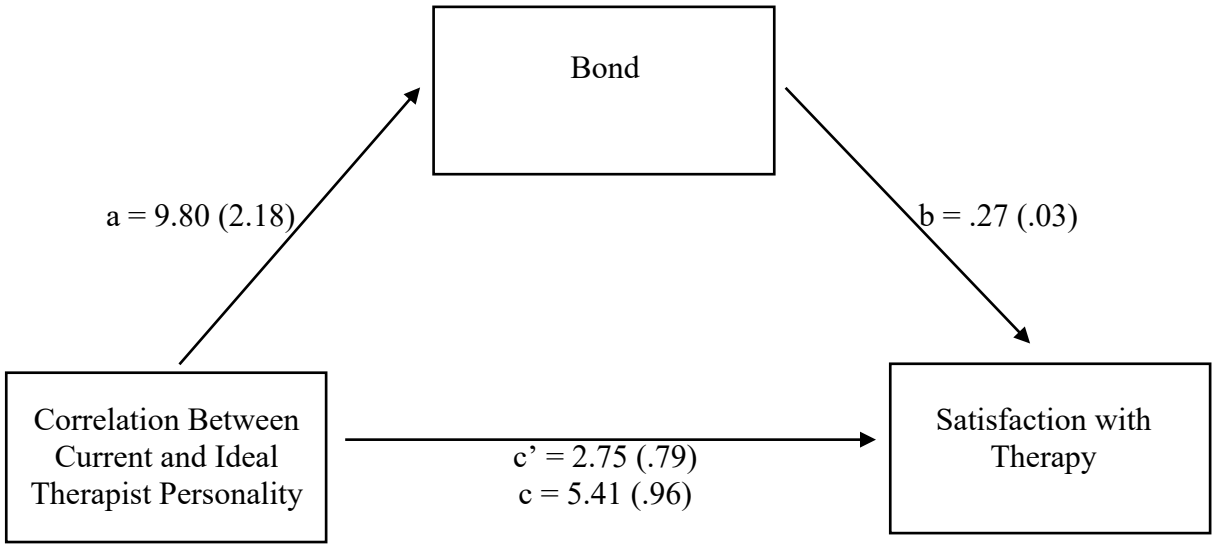

Figure 3. Illustration of the relationship between Correlation Between Current and Ideal Therapist Personality, Bond, and Satisfaction with Therapy.

Fourth, we ran a mediational model with match between current and ideal therapist personality as the independent variable, STTS Satisfaction with the Therapist subscale as the dependent variable, and CALPAS Therapist Understanding and Involvement the as the mediator. Taken together, the match between current and ideal therapist personality and therapist understanding and involvement predicted 21.1% of variance in satisfaction with the therapist (R = .46, $F(2, 220) = 29.41$, $p < .001$). A significant indirect effect (ab path) from current/ideal match to therapist understanding and involvement to satisfaction with the therapist was found, *effect* = .94, 95% $CI_{\text{bias corrected}}$ [.30, 1.88]. However, even with the indirect path in the model, the direct effect (c' path) from current/ideal match to satisfaction with the therapist scores was still significant, *effect* = 5.22, 95% $CI_{\text{bias corrected}}$ [3.33, 7.13]. Specifically, the indirect effect explained 15.86% of the variance in the model. A diagram of the mediation results is provided in Figure 4.

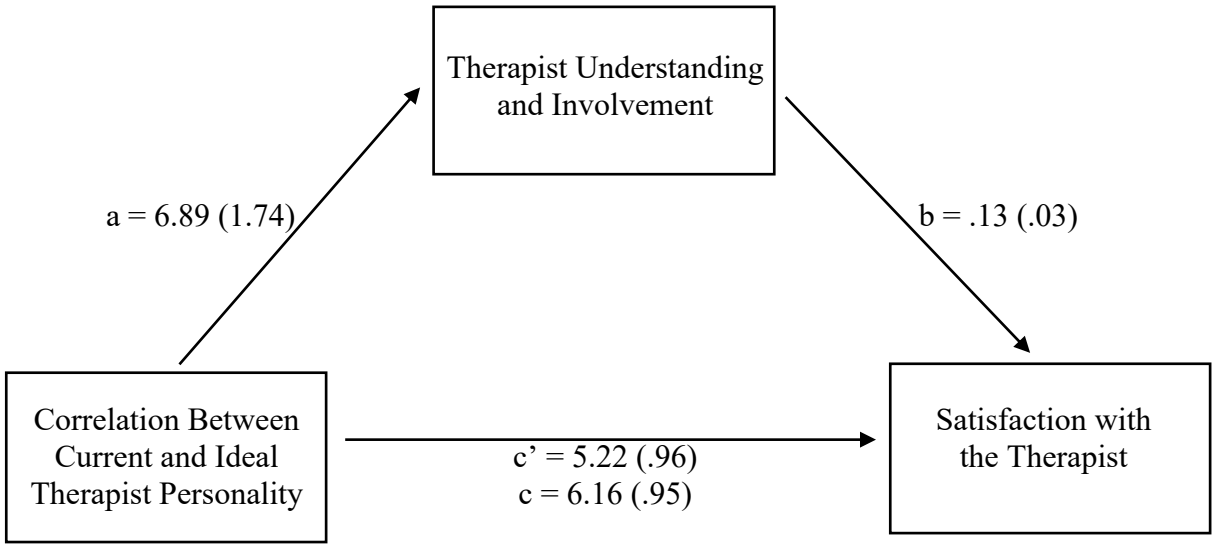

Figure 4. Illustration of the relationship between Correlation Between Current and Ideal Therapist Personality, Therapist Understanding and Involvement, and Satisfaction with the Therapist.

Fifth, we ran a mediational model with CALPAS Working Strategy Consensus subscale the as the mediator. Taken together, the match between current and ideal therapist personality and working strategy consensus predicted 23.88% of variance in satisfaction with the therapist (R = .49, $F(2, 220) = 34.51$, $p < .001$). Again, a significant indirect effect (ab path) from current/ideal match to working strategy consensus to satisfaction with the therapist was found, *effect* = 1.29, 95% $CI_{\text{bias corrected}}$ [.56, 2.29]. However, again, even with the indirect path in the model, the direct effect (c' path) was still significant, *effect* = 4.86, 95% $CI_{\text{bias corrected}}$ [2.99, 6.74]. Similar to the fourth model, the indirect effect explained 15.86% of the variance in the model. A diagram of the mediation results is provided in Figure 5.

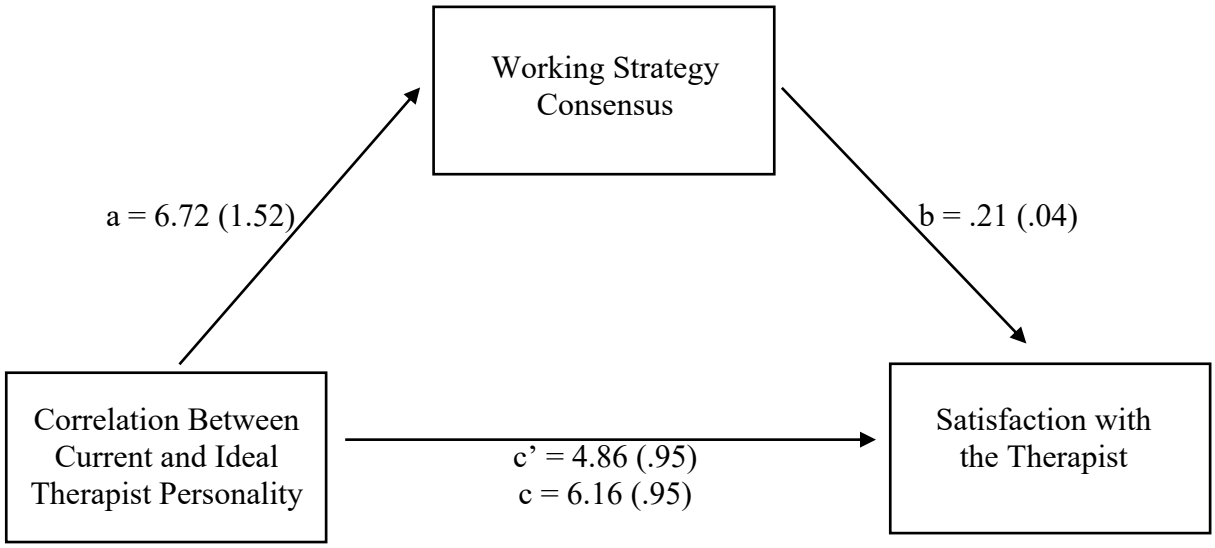

Figure 5. Illustration of the relationship between Correlation Between Current and Ideal Therapist Personality, Working Strategy Consensus, and Satisfaction with the Therapist.

Sixth, we ran a mediational model with the WAI bond subscale the as the mediator. Taken together, the match between current and ideal therapist personality and bond predicted 53.55% of variance in satisfaction with the therapist (R = .73, $F(2, 220) = 134.33$, $p < .001$). Again, a significant indirect effect (ab path) was found, *effect* = 3.10, 95% $CI_{\text{bias corrected}}$ [1.57, 4.91]. However, again, even with the indirect path in the model, the direct effect (c' path) was still significant, *effect* = 3.17, 95% $CI_{\text{bias corrected}}$ [1.63, 4.71]. Specifically, the indirect effect explained 13.95% of the variance in the model. A diagram of the mediation results is provided in Figure 6.

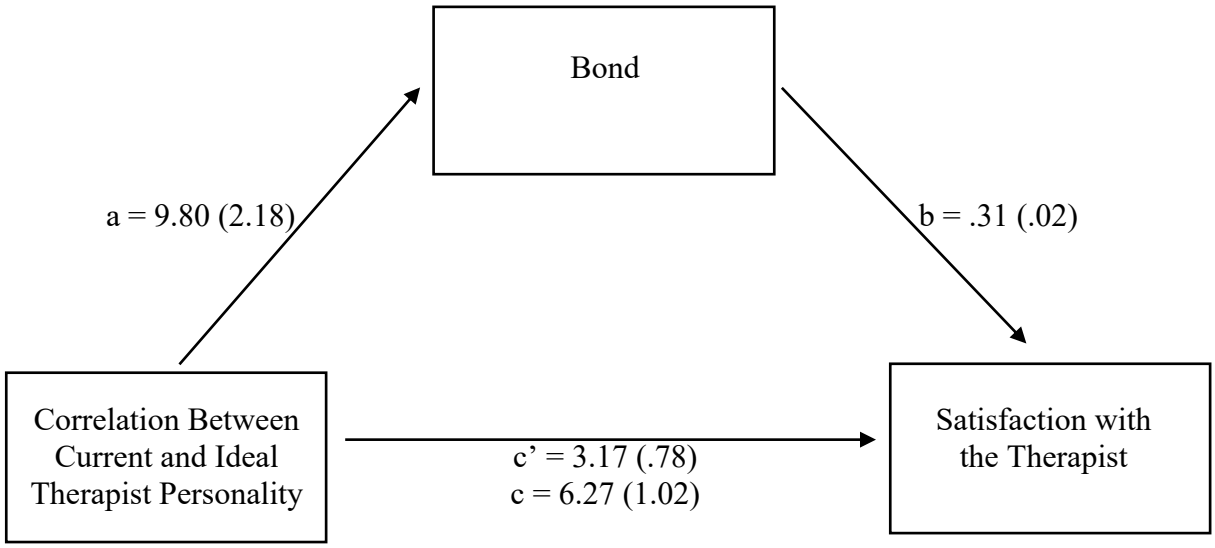

Figure 6. Illustration of the relationship between Correlation Between Current and Ideal Therapist Personality, Bond, and Satisfaction with the Therapist.

Chapter IV: Discussion

The purpose of the current study was to come to a better understanding of clients' preferences for therapist personality traits and examine how preference matching relates to other psychotherapy process (i.e., collaboration and bond) and outcome (satisfaction with therapy and therapist) variables. While previous studies have found that preference matching for therapist characteristics improves outcomes (Swift et al., 2018), that preference accommodation for therapist personality is associated with the number of therapy sessions attended and the therapeutic alliance (Russell et al., 2020), and that clients do have specific preferences for therapist personality (Anestis et al., 2020), they have not examined the self-esteem and self-personality as predictors of personality preferences for a therapist or the relationship between preference matching and the therapeutic alliance domains of the bond and collaboration.

In hypothesis one, we predicted that clients' preferred therapist personality traits would be positively correlated with their perceptions of their own personality traits. Further, we hypothesized that the degree of match between self-personality and the ideal therapist's personality would be significantly related to the client's level of reported self-esteem. In testing this hypothesis, we found that the clients' perceptions of their own extraversion were not significantly related to their desires for extraversion in their ideal therapists; however, clients' levels of agreeableness, conscientiousness, and negative-emotionality were all significantly and positively correlated with their preferences for their ideal therapists to possess these same characteristics. Specifically, higher scores for participants on each of these subscales were associated with preferences for their ideal therapists to be higher in these same traits, and lower scores for participants on each of these subscales were associated with preferences for their ideal therapists to be lower in these same traits. Interestingly, open-mindedness was significantly

negatively correlated between the client and their ideal therapist, meaning that as participants rated themselves as higher on this trait, they rated that they would like their ideal therapist to be lower on this trait and vice versa.

Much of what we found fits well with previous research on matching between client's and ideal therapist's personality from Russel and colleagues (2020), as well as Anestis and colleagues (2020). Similar to both studies, we found that clients seem to prefer a therapist who is high in agreeableness and conscientiousness. In thinking about what goes into important therapeutic factors, like the alliance, which involves "an agreement on goals, an assignment of tasks or a series of tasks, and the development of bonds" (Bourdin, 1979, p. 253), it is unsurprising that clients who are agreeable would also want to seek out a therapist who was similarly agreeable. Clients who are agreeable are not likely wanting to seek out a therapist to speak to who will be contentious with them in a vulnerable setting, whereas less agreeable individuals might be more open to that. Additionally, conscientious clients prefer someone who is similarly conscientious, which may also be due to a level of comfort and professionalism which would be expected of a therapist, especially by someone who is conscientious. In contrast, clients who are less conscientious (e.g., missing an appointment or showing up late), they may not mind so much if their therapists also display less conscientious behavior (e.g., forgetting past session content). The results from this study also confirmed the finding of Anestis and colleagues (2020) that those participants who were higher in negative-emotionality (labeled as neuroticism in the Anestis paper) also seemed to prefer a therapist who was higher in negative-emotionality. These behaviors may include being worried, or being easily emotional or upset for their client.

Unlike Anestis and colleagues (2020) and Russell and colleagues (2020), both of which found that clients largely preferred a therapist who is, like themselves, extraverted, we did not

find that this trait was significantly correlated between participants and their ideal therapists. As will be discussed later, we did find that those who are currently seeing a therapist who is perceived as being higher in extraversion also rated their ideal therapist as being higher in extraversion. Further, this trait was on average rated relatively high in the preferred characteristics. So, this may be a trait that participants seek out and like to see in a therapist, but do not see much of it in themselves. Additionally, we found that there was a negative correlation for open-mindedness between the participant and their ideal therapist. This finding is not in line with what was previously found by Russell and colleagues (2020) that clients generally preferred a therapist who was open-minded. This could be due to our sample preferring a therapist who is not considered "creative" or "original" like themselves but instead someone who is professional and straightforward, or preferring a therapist who is "creative" or "original" when they are professional and straightforward.

Similar to what was found by Anestis and colleagues (2020), clients seem to prefer a therapist who, largely, has similar personality traits to their own. This is demonstrated by the moderate average correlation (r = .39) in personality scores across the sample. As was said previously, being paired with a therapist who is similar to themselves may help a client to feel comfortable with their therapist. They may feel that the therapist is more predictable if their personality is similar to their own. Previous studies have shown that we tend to find people who are familiar to be more likeable (Moreland & Zajonc, 1982), and so this may play a part in our participants selection of characteristics for their ideal therapist.

Additionally, we examined whether clients' self-esteem was related to the degree of personality matching between the client and their ideal therapist. We found that self-esteem was not significantly correlated with the match score, which did not fit with our prediction. This

could be due to clients not feeling that they are seeking someone similar to themselves, but rather someone with whom they feel like they could get along. Russell and colleagues (2020) found that clients preferred a therapist who was similar in personality to a close friend with whom they had a good relationship, and so our finding could fit with this idea. Another potential factor for this finding could be that participants do not consider what they like about themselves in seeking out a potential therapist. Rather, they may just seek out a therapist who seems trustworthy or professional.

For hypothesis two, we predicted that greater congruence in personality traits between a client's ideal therapist and their current therapist would predict stronger ratings of the therapeutic bond and stronger ratings of collaboration in the relationship. We found that all five traits were significantly positively correlated between the clients' current and ideal therapist. So, if a client's current therapist was reported as being high on extraversion, agreeableness, conscientiousness, open-mindedness, and negative-emotionality, they also reported wanting a therapist who was similarly high on those traits, and vice-versa. All of these correlations were fairly large. Also, the average correlation in discrepancy scores across items was large ($r = .61$). These results fit well with previous work done by Hartlage and Sperr (1980) in which they found that there was a high congruence between the personality of their participants' current and ideal therapists. Similarly, Russell et al. (2020) found a high level of congruence between the current and preferred therapist's personality traits. It is important to note that the direction of these variables is unknown. It could be that therapists are good at picking up clients' preferences and matching those to some degree. It could also be that clients base their preferences off of their current therapist, either due to satisfaction or familiarity with the therapist. In fact, Shiv and Huber (2000) found that anticipated satisfaction causes changes in people's choices. Perhaps the

participants perceived a high amount of satisfaction in the future with their current therapist and therefore would select them again. It is also important to note that we assessed client's perceptions of their current therapist's personality. Given a high level of satisfaction, clients may perceive what they would like to see in their current therapists, rather than what is actually there.

The congruence between current and ideal therapist personality was also positively correlated with both subscales of the CALPAS used to measure collaboration, as well as the WAI subscale measure of the therapeutic bond. In other words, higher congruence ratings between the current and ideal therapist personality were associated with more positive ratings of a connection (i.e., collaboration and the bond) with the therapist. This finding fits with previous literature on preference accommodation (Hartlage & Sperr, 1980; Swift et al., 2018), indicating that preference accommodation for therapist characteristics improves clients' experience in therapy. It also fits with the findings of Russell et al. (2020) which indicated that clients who experienced a greater congruence between their current and ideal therapist attended a greater number of sessions and rated the overall therapeutic alliance more highly. Clients may feel that a therapist who is closer in personality to their ideal is easier to get along with and they are therefore more open to collaborating and forming a bond with this therapist. Or it could be that a high level of collaboration and bond in the relationship leads to a client liking and having a preference for a therapist who is similar to their current provider. Inversely, a client who experienced less congruence between their current and ideal therapist also rated collaboration and the bond as lower, indicating that these clients perhaps felt it was more difficult to form a bond or collaborate with their current therapist due to the lack of congruence.

For hypothesis three, we predicted that the relationship between congruence in personality traits between a client's ideal therapist and their current therapist and the client's

satisfaction with their treatment as well as their therapist would be mediated by the strength of the therapeutic bond and by the strength of two dimensions of collaboration in psychotherapy. All six of the models tested were significant. These results build on what was found by Hartlage and Sperr (1980), that clients tended to be highly satisfied with therapy and their therapist, and that clients reported a high congruence between their current and ideal therapist, although they did not compare these two pieces directly. We have found that greater congruence is highly related to satisfaction both with the therapist and with therapy. Additionally, the fact that collaboration partially mediated this relationship fits well with the findings of Russell and colleagues (2020) that congruence in personality between an current and ideal therapist was associated with greater ratings of the therapeutic alliance, of which collaboration is a part. Clients whose therapist has a personality that matches with their ideal may feel that it is easier to engage with their therapist and so are also more likely to feel that therapy is working for them. It also fits well with the findings of Swift et al. (2018) that clients whose preferences are accommodated are less likely to drop out of treatment (which is a sign of engagement) and have better outcomes. As collaboration has been linked with better outcomes in psychotherapy as well (Tryon et al., 2018; Kazantizis & Kellis, 2012), clients likely feel greater satisfaction with therapy due to their own improvements during treatment. Additionally, the personality congruence between their ideal and current therapist could be more satisfying to clients due to feeling that they are more connected to, or trusting of, their therapist. Further, the greater preference accommodation for therapist personality may make clients feel that they chose their therapist well and so they are more trusting and bonded to that person. This could make them feel that they are happier with the treatment they are receiving, and that bond would likely make them feel much more satisfied with their therapist as well.

Limitations of the Study

The current study has some limitations which should be considered when interpreting the results. First, our sample may have some issues with generalizability. The data in our study was pulled from mostly male identifying participants, though it was still quite close to half. As women, transgender, and gender non-conforming persons tend to participate in therapy at much higher rates than men (Rutter et al., 2016), we may not be fully capturing important parts of the therapeutic experience, as well as preferences that are held by the majority of persons who seek out therapeutic services. Some results already suggest that preferences for therapist personality (DeGeorge et al., 2013) and even treatment outcomes in psychotherapy differ for men and women (Ogrodniczuk, 2004). Thus, different personality style and different impacts of the personality match might be seen in other samples. In the future, it may be helpful to purposefully sample for specific gender identities in order to gather data that is more applicable and more representative of the number of women, transgender and gender non-conforming persons in therapy. Relatedly, the current sample tended to be well-educated and have a high annual household income. This is important, as it has been found that lower income individuals tend to leave therapy due to feeling that therapy was unhelpful (Westmacott & Hunsley, 2010). Additionally, the alliance is more important in preventing premature dropout in psychotherapy for those who are lower income (Sharf et al., 2010). This may be because they hold different preferences regarding their therapists that are not being met. Along with this, our sample was made up of mostly White participants. Very few People of Color participated in the study and so the sample that we gathered is not likely to be representative of the entire population. Again, different preferences have been documented for People of Color for other preference areas (Swift et al., 2015), thus, research on therapist personality preferences for People of Color is also

needed. Further, caution should be taken when attempting to generalize results to a non-White population as there may be diverse concerns for People of Color in psychotherapy (Helms & Cook, 1999).

Second, even though we piloted the data with a small group of participants (n = 20) prior to full data collection, there was still an error in the data collection process. Specifically, each mediational model only included a subsample of participants due to an error with the survey distribution on Qualtrics. Specifically, Qualtrics randomly assigned many participants to see only three of the following four measures: WAI-R, CALPAS, RSE, or STTS-R. Due to this error, only data from between 223 and 236 participants could be included in each of the mediation analyses, which was far less than the 311 participants that were hoped for with our power analyses. While the results were still robust given the large effects that were observed, it is unfortunate that a portion of the sample was excluded from each model. This error also led to a longer than expected data collection time as we had to go back and collect more data after the original planned sample size had been achieved.

Third, we used a different measure of therapist personality from what has been used in other studies on psychotherapy outcomes and personality matching. Although we believe that the measure we used was the best choice for our study, this difference limits the comparisons that can be made with existing studies. In fact, there is very little uniformity in personality measures across this part of the field. Russell et al. (2020) used Ten Item Personality Inventory (TIPI; Gosling et al., 2003), Hartlage and Sperr (1980) used a 128-item checklist of characteristics, and Anestis et al. (2020) used the Revised Interpersonal Adjective Scales – Big Five (IASR-B5; Trapnell & Wiggins, 1990) and the Modified Revised Interpersonal Adjective Scales – Big Five (M-IASR-B5; Trapnell & Wiggins, 1990). While none of these are poor measures, the

differences make it impossible to make mean comparisons across samples in the preferred personality traits. Still, comparisons can be made in the rank order of the preferred traits as well as the correlations with other psychotherapy process and outcome variables. Future studies in this area may benefit from utilizing a consistent measure of personality.

Fourth, due to gathering data via MTurk, there is a possibility that some of our participants have not actually been in therapy. While we screened for this as much as possible by ensuring that participants had to endorse psychotherapy use among a list of other activities without knowing the purpose of the study and by asking multiple times whether or not they were currently in therapy and for how long, there is still potential that this may not have fully excluded ineligible individuals who were just looking to complete any survey for compensation. Future studies could directly recruit from known client samples (e.g., clients from a university counseling center) in order to confirm the results of this study.

It should also be noted that we asked participants to make judgments about their own personality as well as the current therapist's personality. Some people may not be good judges of personality based on a number of qualities that they may or may not possess (Letzring, 2008). However, in this study, we chose to use clients as judges, as their perceptions of their therapist are likely to have the most impact on how they perceive their care. For example, a client may have a preference for an introverted therapist, and they may find one, but due to their perceptions of how the therapist acts, they feel that their therapist is, in fact, extroverted. This perception could cause them to feel that their preferences are not being met and lead to lower ratings of the alliance or an increased likelihood that they will drop out.

Future directions

There are a number of future directions for this area of research. It would first be important to conduct a very similar study that would expand on the participants that we were able to recruit. As stated above, additional efforts to recruit women, transgender, and gender non-conforming participants, as well as a greater number of participants of color would be beneficial. A future study could also seek out a greater number of participants who are seeking therapy from a therapist holding a master's degree. Future studies such as this could help to indicate whether preferences for an ideal therapist's personality are consistent across client types and settings.

Due to the finding that many participants seem to be working with a therapist currently who matches their idea of an ideal therapist, it would be important to understand whether or not clients have similar views of the personality traits they would prefer before and after starting therapy. It is possible that clients like their current therapist and thus their ideal therapist is very similar. However, would they have had the same thoughts before working with their therapist? In order to test this, researchers would want to recruit clients before they begin therapy. Individuals could then be asked specifically for information regarding their preferences for their future clinician. After several sessions with their therapists, preferences could be reassessed to see if they had changed since they began therapy. Original and developed preferences could also be tested for their prediction of alliance scores, dropout, and outcomes. It is possible that clients who preferences shift to match their current therapist might be less likely to dropout and more likely to experience a positive alliance and outcome compared to clients whose preferences do not shift or even compared to clients whose preferences were matched right from the start of treatment.

The current study looked at only a few potential mediators for the effects of current and ideal therapist personality congruence on client satisfaction with therapy and their therapist. There are a number of factors that contribute to outcomes in psychotherapy and so it would be important to test some other factors as potential mediators to the relationship between these variables. For example, looking at the whole of the therapeutic alliance, rather than the collaboration and bond separately, as a potential mediator. Also, the experience of the therapist as non-judgmental, empathic, warm, and congruent, all of which have been linked to treatment outcomes (Norcross & Lambert, 2018). Additionally, future studies could examine the role of potential demographic moderators, such as age, gender, income, and race/ethnicity, or the match between clients and therapists in these demographic variables. Perhaps a personality match is less important when a demographic match is present.

Further, the current study collected data only from the perspective of the client. A future study could expand on the information from this study by also gathering information from the participants' therapists. This would allow for more accurate demographic and professional information about the therapists, as well as insight into potential differences in the ways that clients and therapists view personality traits and their importance. This study would involve not only asking clients to rate the personality of themselves and their current and ideal therapist, but would also ask their current therapists to rate their own personalities, the personality of their client, what they believe clients are looking for from a therapist, as well as the personality of their ideal client. Information about satisfaction and the therapeutic alliance could also be gathered from both clients and therapists. Their answers could then be compared to see if therapists and clients have the same ideas about personality in therapy. Preferences matching for

current/ideal therapist and current/ideal client could also be compared to see which shows the strongest relationship with the development of collaboration and the therapeutic bond.

Future research could also expand on the present study by looking specifically at the traits of negative-emotionality and open-mindedness. Our study found that clients high in negative-emotionality tended to also want a therapist who was high in negative-emotionality, a trait that is not commonly associated with therapists. Additionally, we found that those who were high in the trait of open-mindedness wanted a therapist who was low in this trait. This was a result that was surprising and could not quite be explained. A future study could follow up specifically with those who rate their ideal therapist as being high in negative emotionality and low open-mindedness. Qualitative questions could then be asked to gain a better understanding of the preferences that they hold, including what specific traits are most appealing to them, and why they might consider those traits important and preferential.

Lastly, future studies should examine the outcome impacts of therapist personality preference matching. To date, the existing studies have focused on the relationship of a match with the therapeutic alliance and satisfaction. However, it is important to also ask what leads to client recovery. Given the results of this study and the fact that the therapeutic alliance is linked to client outcomes (Fluckiger et al., 2018) one might hypothesize that preference matching might be as well. However, some clients may need a therapist who is very different from them or one that may not match preferences so that they can be pushed in treatment and have new experiences in order to change. In addition, experimental research is needed to identify the causal nature of these variables. Clients could be asked to state their preferences and then be randomized to a therapist who either closely matches those preferences or one who definitely

does not. Assessments of the alliance, dropout, and outcomes would then identify the actual impact that preference matching has on these variables.

Clinical Implications

In this study we found further evidence that clients do seem to have preferences about specific therapist personality characteristics and that matching those preferences is associated with stronger collaboration, a more solid bond, and greater satisfaction with the therapist and treatment. The findings of this study help us to better understand the dynamics that personality plays in therapy between the client and the therapist and also give us information about what clients tend to prefer. There are several ways that we could begin to apply this information to clinical work.

First, the results of our study may provide an argument for using personality testing in treatment planning for new clients. As several parts of a client's own personality (agreeableness, conscientiousness, negative-emotionality) are associated with what a client desires in a therapist's personality, it would be helpful for therapists to be aware of this as they are initiating treatment with a client. Thus, in addition to directly asking about preferences, information gleaned from the personality assessment will not only help with understanding potential areas of interpersonal difficulty for the client, but also help the therapist to understand what the client may be seeking from them. Additionally, it may help clinicians to be more aware of areas where they and the client may clash and may give an opportunity for the clinician to address any potential issues that would be associated with a personality preference not being accommodated. Specifically, it may be helpful for the therapist to address early on a potential desire for high negative-emotionality from clients who are high in negative-emotionality. In this way, the therapist can better understand and address the desires of their client without displaying

characteristics that may be unhelpful, or disingenuous. If differences in what the client desires from their therapist and what the therapist can provide are addressed early on, this may help the client to feel more listened to, and comfortable that their therapist understands their needs.

Given the congruence between the results of our study and the studies of Russell et al. (2020) and Anestis et al. (2020) for preference for therapists high in agreeableness and conscientiousness, it may be helpful for clinicians to focus efforts on displaying behaviors associated with these traits. For example, to display conscientiousness, therapists may want to strive to always be punctual, to remember details about their clients' lives and previous sessions, and display note-taking to clients. To display agreeableness, therapists could express more compassion toward their clients, assume that their client has good intentions, and act in a polite manner. While it could be argued that a therapist changing their personality to suit the desires of their client might contribute to a lack of genuineness and congruence for the therapist, these small displays of conscientiousness and agreeableness are likely to fit well with what might be expected of any professional, and so are not likely to feel disingenuous or incongruent to clients. Supervisors of new clinicians could help guide trainees in developing greater skills in demonstrating these two traits in particular, either through didactic training, role plays, or live supervision. Students who have difficulty displaying these qualities may benefit from more support in supervision to better understand the specific areas in which they can incorporate displays of these qualities. It may be important for counseling and therapy training programs to emphasize that students should try to display these qualities that are consistent with being high in conscientiousness and agreeableness.

In developing certain skills associated with preferred personality types, it is important to note that while most clients preferred high levels of agreeableness and conscientiousness, others

actually wanted lower levels of those two variables. Indeed, no two clients are alike, and a variety of client preferences exists. The findings of this study indicated that matching of preferences, rather than having a specific set of personality traits, was associated with a strong alliance and satisfaction for clients. Thus, therapists should always assess preferences of the individual clients that they are working with and regularly check in on those preferences as well as the process of treatment. This type of regular check in is referred to Feedback-Informed-Treatment, which has been linked to positive treatment outcomes (Lambert et al., 2018; Miller et al., 2015).

Conclusions

Preference accommodation has been shown to be helpful in improving outcomes for clients in psychotherapy (Swift et al., 2018; Russell et al., 2020). In the current study we aimed to better understand clients' preferences for therapist personality traits and examine whether personality preference matching was associated with ratings of the therapeutic bond, collaboration, and client satisfaction in psychotherapy. We examined this aim by surveying 330 current psychotherapy clients about their own personality, the personalities of their current and ideal therapist, as well as asking about the collaboration and bond that they experience in therapy and their level of satisfaction with therapy and the current therapist. From this we found that clients prefer therapists who are similar to them in agreeableness, conscientiousness, and negative-emotionality, but dissimilar to them in open-mindedness. The relationship between clients wanting a therapist closer to themselves in personality did not seem to be associated with the client's experience of self-esteem. We also found that clients' current therapists seem to match well with their preferences for an ideal therapist and the greater the degree of this match, the higher participants rated the quality of collaboration and the bond in the therapeutic

relationship. Lastly, we found that both collaboration and the bond partially mediated the relationships between the congruence of clients' current and ideal therapist personality and their satisfaction with therapy and with their therapist.

The findings from the current study suggest that clients do desire therapists who have some similar personality traits to their own but are also looking for traits that they do not possess. The current therapists of our participants seem to match well in personality to the participants' ideal, and so it seems that preference accommodation for personality traits may already be quite high. These findings also suggest that preference accommodation for personality is not the only thing that clients take into account when they are considering their satisfaction with therapy and their therapist. Collaboration and the therapeutic bond both also contribute to clients' satisfaction.

References

American Psychological Association (2013). Recognition of psychotherapy effectiveness. *Psychotherapy*, *50*(1), 102– 109. https://doi.org/10.1037/a0030276

Anestis, J. C., Rodriguez, T. R., Preston, O. C., Harrop, T. M., Arnau, R. C., & Finn, J. A. (2020). Personality assessment and psychotherapy preferences: congruence between client personality and therapist personality preferences. *Journal of Personality Assessment*, *103*(1) 1-11. https://doi.org/10.1080/00223891.2020.1757459

Bachelor, A., Laverdière, O., Gamache, D., & Bordeleau, V. (2007). Clients' collaboration in therapy: Self-perceptions and relationships with client psychological functioning, interpersonal relations, and motivation. *Psychotherapy: Theory, Research, Practice, Training, 44*(2), 175–192. https://doi.org/10.1037/0033-3204.44.2.175

Barnett, V., & Lewis, T. (1978). *Outliers in statistical data.* New York: Wiley.

Bordin, E. S. (1979). The generalizability of the psychoanalytic concept of the working alliance. *Psychotherapy: Theory, Research & Practice, 16*(3), 252-260. https://doi.org/10.1037/h0085885

Bucher, M. A., Suzuki, T., & Samuel, D. B. (2019). A meta-analytic review of personality traits and their associations with mental health treatment outcomes. *Clinical Psychology Review*, *70*(1), 51-63. https://doi.org/10.1016/j.cpr.2019.04.002

Cecero, J. J., Fenton, L. R., Frankforter, T. L., Nich, C., & Carroll, K. M. (2001). Focus on therapeutic alliance: The psychometric properties of six measures across three treatments. *Psychotherapy: Theory, Research, Practice, Training, 38*(1), 1–11. https://doi.org/10.1037/0033-3204.38.1.1

DeGeorge, J., Constantino, M. J., Greenberg, R. P., Swift, J. K., & Smith-Hansen, L. (2013). Sex differences in college students' preferences for an ideal psychotherapist. *Professional Psychology: Research and Practice*, 44(1), 29–36. https://doi.org/10.1037/a0029299

Donnellan, M. B., Trzesniewski, K. H., & Robins, R. W. (2015). Measures of self-esteem. In G. J. Boyle, D. H. Saklofske, & G. Matthews (Eds.), *Measures of personality and social psychological constructs* (pp. 131– 157). Elsevier. https://doi.org/10.1016/B978-0-12-386915-9.00006-1

Duncan, B. L., Miller, S. D., Sparks, J. A., Claud, D. A., Reynolds, L. R., Brown, J. & Johnson, L. D. (2003). The session rating scale: preliminary psychometric properties of a "working" alliance measure. *Journal of Brief Therapy, 3*(1), 3-12. Retrieved from https://www.scottdmiller.com/wp-content/uploads/documents/SessionRatingScale-JBTv3n1.pdf

Eubanks-Carter, C., Muran, J. C., & Safran, J. D. (2010). Alliance ruptures and resolution. In J. C. Muran & J. P. Barber (Eds.), *The therapeutic alliance: An evidence-based guide to practice* (p. 74–94). The Guilford Press.

Eubanks, C. F., Muran, J. C., & Safran, J. D. (2018). Alliance rupture repair: A meta-analysis. *Psychotherapy, 55*(4), 508–519. https://doi.org/10.1037/pst0000185

Flückiger, C., Del Re, A. C., Wampold, B. E., & Horvath, A. O. (2018). The alliance in adult psychotherapy: A meta-analytic synthesis. *Psychotherapy, 55*(4), 316-340. http://dx.doi.org/10.1037/pst0000172

Gaston, L. (1991). Reliability and criterion-related validity of the California Psychotherapy Alliance Scales—patient version. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 3*(1), 68–74. https://doi.org/10.1037/1040-3590.3.1.68

Gaston, L., & Marmar, C. R. (1991). The California Psychotherapy Alliance Scales. In Horvath, A. O., & Greenberg, L. S. (Eds.), *The Working Alliance: Theory, research, and practice* (pp. 85–108). John Wiley & Sons.

Gosling, S. D., Rentfrow, P. J., & Swann Jr, W. B. (2003). A very brief measure of the big-five personality domains. *Journal of Research in Personality*, *37*(6), 504-528. https://doi.org/10.1016/S0092-6566(03)00046-1

Greenspan, M., & Kulish, N. M. (1985). Factors in premature termination in long-term psychotherapy. *Psychotherapy: Theory, Research, Practice, Training, 22*(1), 75–82. https://doi.org/10.1037/h0088529

Hamilton, S., Moore, A. M., Crane, D. R., & Payne, S. H. (2011). Psychotherapy dropouts: Differences by modality, license, and DSM-IV diagnosis. *Journal of Marital and Family Therapy*, 37(3), 333-343. https://doi.org/10.1111/j.1752-0606.2010.00204.x

Hartlage, L. C., & Sperr, E. V. (1980). Patient preferences with regard to ideal therapist characteristics. *Journal of Clinical Psychology*, *36*(1), 288-291. https://doi.org/10.1002/1097-4679(198001)36:1<288::aid-jclp2270360138>3.0.co;2-n

Hatcher, R. L. & Gillaspy, J. A. (2006). Development and validation of a revised short version of the Working Alliance Inventory. *Psychotherapy Research*, *16*(1), 12-25. https://doi.org/10.1080/10503300500352500

Helms, J. E., & Cook, D. A. (1999). Using race and culture in counseling and psychotherapy: Theory and process. Allyn & Bacon.

Hendrick, S. S. (1988). A generic measure of relationship satisfaction. *Journal of Marriage and the Family, 50*(1), 93-98. https://doi.org/10.2307/352430

Horvath, A. O., Greenberg, L. S. (1989). Development and validation of the Working Alliance Inventory. *Journal of Counseling Psychology*, *36*(1), 223–233. https://doi.org/10.1037/0022-0167.36.2.223

Iacoviello, B. M., McCarthy, K. S., Barrett, M. S., Rynn, M., Gallop, R., & Barber, J. P. (2007). Treatment preferences affect the therapeutic alliance: Implications for randomized controlled trials. *Journal of Consulting and Clinical Psychology*, *75*(1), 194. https://doi.org/10.1037/0022-006X.75.1.194

Kazantzis, N. & Kellis, E. (2012). A special feature on collaboration in psychotherapy. *Journal of Clinical Psychology, 68*(2), 133-135. https://doi.org/10.1002/jclp.21837

Lambert, M. J. (2013). Outcome in psychotherapy: The past and important advances. *Psychotherapy, 50*(1), 42–51. https://doi.org/10.1037/a0030682

Laska, K. M., Gurman, A. S., & Wampold, B. E. (2014). Expanding the lens of evidence-based practice in psychotherapy: A common factors perspective. *Psychotherapy, 51*(4), 467–481. https://doi.org/10.1037/a0034332

Letzring, T. D. (2008). The good judge of personality: Characteristics, behaviors, and observer accuracy. *Journal of Research in Personality*, 42(4), 914-932. https://doi.org/10.1016/j.jrp.2007.12.003

Lindhiem, O., Bennett, C. B., Trentacosta, C. J., & McLear, C. (2014). Client preferences affect treatment satisfaction, completion, and clinical outcome: A meta-analysis. *Clinical Psychology Review*, *34*(6), 506-517. https://doi.org/10.1016/j.cpr.2014.06.002

Marmar, C. R., Weiss, D. S., & Gaston, L. (1989). Toward the validation of the California Therapeutic Alliance Rating System. *Psychological Assessment: A Journal of Consulting and Clinical Psychology, 1*(1), 46–52. https://doi.org/10.1037/1040-3590.1.1.46

Messer, S. B., & Wampold, B. E. (2006). Let's face facts: common factors are more potent than specific therapy ingredients. *Clinical Psychology Science and Practice, 9*(1), 21-25. https://doi.org/10.1093/clipsy.9.1.21

Moreland, R. L., & Zajonc, R. B. (1982). Exposure effects in person perception: Familiarity, similarity, and attraction. *Journal of Experimental Social Psychology*, 18(5), 395-415. https://doi.org/10.1016/0022-1031(82)90062-2

Munder, T, Wilmers, F, Leonhart, R, Linster, H. W., & Barth, J. (2010). Working Alliance Inventory-Short Revised (WAI-SR): Psychometric properties in outpatients and inpatients. *Clinical Psychology and Psychotherapy, 17*(3), 231-239. https://doi.org/10.1002/cpp.658

Norcross, J. C., & Lambert, M. J. (2018). Psychotherapy relationships that work III. *Psychotherapy, 55*(4), 303–315. https://doi.org/10.1037/pst0000193

Norcross, J. C., & Wampold, B. E. (2018). A new therapy for each patient: Evidence-based relationships and responsiveness. *Journal of Clinical Psychology, 74*(11), 1889–1906. https://doi.org/10.1002/jclp.22678

Oei, T. P., & Shuttlewood, G. J. (1999). Development of a satisfaction with therapy and therapist scale. *Australian & New Zealand Journal of Psychiatry*, *33*(5), 748-753. https://doi.org/10.1080/j.1440-1614.1999.00628.x

Oei, T. P. S., & Green, A. L. (2008). The Satisfaction with Therapy and Therapist Scale--Revised (STTS-R) for group psychotherapy: Psychometric properties and confirmatory factor analysis. *Professional Psychology: Research and Practice, 39*(4), 435–442. https://doi.org/10.1037/0735-7028.39.4.435

Ogrodniczuk, J. S. (2006). Men, women, and their outcome in psychotherapy. *Psychotherapy Research*, 16(4), 453-462. https://doi.org/10.1080/10503300600590702

Preacher, K. J., & Hayes, A. F. (2008). Asymptotic and resampling strategies for assessing and comparing indirect effects in multiple mediator models. *Behavior Research Methods*, *40*(3), 879-891. https://doi.org/10.3758/brm.40.3.879

Rammstedt, B., Danner, D., Soto, C. J., & John, O. P. (2018). Validation of the short and extra-short forms of the Big Five Inventory-2 (BFI-2) and their German adaptations. *European Journal of Psychological Assessment 36*(1), 149-161. https://doi.org/10.1027/1015-5759/a000481

Rosenberg, M. (1965). Society and the adolescent self-image. Princeton, NJ: Princeton University Press.

Rosenberg, M. (1979). *Conceiving the Self*. New York: Basic Books.

Rutter, T. M., Flentje, A., Dilley, J. W., Barakat, S., Liu, N. H., Gross, M. S., Muñoz, R. F., & Leykin, Y. (2016). Sexual orientation and treatment-seeking for depression in a multilingual worldwide sample. *Journal of Affective Disorders, 206*, 87–93. https://doi.org/10.1016/j.jad.2016.07.003

Russell, K. A., Swift, J. K., Penix, E. A., & Whipple, J. L. (2020). Client preferences for the personality characteristics of an ideal therapist. *Counselling Psychology Quarterly 33*(1), 1-17. https://doi.org/10.1080/09515070.2020.1733492

Safran, J. D., & Muran, J.C. (2000). Resolving therapeutic alliance ruptures: Diversity and integration. *Journal of Clinical Psychology, 56*(2), 233-243. https://doi.org/10.1002/(SICI)1097-4679(200002)56:2<233::AID-JCLP9>3.0.CO;2-3

Sharf, J., Primavera, L. H., & Diener, M. J. (2010). Dropout and therapeutic alliance: A meta-analysis of adult individual psychotherapy. *Psychotherapy: Theory, Research, Practice, Training*, 47(4), 637–645. https://doi.org/10.1037/a0021175

Shiv, B., & Huber, J. (2000). The impact of anticipating satisfaction on consumer choice. *Journal of Consumer Research*, 27(2), 202-216. https://doi.org/10.1086/314320

Soto, C. J., & John, O. P. (2017). Short and extra-short forms of the Big Five Inventory–2: The BFI-2-S and BFI-2-XS. *Journal of Research in Personality*, *68*(1), 69-81. https://doi.org/10.1016/j.jrp.2017.02.004

Swift, J. K., Callahan, J. L., & Vollmer, B. M. (2011). Preferences. *Journal of Clinical Psychology*, *67*(2), 155– 165. https://doi.org/10.1002/jclp.20759

Swift, J. K., Callahan, J. L., Cooper, M., & Parkin, S. R. (2018). The impact of accommodating client preference in psychotherapy: A meta-analysis. *Journal of Clinical Psychology*, *74*(11), 1924-1937. https://doi.org/10.1002/jclp.22680

Trapnell, P. D., & Wiggins, J. S. (1990). Extension of the Interpersonal Adjective Scales to include Big Five dimensions of personality. *Journal of Personality and Social Psychology, 59*(4), 781–790. https://doi.org/10.1037/0022-3514.59.4.781

Trusty, W. T., Penix, E. A., Dimmick, A. A., & Swift, J. K. (2019). Shared decision-making in mental and behavioural health interventions. *Journal of Evaluation in Clinical Practice*, *25*(6), 1210-1216. https://doi.org/10.1111/jep.13255

Tryon, G. S., Birch, S. E., & Verkuilen, J. (2018). Meta-analyses of the relation of goal consensus and collaboration to psychotherapy outcome. *Psychotherapy, 55*(4), 372–383. https://doi.org/10.1037/pst0000170

Tryon, G. S., & Winograd, G. (2011). Goal consensus and collaboration. *Psychotherapy, 48*(1), 50–57. https://doi.org/10.1037/a0022061

Westmacott, R., & Hunsley, J. (2010). Reasons for terminating psychotherapy: A general population study. *Journal of Clinical Psychology*, 66(9), 965-977. https://doi.org/10.1002/jclp.20702

Windle, E., Tee, H., Sabitova, A., Jovanovic, N., Priebe, S., & Carr, C. (2020). Association of patient treatment preference with dropout and clinical outcomes in adult psychosocial mental health interventions: A systematic review and meta-analysis. *JAMA Psychiatry, 77*(3), 294-302. https://doi.org/10.1001/jamapsychiatry.2019.3750

Zilcha-Mano, S. (2017). Is the alliance really therapeutic? Revisiting this question in light of recent methodological advances. *American Psychologist, 72*(4), 311–325. https://doi.org/10.1037/a0040435

Zilcha-Mano, S., Shamay-Tsoory, S., Dolev-Amit, T., Zagoory-Sharon, O., & Feldman, R. (2020). Oxytocin as a biomarker of the formation of therapeutic alliance in psychotherapy and counseling psychology. *Journal of Counseling Psychology, 67*(4), 523–535. https://doi.org/10.1037/cou0000386

Appendix A

Demographic and Treatment History Questions

What is your age? (Write in option)							
How would you describe your race/ethnicity? (Write in option)							
How would you describe your gender? (Write in option)							
How would you describe your sexual orientation? (Write in option)							
What is the highest level of education you have attained?	Less than High School degree/ GED	High School degree /GED	Associate's degree / Professional degree	Bachelor's degree		Master's degree	Ph.D/ M.D./ D.O./ J.D. or equivalent
What is your current relationship status?	Single	Married	Divorced	Widowed	Separated	Cohabitating	Other (write in option)
What is your current household income? (estimated write in option)							
Are you currently in therapy?	Yes	No (If no, how long since your most recent appointment):					
What diagnosis best fits the reason for which you are seeking therapy?	Depres-sion	Anxiety	Psychosis	Substance use	Trauma / stress	Eating disorder	Bipolar	Other (write in option)
How would you describe the gender of your current/most recent therapist? (write in option)							
What would you guess is your current/most recent therapist's age? (write in option)							

What type of therapist did you most recently work with?	Psychologist	Counselor	Social Worker	Other (write in option)	Don't know

What degree does your current/most recent therapist have?	Ph.D.	Psy.D.	M.D.	M.S.	Other (write in option)	Don't know

How many sessions of therapy have you had in your current/most recent course of therapy? (write in option)

How well do you believe you know your current/most recent therapist?	Not at all	Not very well	Somewhat	Very well	Extremely well

Appendix B

Big Five Inventory 2 – Short Form

(This measure will be administered three times. One time it will be administered as stated below. Another time the prompt will read "My current/most recent therapist is someone who…" The remaining time it will read "My ideal therapist is someone who…")

Here are a number of characteristics that may or may not apply to you. For example, do you agree that you are someone who likes to spend time with others? Please write a number next to each statement to indicate the extent to which you agree or disagree with that statement.

I am someone who…	1 Disagree strongly	2 Disagree a little	3 Neutral; no opinion	4 Agree a little	5 Agree strongly
Tends to be quiet.					
Is compassionate, has a soft heart.					
Tends to be disorganized.					
Worries a lot.					
Is fascinated by art, music, or literature.					
Is dominant, acts as a leader.					
Is sometimes rude to others.					
Has difficulty getting started on tasks.					
Tends to feel depressed, blue.					
Has little interest in abstract ideas.					
Is full of energy.					
Assumes the best about people.					
Is reliable, can always be counted on.					
Is emotionally stable, not easily upset.					
Is original, comes up with new ideas.					
Is outgoing, sociable.					

Can be cold and uncaring.					
Keeps things neat and tidy.					
Is relaxed, handles stress well.					
Has few artistic interests.					
Prefers to have others take charge.					
Is respectful, treats others with respect.					
Is persistent, works until the task is finished.					
Feels secure, comfortable with self.					
Is complex, a deep thinker.					
Is less active than other people.					
Tends to find fault with others.					
Can be somewhat careless.					
Is temperamental, gets emotional easily.					
Has little creativity.					

Appendix C

The California Psychotherapy Alliance Scales (Therapist Understanding and Involvement and Working Strategy Consensus subscales)

Below is a list of questions that describe attitudes people might have about their therapy or therapist. Think about the session you just completed and decide the degree to which each question best describes your experience. Circle the number indicating your choice. Please answer each question.

	1 Not at all	2 A little bit	3 Somewhat	4 Moderately	5 Quite a bit	6 Quite a lot	7 Very much so
Did you feel pressured by your therapist to make changed before you were ready?							
Did your therapist's comments lead you to believe that your therapist placed his/her/their needs before yours?							
Did you feel accepted and respected by your therapist for who you are?							
Did you find your therapist's comments unhelpful, that is confusing, mistaken, or not really							

applying to you?							
Did you feel that you were working together with your therapist, that the two of you were joined in a struggle to overcome your problems?							
During this session, how dedicated was your therapist to helping you overcome your difficulties?							
Did you feel that you disagreed with your therapist about the kind of changed you would like to make in your therapy?							
Did you feel that your therapist understood what you hoped to get out of this session?							
Did the treatment you received in this session match with							

your ideas about what helps people in therapy?							
Did you feel you were working at cross purposed with your therapist, that you did not share the same sense of how to proceed so that you could get the help you want?							
How much did you disagree with your therapist about what issues were most important to work on during this session?							
How much did your therapist help you gain a deeper understanding of your problems?							

Appendix D

Rosenberg Self-Esteem Scales

Please record the appropriate answer for each item, depending on whether you Strongly agree, agree, disagree, or strongly disagree with it.

	1 Strongly agree	2 Agree	3 Disagree	4 Strongly disagree
On the whole, I am satisfied with myself.				
At times I think I am no good at all.				
I feel that I have a number of good qualities.				
I am able to do things as well as most other people.				
I feel 1do not have much to be proud of.				
I certainly feel useless at times.				
I feel that I'm a person of worth.				
I wish I could have more respect for myself.				
All in all, I am inclined to think that I am a failure.				
I take a positive attitude toward myself.				

Appendix E

The Satisfaction With Therapy and Therapist Scale—Revised

Please circle the number that best describes your opinion of your satisfaction with the therapy and therapist in the treatment attended/completed by you recently.

	1 Strongly disagree	2 Disagree	3 Neutral	4 Agree	5 Strongly agree
I am satisfied with the quality of the therapy I received					
The therapist listened to what I was trying to get across					
My needs were met by the program					
The therapist provided an adequate explanation regarding my therapy					
I would recommend the program to a friend					
The therapist was not negative or critical towards me					
I would return to the clinic if I needed help					
The therapist was friendly and warm towards me					
I am now able to deal more effectively with my problems					
I felt free to express myself					
I was able to focus on what was of real concern to me					
The therapist seemed to understand what I was thinking and feeling					

Appendix F

Working Alliance Inventory – Short Revised (Bond Subscale)

Below is a list of statements and questions about experiences people might have with their therapy or therapist. Some items refer directly to your therapist with an underlined space -- as you read the sentences, mentally insert the name of your therapist in place of _____ in the text. Think about your experience in therapy, and decide which category best describes your own experience. IMPORTANT!!! Please take your time to consider each question carefully.

	1 Seldom	2 Sometimes	3 Fairly often	4 Very often	5 Always
I believe ___likes me.					
___and I respect each other.					
I feel that ___ appreciates me.					
I feel _____ cares about me even when I do things that he/she does not approve of.					