

• International Forum

**Counselor and Client Predictors
of the Initial Working Alliance:
A Replication and Extension to
Taiwanese Client–Counselor Dyads**

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One mission of the International Forum section in The Counseling Psychologist is to increase the globalization of counseling psychology (Leong & Ponterotto, 2003). The goals of this study are in line with this mission: (a) to replicate U.S. counseling research on the working alliance to Taiwan by examining clients' perceptions of their counselors' credibility and (b) to extend the working-alliance literature by examining the role that counselors' problem-solving styles play in predicting the initial working alliance. Thirty-one counseling dyads from four counseling centers in Taiwan participated by completing inventories after their first counseling sessions. Results found that (a) clients' perceptions of their counselors' credibility and (b) counselors' perceptions of their problem-solving styles significantly predicted the client-rated, but not the counselor-rated, working alliance. Counseling implications and recommendations for future research are discussed.

Recently, there has been an increased awareness regarding the value of cross-cultural counseling research that replicates and extends U.S. findings to other countries and the culturally specific counseling approaches practiced in other countries and cultures (Leong & Ponterotto, 2003; Pedersen & Leong, 1997). Most counseling interventions were designed for White, middle-class populations in Western countries. Practitioners who use these westernized

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counseling strategies may not find them to be effective in building a good working alliance with clients from other cultures or countries. Therefore, it is important to conduct cross-cultural research to test whether U.S. findings (e.g., the factors related to the establishment of working alliance) can be generalized to other cultures and countries and to examine the culturally specific counseling approaches used in different countries. Also, with the increased migration of people to the United States, the findings from cross-cultural counseling research might enrich practitioners' treatment options so that they can tailor their interventions to fit different people in different social contexts in the United States (Pedersen & Leong, 1997; Rothbaum, Weisz, Pott, Miyake, & Morelli, 2000).

Bordin (1976) conceptualized the construct of the working alliance as consisting of three components: tasks, bonds, and goals. The working alliance has been viewed as having a central role in the counseling process (Orlinsky, Grawe, & Parks, 1994). Previous research has indicated that the establishment of a working alliance is related to successful counseling outcomes (see Frieswyk et al., 1986; Horvath & Symonds, 1991; Orlinsky et al., 1994), especially in the early stages of the counseling process (Gelso & Carter, 1985; Kokotovic & Tracey, 1990). In fact, the strongest evidence linking the counseling process to counseling outcomes pertains to research on the working alliance (Orlinsky et al., 1994). Given the important role of the working alliance in counseling, research on the working alliance might be an important area to examine with respect to generalizing U.S. findings to different cultures or countries. In the present study, we were especially interested in research on the working alliance in Taiwan. The Taiwanese Department of Health (2001) recently established a licensure law for counseling psychologists, which has led to an increased interest in counseling along with the best counseling practices for this country. First, we will briefly summarize the counseling research in Taiwan to establish the context for this study, and then, we will review the relevant working-alliance literature from Taiwan and the United States.

Jin (1998) identified 229 counseling-related studies between 1991 and 1998 in Taiwan. More than two thirds were topics related to counselor training, counseling process, career development and guidance, and counseling interventions. In terms of counseling-process research, P.-H. Chen and Tsai (1998) reported more than 50 studies between 1985 and 1998. Most researchers in this area used qualitative research methods and examined client experiences and the process of client change in counseling. We identified eight studies related to working alliance within this research (e.g., C.-F. Chen, 1995; Lin, 1997). Most of these authors also used qualitative research methods and interviewed small samples (e.g., 2 to 14 participants). They were particularly interested in examining the association between the work-

ing alliance and counselors' and clients' verbal response modes, following Hill's (1992) counseling-process model (e.g., C.-F. Chen, 1995; Lin, 1997). For example, C.-F. Chen (1995) reported that counselors frequently used the response modes of direct guidance, self-disclosure, approval-reassurance, and providing information when they reported a higher score on working alliance. Clients frequently used the response modes of experiencing, insight, and discussion of plans when they reported a higher score on working alliance.

In the United States, several research studies have been done on working alliance (e.g., Kokotovic & Tracey, 1990), but less so in Taiwan. Theorists suggest that both clients and counselors contribute to the quality of the working alliance in the United States (Moras & Strupp, 1982; Orlinsky et al., 1994). In terms of client variables as predictors, research has shown that the strength of the working alliance is related to the client's interpersonal relationships (Kokotovic & Tracey, 1990), the client's history of attachment (e.g., Diedan, Findley, & Kivlighan, 1990; Mallinckrodt, 1991; Mallinckrodt, Coble, & Gantt, 1995), the client-therapist agreement on expectations about counseling (Al-Darmarki & Kivlighan, 1993), and the client's role engagement, motivation, and expressiveness (see Orlinsky et al., 1994). Likewise, the strength of the working alliance was also associated with counselor flexibility (Kivlighan, Clements, Blake, Arnzen, & Brady, 1993), counselor experience levels (Mallinckrodt & Nelson, 1991), counselor credibility (Horvath & Greenberg, 1989), and counselors' being more challenging, thematically focused, and here-and-now oriented (Kivlighan & Schmitz, 1992).

In contrast to the above working-alliance research in the United States with predominately White samples, studies focusing on other race/ethnicities or cultures are quite limited. For example, Asian American clients have reported a stronger perceived working alliance when counselors focused on an immediate resolution to the problem (Kim, Li, & Liang, 2002). Also, White counselors' racial-identity attitude significantly predicted the building of a sound working alliance for African American and White clients (Burkard, 1997). However, African American clients' racial identity and their history of childhood abuse failed to significantly predict the building of the working alliance. Obviously, research findings (e.g., predictors of working alliance) from one ethnicity or culture may not generalize to another ethnicity or culture. In short, the generalization and the extension of working-alliance research and its predictions to different cultures or different ethnic groups are lacking. Therefore, our study sought to replicate previous U.S. research by specifically exploring the effects of perceived counselor credibility on the working alliance within Taiwanese clinical samples. Next, our study extended relevant research by examining the effect of counselors'

problem-solving styles on the working alliance. Results of the present study may diversify and extend the U.S. working-alliance literature and enrich practitioners' intervention tools so that they may tailor treatment for individuals from diverse populations.

In the United States, many researchers have noted the critical role of counselor credibility (often defined as clients' perceptions of their counselors' expertness, attractiveness, and trustworthiness) in the working alliance, counseling process, and outcome research (for a review, see Heppner & Claiborn, 1989; Hoyt, 1996). Counselor credibility has also been applied to different ethnic groups to identify culturally specific variables for minorities in the United States. For example, counselor credibility has been positively associated with counselor-client ethnicity match for Mexican Americans (Atkinson, Worthington, Dana, & Good, 1991; Worthington & Atkinson, 1996) and with a direct counseling style for Japanese Americans (Atkinson & Matsushita, 1991). In traditional Asian cultures, the counselor is viewed as an authority figure, an expert, and a trustworthy person (D. W. Sue & D. Sue, 1990; Uba, 1994). S. Sue and Zane (1987) even stated that the client's perception of counselor credibility as effective and trustworthy is important in cross-cultural counseling. In Taiwan, we found one study on this topic; Taiwanese clients' perceptions of their counselors' attractiveness were the best predictor of counseling effectiveness (Wang, 1988). This result was different from the general findings in the United States that clients' perceptions of their counselors' expertness were the best predictor of clients' counseling satisfaction (e.g., Heppner & Heesacker, 1983). However, it is important to note that a number of previous studies have found that expertness, attractiveness, and trustworthiness, as measured by the Counselor Rating Form (CRF), tend to be highly correlated with each other (e.g., Atkinson & Wampold, 1982; LaCrosse, 1980; Heppner & Claiborn, 1989), which leads to speculation about the independence of these three constructs as opposed to a general "good counselor" factor (LaCrosse, 1977). In Wang's study, the issue of multicollinearity cannot be assessed, because intercorrelations among the three CRF factors were not reported. However, it seems that counselor credibility might be a culturally relevant predictor for establishing a sound working alliance in Taiwan. Therefore, in the present study, we examine whether general counselor credibility predicts the strength of the working alliance.

In addition, regarding cultural-specific counseling techniques in Asian cultures, scholars and researchers have indicated that Asian or Asian American clients often expected concrete problem resolutions or a directive counseling style (Atkinson & Matsushita, 1991; D. W. Sue & D. Sue, 2003; Yuen & Tinsley, 1981). This is consistent with S. Sue and Zane's (1987) concept of gift giving. They stated that in cross-cultural counseling, clients often want

an immediate and direct benefit (called a “gift”) from counseling (e.g., resolution of their problems) as soon as possible, even in the first session. Kim et al. (2002) empirically validated the concept of gift giving and found that counselors’ focusing on immediate problem resolution was a key factor for building a strong working alliance for Asian American clients. The counselor’s role as a problem solver is also reflected in the connotation of the word *counselor* in Taiwan as a “counselor teacher.” This title acknowledges that the person has professional knowledge and additional life experiences to teach and can offer resolutions to problems. It is also similar to S. Sue and Zane’s (1987) suggestion that counselors’ capacities to conceptualize their clients’ problems and provide problem resolutions is an important culturally relevant factor for cross-cultural counseling training. Given the above research evidence pertaining to Asian cultural expectations, it seems that counselors’ perceptions of their own problem-solving styles might be culturally relevant predictors in building a sound working alliance. Similarly, we explored the general (instead of specific) counselors’ perception of their problem-solving styles in the present study due to the limited knowledge of the problem-solving capacity within the working-alliance literature.

Most research on the working alliance has examined the strength of the alliance after the third session in counseling. However, Asian Americans terminate treatment after one session at a higher rate than White Americans (D. W. Sue & D. Sue, 1999). Empirical studies also revealed that about half of the U.S. minority clients failed to return after their first sessions (S. Sue, Allen, & Conaway, 1975; S. Sue & McKinney, 1975; S. Sue, McKinney, Allen, & Hall, 1974). Unfortunately, from our literature search, we failed to locate any study in Taiwan that reported the dropout rate after the first session. However, from the first author’s clinical and supervision experience in Taiwan for several years, it is common for clients not to return after their first visits. One possible reason may be their expectation of receiving an immediate problem resolution. Given the higher rate of premature termination with Asian clients, it is important to explore the predictors related to the initial working alliance after the first session in a sample of Taiwanese client-counselor dyads. It is important to note that *first session* indicates the first counseling session, without an intake, which is customary in Taiwan.

In short, the focus of the present study was to explore predictors of the initial working alliance in a sample of Taiwanese client-counselor dyads. Specifically, this study sought to test the generalizability of the counselor’s credibility in the counseling-process research conducted in the United States to that of research conducted in Taiwan. Thus, our first hypothesis was that client perceptions of counselor credibility would predict higher levels of counselor- and client-rated initial working alliance. Moreover, this study extended the literature on the working alliance by examining the second

hypothesis that counselors' positive perceptions of their problem-solving styles would predict a stronger counselor- and client-rated initial working alliance. The results could provide important information about the generalizability and extension of findings from the United States to Taiwan and could inform researchers and practitioners about culture-specific phenomena and cross-cultural counseling.

In addition, we wanted a more in-depth understanding of the Taiwanese clients' counseling experiences and of what factors might have affected some of their quantitative responses related to counselor credibility. In particular, we would like to know what counselors do or say (e.g., counselors' appearance or specific nonverbal behaviors) that influence clients' perceptions of counselor credibility. Thus, qualitative data were collected by specifically asking clients one open-ended question to explain why they rated the counselor as they did on the Counselor Rating Form–Short Version (CRF-S; Corrigan & Schmidt, 1983), which was completed by clients regarding their perceptions of counselor credibility. Previous research in the United States (Heppner & Heesacker, 1983) successfully used this assessment to learn more about the reasons that clients rated the counselor the way they did in terms of expertness, attractiveness, and trustworthiness.

METHOD

Participants

Participants comprised 31 client-counselor dyads from four counseling centers in Taiwan who were participating in counseling: (a) two nonprofit counseling centers from the largest and most widely recognized organization of counseling centers in Taiwan ($n = 25$) and (b) two college counseling centers ($n = 6$). Counselors consisted of 10 (32%) men and 21 (68%) women; ages ranged from 21 to 50 years ($M = 32.07$, $SD = 8.04$). Counselors' formal education levels consisted of 22 bachelor's, 7 master's, and 2 doctoral degrees; in addition, counselor informal education for the nonprofit organization consisted of intensive precounseling training for a year (2 to 3 days a week). The counselors' experience in counseling ranged from 5 months to 15 years ($M = 3.73$ years, $SD = 4.57$ years). Clients consisted of 5 (16%) men and 26 (84%) women; only 6 (21%) had prior counseling experience. Clients' ages ranged from 14 to 47 years ($M = 25.46$, $SD = 9.40$). Counselor and client pairings included female counselor–female client ($n = 19$), male counselor–female client ($n = 7$), female counselor–male client ($n = 2$), and male counselor–male client ($n = 3$). All clients voluntarily sought help from counseling.

Power Analyses

To estimate how many participants were needed, we conducted power analyses using the power and precision program (Borenstein, Rothstein, & Cohen, 2001). A power estimation is a function of effect size, sample size, and alpha level. In general, effect size signifies the strength of the relationship and can be expressed by correlation, R^2 , or standardized regression coefficient. In this study, effect size was calculated in terms of R^2 . Based on the previous relevant study conducted by Wang (1988), the effect size of counselor credibility (i.e., attractiveness) and client-rated counseling effectiveness was $R^2 = .31$. Therefore, we used Wang's estimation ($R^2 = .31$) for CRF-S's effect size; for the other predictor (Problem-Solving Inventory [PSI]), we used the effect size of either $R^2 = .01$, $.09$, or $.25$ (i.e., $r = .10$, $.30$, or $.50$, for small, medium, or large effect size) recommended by Cohen and Cohen (1983). That is, we estimated power by the effect size for PSI ranging from either $R^2 = .01$, $.09$, or $.25$, and by fixing the other predictor's (CRF-S) effect size at $R^2 = .31$, and then, we estimated the sample size we needed for a power of $.80$. The results indicated that a sample size of either 19, 17, or 14 was needed for a power of $.80$, or higher at $p < .05$.

Measures

Before each measure is introduced, it is important to note that we used Mandarin translations for the present study.

Clients' perceptions of counselor credibility. The CRF-S (Corrigan & Schmidt, 1983) is a 12-item, self-report questionnaire designed to measure a client's perception of counselor behavior. Each item is measured on a 7-point Likert-type scale ranging from *not very* (1) to *very* (7). The CRF-S consists of three dimensions of counselor behavior: Expertness, Attractiveness, and Trustworthiness. Expertness (4 items) measures the client's belief that the counselor possesses information and has the means to interpret information that allows the client to obtain valid conclusions about how to deal effectively with his or her problems. Attractiveness (4 items) assesses the client's positive feelings about the counselor, liking and admiration for him or her, desire for his or her approval, and desire to be more similar to him or her. Trustworthiness (4 items) is defined in terms of the counselor's sincerity, openness, and absence of motives for personal gain. Scores on each factor range from 4 to 28, with higher scores indicating more expertness, attractiveness, and trustworthiness perceived by the client. Corrigan and Schmidt (1983) reported coefficient alphas for the individual scales, ranging from $.82$ to $.94$,

which equaled or exceeded internal consistency estimates previously reported for the long form of the CRF. In the present study, the coefficient alphas for Expertness, Attractiveness, Trustworthiness, and CRF-S total score were .92, .91, .94, and .96, respectively. Corrigan and Schmidt (1983) also provided evidence of the instrument's validity. In addition, LaCrosse (1977) indicated that the three CRF subscales tended to be highly correlated, leading to speculation that the CRF is a general "good counselor" factor (LaCrosse, 1977). In this study, the intercorrelations among the three CRF-S subscales ranged from .72 to .85, which is highly correlated as LaCrosse indicated. Therefore, in the present study, we used the total score of CRF-S to indicate a general index of counselor credibility. In addition to the formal instrument, an additional question was used to ask clients to explain why they rated the counselor as they did; this method was previously used by Heppner and Heesacker (1983). The prompt after the CRF-S questionnaire was,

In reflecting on how you rated the counselor, please try to identify why you rated the counselor as you did. For example, did the counselor do or say something that influenced your perceptions in this first session? Were your perceptions influenced by other things, like appearance or specific nonverbal behaviors? Include things your counselor did or did not do.

The CRF-S-Mandarin version was translated for the purpose of this study from English to Mandarin in a three-step process (Brislin, 1970, 1980). First, the first author translated the CRF-S into Mandarin. Second, a bilingual Asian psychologist, with a Ph.D. in counseling psychology, conducted a back translation from Mandarin to English. Third, another counseling psychologist, a native English speaker with a Ph.D. in counseling psychology, compared the original items and the back-translated items to check for accuracy; two items were found to have a minor difference (e.g., *sincere* vs. *genuine*), but the meanings are very similar to each other.

Counselors' perceptions of their problem-solving styles. The PSI (Heppner, 1988; L.-F. Wang translated, personal communication, July, 1995) is a 32-item questionnaire designed to assess self-appraised, problem-solving style. Each item is measured with a 6-point Likert-type scale ranging from *strongly agree* (1) to *strongly disagree* (6). The PSI contains three factors: Problem-Solving Confidence (PSC; 11 items), which measures a belief or trust in one's problem-solving style; Approach-Avoidance Style (AAS; 16 items), which measures a tendency to either approach or avoid problems; and Personal Control (PC; 5 items), which assesses one's belief that one is in control of one's own emotions and behavior while solving problems. A total score is computed by summing the total of all three factors. High scores on the PSI reflect perceptions of having an ineffective problem-solving style,

whereas low scores indicate perceiving that one has an effective problem-solving style. Reliability estimates of internal consistency (coefficient alphas) ranged from .72 to .90, and test-retest correlations ranged from .83 to .89 during a 2-week period (Heppner & Petersen, 1982). The coefficient alphas for PSC, AAS, PC, and PSI were lower in the present study, being .69, .57, .63, and .64, respectively. Several studies have also provided validity estimates; the PSI has been found to relate to a wide range of cognitions, affective responses, and problem-solving behaviors and to a range of indices of psychological health (see Heppner & Baker, 1997). The PSI was translated into Mandarin by L.-F. Wang (personal communication, July, 1995), with the aforementioned three-step process by Brislin (1970, 1980). Construct validity for the PSI in a Chinese culture has been reported in several investigations (e.g., Cheng, 2001).

Working alliance. The Working Alliance Inventory–Short Version (WAI-S; Tracey & Kokotovic, 1989) is a 12-item self-report questionnaire designed to measure the therapeutic relationship; two parallel forms assess the relationship from either the client's or the counselor's perspective. The WAI-S was selected from the four highest loading items for each of the three WAI factors: Bond, Goal, and Task. *Bond* represents the development of personal bonds between client and therapist. *Goal* represents the agreement between client and therapist on treatment goals. *Task* represents the agreement between client and therapist on the tasks necessary to achieve these goals. Each item is rated on a 7-point Likert-type scale ranging from *never* (1) to *always* (7). Total scores range from 12 to 84, with higher scores indicating a stronger working alliance. The coefficient alphas for the WAI-S total scores from a U.S. sample of 124 client-counselor pairings were .98 for client ratings and .95 for counselor ratings (Tracey & Kokotovic, 1989). In this sample, the coefficient alphas for the WAI-S total scores were .88 for client ratings and .79 for counselor ratings. Validity studies showed that counselor ratings of the working alliance were positively associated with mutual termination (Tryon & Kane, 1993) and therapeutic outcome (Kivlighan & Shaughnessy, 1995). The WAI-S was translated for the purpose of this study from English to Mandarin following the same three-step process (Brislin, 1970, 1980) used for the above CRF. As a result of the back translation, some items were reworded until consensus was achieved.

Procedure

The first author sent the research proposal along with a cover letter to the director of the Department of Counseling in the largest nonprofit organization of counseling centers in Taiwan to get permission for conducting this

research. Two counseling centers in the nonprofit organization participated in this research. An administrative research supervisor of this nonprofit organization oversaw the data-collection process. The packets were sent directly to the supervisor, who distributed the packets to the two counseling centers and explained the purpose and procedures for this study. One counselor was appointed as a research assistant in each counseling center to collect data from the counselors and clients. In addition, an associate professor of counseling psychology in Taiwan contacted the two directors of the university counseling centers to encourage their counselors to participate in this research. After they agreed to participate, one counselor from each center was identified as a research assistant to collect data. Packets (for the university counseling centers) were sent directly to this associate professor. The associate professor, who received a Ph.D. from an APA-accredited counseling psychology program in the United States, served as a consultant regarding this research for all of the research assistants from the nonprofit organization counseling centers and university counseling centers. None of these research assistants was aware of the hypotheses of this study.

Only counselors who volunteered to participate were asked to read and sign the consent form, to provide some demographic information, and to complete the PSI and WAI-S after their first sessions (i.e., the first counseling session without an intake). When the clients came to the counseling center, the research assistant informed them of the purpose of this study and invited them to participate. Both counselors and clients were informed that this study was, in general, exploring the process of counseling. Only clients who agreed to participate were asked to read and sign the consent form and to complete CRF-S and WAI-S after the first session. All assessment protocols were administered and collected by the research assistant. All information was treated confidentially, and neither member of the counseling dyad was given any information about the ratings of the other person. After completing the inventories, counselors and clients received a debriefing sheet and were thanked for their participation. They left their names and addresses if they were interested in receiving a copy of the results from the first author.

A total of 18 counseling dyads were dropped from this study due to incomplete counselor-client dyad data ($n = 12$) or statistical outliers ($n = 6$), using Cook's D and bubble plots as recommended by DiLorio (1991) and Stevens (1992) to examine regression outliers in a small data set. The 12 incomplete counselor-client dyad data and the final 31 complete counselor-client dyad data were compared to see whether there were any differences between these two groups. Four t tests were used to compare whether these two groups scored differently on the four primary variables (PSI, CRF-S, and counselor- and client-rated WAI-S). No significant results were found ($p > .05$). Similarly, five chi-square tests were used to test whether there was any

difference between these two groups for the five categorical demographic variables (i.e., different center, client gender, client with/without previous counseling experience, counselor gender, and counselor educational level). No significant results were found ($p < .05$). In addition, three t tests were used to examine whether these two groups scored differently on the three continuous demographic variables (i.e., client age, counselor age, and counselor's years of experiences). No significant results were found ($p > .05$). In conclusion, there were no differences between incomplete dyad counselor-client data and complete counselor-client dyad data on the 12 variables examined.

Procedures for qualitative analyses. To analyze the participants' responses for the reasons that clients rated the counselor as they did on the CRF-S, we used a grounded-theory procedure similar to Heppner, Rosenberg, and Hedgespeth (1992). First, the two authors independently read all of the responses and identified potential themes or categories in the responses. They jointly discussed their observations and developed themes to categorize the responses. The two authors then independently categorized each response; results were compared, with discussion for discrepant ratings until agreement was reached. Second, two raters (who were both doctoral students in counseling psychology and had no other association with this project) were given 2 hours of training by one of the authors with the categorization system, which included explaining the definition of each theme (see the results section), providing fictitious example statements for each theme, two rounds of fictitious sample items, and discussion of the discrepancies. Both raters were able to reach a consensus after discussing the discrepancies. Third, the two raters independently placed each response into a theme or category. The interrater agreement as indicated by a Kappa coefficient (Cohen, 1960) was .83, with a 95% confidence level from .70 to .96, which suggests high interrater reliability of the coding task.

RESULTS

Descriptive Statistics

Means, standard deviations, and zero-order intercorrelations are presented in Table 1. The means for the counselor- and client-rated WAI-S ($M = 64.37$ and 68.67 , $SD = 5.93$ and 10.51 , respectively) are well above 48, a middle point of the range (WAI-S ranged from 12 to 84). This result indicates that this sample, on average, reported good working alliances. Also, the means of counselor- and client-rated WAI-S were not significantly different from the means ($M = 65.52$ and 70.44 , $SD = 9.12$ and 10.56 , respectively) reported by

TABLE 1: Intercorrelations, Means, and Standard Deviations Among Counselor-Rated WAI-S, Client-Rated WAI-S, CRF-S, and PSI

<i>Variable</i>	<i>M</i>	<i>SD</i>	<i>WAI-Client</i>	<i>CRF-S</i>	<i>PSI</i>
Counselor-rated WAI-S	64.16	5.94	.23	.28	-.26
Client-rated WAI-S	69.03	10.53	—	.78**	-.59**
CRF-S	72.55	10.34	—	—	-.34
PSI	82.39	8.54	—	—	—

NOTE: $N = 31$. WAI-S = Working Alliance Inventory–Short Version; CRF-S = Counselor Rating Form–Short Version; PSI = Problem-Solving Inventory.

** $p < .001$.

Busseri and Tyler (2003) for American counselors and clients, $t(83) = .73$ and $.60$, $p = .55$ and $.47$, respectively. Moreover, the mean for the CRF-S ($M = 72.37$, $SD = 10.47$) indicated a high level of perceived expertness, attractiveness, and trustworthiness. A t -test result indicated this mean was not significantly different from the means ($M = 71.60$, $SD = 10.70$) reported by Kokotovic and Tracey (1987) for American clients, $t(125) = .44$, $p = .66$. The mean for the PSI ($M = 82.57$, $SD = 8.63$) was not significantly different from the means ($M = 89.03$, $SD = 19.60$) reported by Wei, Heppner, and Mallinckrodt (2003) for American college students, $t(544) = 1.94$, $p = .053$.

In addition, the normality of the residual scores was assessed for both regression models (one for client-rated WAI-S and the other for counselor-rated WAI-S). The residual skew and kurtosis were $-.35$ and $-.39$ for client-rated WAI-S and $-.14$ and $-.25$ for counselor-rated WAI-S, indicating only very mild nonnormality, fulfilling the assumptions of regression analysis.

Preliminary Analyses

As a precautionary measure, we first conducted a series of tests to determine if any of the demographic variables might serve as confounds for the main hypotheses. We calculated the correlations between the three continuous variables (client's age, counselor's age, and counselor's experience level) and the four primary variables (PSI, CRF-S, and counselor- and client-rated WAI-S). No significant results were found (p values ranged from $.07$ to $.94$). In addition, five MANOVAs were conducted for the four categorical demographic variables (counselor gender, counselor educational levels, client gender, and client with/without previous counseling experience) and one environmental variable (different centers) and for the above four primary variables to determine whether there were any effects related to the demographic variables. No significant results were found from the above five MANOVAs (p values ranged from $.12$ to $.83$; these results can be obtained

TABLE 2: Summary of Simultaneous Regression Analysis for CRF-S and PSI Predicting Counselor- and Client-Rated Working Alliance

<i>Variable</i>	<i>B</i>	<i>SE B</i>	β	<i>t</i>	<i>p</i>
Counselor-rated working alliance					
CRF-S	.13	.11	.22	1.16	.254
PSI	-.13	.13	-.19	-.98	.334
Client-rated working alliance					
CRF-S	.67	.11	.66**	6.34	.000
PSI	-.45	.13	-.36*	-3.49	.002

NOTE: $N = 31$. PSI = Problem-Solving Inventory; CRF-S = Counselor Rating Form-Short Version.

* $p < .01$. ** $p < .001$.

from the first author). Therefore, the data were combined across these demographic variables to conduct the main analyses of the study.

Main Analyses

Two simultaneous multiple regressions were used to examine whether the CRF-S and/or PSI were unique predictors on the (a) counselor-rated and (b) client-rated working alliance. The results indicated the CRF-S and PSI were not significant predictors of the counselor-rated WAI-S, omnibus $F(2, 28) = 1.74, p = .19, R^2 = .11$, and adjusted $R^2 = .05$. The path coefficients from CRF-S and PSI to counselor-rated WAI-S were not significant (see Table 2). However, the results revealed that the CRF-S and PSI accounted for 73% of the variance in the client-rated WAI-S, omnibus $F(2, 28) = 37.95, p < .001$, and adjusted $R^2 = .71$. More specifically, the CRF-S and PSI variables accounted for a significant amount of unique variance in predicting the client-rated WAI-S above and beyond the other variable (see Table 2).

Qualitative Data Analyses

Twenty-five clients (83% response rate) provided information about their perceptions regarding counseling in general and their counselors in particular on an open-ended question that asked clients to explain the reasons for their ratings on the CRF-S. The qualitative responses were translated from Mandarin into English and then analyzed. Seven categories were developed to code these responses: Counselor Positive Attitude and Verbal/Nonverbal Expression, General Counseling Effectiveness, Problem-Solving Strategies, Client Experiences and Feelings, Counselor Empathy, Client Uncertainty, and Not Applicable.

The most frequent responses (43%) were statements reflecting clients' perception of Counselor Positive Attitude and Verbal/Nonverbal Expression; this category was defined as counselors' expressing a positive attitude, willingness to offer help to clients, or positive verbal/nonverbal expressions. A typical example was, "The counselor showed her concentration, care, and eagerness to help me." Clients' statements reflecting General Counseling Effectiveness, defined as when clients expressed satisfaction with counseling outcomes and when clients experienced the counseling as being professional, were the second most frequent responses (19%). A typical example was, "I felt relief from counseling."

The next most frequent response was that clients perceived counselors as providing Problem-Solving Strategies (13%), which was defined as counselors' encouraging clients to behaviorally cope with their problems, giving them ideas regarding how to solve their problems, or providing concrete suggestions on how to proceed. A typical example was, "My counselor offered solutions, and encouraged me to take actions to deal with my difficulties. As the first step, he encouraged me to start with myself."

Clients' Experiences and Feelings was the next frequent category of responses (11%), which was defined as the clients' own intuition, experiences, and feelings while interacting with their counselors. A typical example in this category was, "I rated my counselor based on my feelings about our conversation."

Counselors' Empathy, accounting for 9% of the total responses, was defined as counselors' expression of empathetic understanding of clients. A typical response in this category was, "During this counseling process, the counselor understood my problems."

The two least frequent responses consisted of Not Applicable responses (4%; e.g., "My counselor was reliable," which is one of the items rated on the CRF-S) and Clients' Uncertainty (2%; e.g., "I did not have a baseline to compare with").

In sum, the primary reasons clients rated the counselor as they did on the CRF-S were that they perceived the counselor as having a positive attitude and verbal/nonverbal expression, that they experienced counseling as professional and effective, that the counselor offered problem-solving strategies, and that they perceived the counselor as being empathetic and understanding.

DISCUSSION

Two significant findings emerged from the present study. First, the results replicated U.S.-based research on the role of counselor credibility in predicting the working alliance from the United States to Taiwan. In other words, the

results revealed a positive association between the client's perceptions of counselor credibility (i.e., expertness, attractiveness, and trustworthiness) and the client's perceptions of the working alliance, replicating Horvath and Greenberg's (1989) study in the United States. Thus, clients' perceptions of counselor credibility seem to be an important predictor for building a good working alliance in both the United States and Taiwan. C. P. Chen (1995) suggested that in a Chinese culture, the client's first impressions regarding the counselor's expertise are important in the initial establishment of a working alliance. Our results support C. P. Chen's observation. They are also consistent with Leung and Lee's (1996) suggestion that it is important for therapists to convey expertise and credibility in Eastern psychotherapy. In short, our findings seem to fit the traditional Asian cultural norm that therapists are typically viewed as authority figures, experts, or people that can be relied upon and trusted (D. W. Sue & D. Sue, 1990; Uba, 1994).

The second significant finding extended the working-alliance research on counselors' perceptions of their problem-solving styles, namely, that they are an important variable related to the building of a sound working alliance from Taiwanese clients. Counselors who perceive themselves to be efficacious problem solvers would most likely be efficacious in establishing counseling tasks and goals related to the working alliance. One possible explanation for the importance of counselors' problem-solving styles in the counseling process relates to Confucian philosophy. Confucianism is an educational philosophy that teaches and guides the individual's way of life in Taiwan (Ho & Ho, 1980; Scaff & Ting, 1972; Stickel & Yang, 1993; Yang, Yu, & Yeh, 1990). In Confucian philosophy, people expect that a teacher is a resourceful person whom they can depend on for advice (C. P. Chen, 1995). A counselor is commonly referred to as a "counselor-teacher" in counseling centers across Taiwan. The idea of counselor-teacher is also consistent with directive or action-oriented therapy and problem-solving therapy styles that have been theorized to be efficacious with Asian American clients (Kim et al., 2002). Given these cultural expectations, it is not surprising that Taiwanese clients report a better working alliance when their counselors have positive perceptions of their problem-solving capacities, as this is similar to the roles of teachers who typically offer advice for resolving problems. It is important to note that the present study only examined counselors' perceptions of their own problem-solving capacities and the working alliance. Future research might continue to examine the clients' perceptions of their counselors' problem-solving styles and working alliance.

Our qualitative data provide some insights into how clients determined counselor expertness, trustworthiness, and attractiveness. More specifically, counselors' active problem-solving behaviors (e.g., encouraging clients to take actions to solve their problems, giving clients suggestions, or offering

clients solutions) are an important component for Taiwanese clients in rating their counselors' credibility. Thus, in Taiwan, counselors' active problem-solving behaviors, even in the first session, seem to fit clients' conceptions of an effective counselor. This finding is similar to Kim et al. (2002), who reported that Asian American clients perceived a stronger working alliance with counselors who focused on immediate, problem-resolution counseling strategies rather than on insight-attainment ones. This result is also consistent to S. Sue and Zane's (1987) idea of gift giving in cross-cultural counseling training, which refers to providing an immediate benefit. Counselors' active problem-solving behavior could be conceptualized as a culturally appropriate gift (an immediate benefit) to give to clients and thus establishes the counselor's credibility and facilitates the building of a good working alliance. Given that clients' problem resolution has been conceptualized as central to psychotherapy outcomes (see Heppner, Cooper, Mulholland, & Wei, 2001; Strupp, 1986), it seems likely that problem-solving style may play a role in the counseling process and outcomes in the United States as well (see M. Heppner, Lee, P. Heppner, McKinnon, Multon, & Gysbers, in press); such a possibility merits additional attention.

Forty-three percent of respondents indicated that their perceptions of counselor credibility were based on the counselor's showing a positive attitude and behavior toward them. Given that psychotherapy is a foreign concept with cultural stigmas (e.g., shame) to many Taiwanese clients, a counselor's positive attitude toward his or her client seems to be a culturally meaningful gift, at least in the early stage of counseling. In addition, about 19% of the responses regarding reasons for rating counselors' credibility are based on general counseling effectiveness (e.g., "I felt relief from counseling"). S. Sue and Zane (1987) suggested that other forms of immediate benefits include anxiety reduction, depression relief, normalization, hope, reassurance, and positive coping perspectives. Feeling relief and counseling effectiveness also suggest that clients were making progress in resolving their problems. In cross-cultural counseling training, these results might suggest that at least in the early stages of counseling, counselors may want to focus on what immediate benefits are culturally meaningful to give to clients, thereby enhancing counselor credibility and facilitating the building of a positive working alliance.

Surprisingly, neither clients' perceptions of counselor credibility nor counselors' perceptions of their own problem-solving abilities predicted counselors' perceptions of the working alliance. It is important to note that research in the United States has also found that the variables that predict client-rated working alliance do not always predict counselor-rated working alliance (e.g., Al-Darmaki & Kivlighan, 1993). One possible interpretation is that client-rated counselor credibility and the counselor's problem-solving

style are not predictive of working alliance for Taiwanese counselors. It is possible that problem solving is what Taiwanese counselors take for granted in working with their clients and does not relate to their sense of a working alliance. Likewise, client-rated counselor credibility may be either taken for granted or unrelated to the counselor's conceptualization of building a sound working alliance. Future research might continue to examine other potential predictors (e.g., counseling competence) that are associated with counselor-rated working alliance in Taiwan and the United States.

In addition, a paired-samples *t*-test result, $t(30) = -2.51, p < .05$, indicated that the counselor-rated working alliance scores were significantly lower than the client-rated working alliance scores in the present study. This finding is similar to the results from the United States; counselor-rated scores on all three components of the working alliance were significantly lower than those of their clients' (Mallinckrodt & Nelson, 1991). However, it may also be true in the United States that counselors' lower ratings of their working alliances exist because they are too critical of themselves. In contrast, clients' higher ratings of their working alliances may be a result of their being overly polite or respectful toward their counselors or being unable to accurately judge the working alliance. Another interpretation is that clients might use the higher ratings of the working alliance as a gift in return for their counselors' help. Furthermore, it is possible that counselors evaluate the working alliance in a conservative way because only one session has occurred. Therefore, further research needs to go beyond the first session to examine the working alliance.

Although this study replicated and extended U.S. findings on the working-alliance literature to Taiwan, some limitations remain. Even though several demographic variables in the present study were not confounding variables, other client and counselor variables (e.g., the client's presenting issues or the counselor's theoretical orientations) may be potential confounding variables meriting attention in future research. The heterogeneity of the counselor-client samples as well as predominance of female counselor–female client pairings might also affect the generalizability of the findings. Also, it is important to replicate these findings with other and larger samples. Although significant associations were found with the PSI in this study, the coefficient alpha for the PSI was lower than normal, raising some questions about the PSI for Taiwanese counselors. We are uncertain whether this is because the items in PSI are not correlated together or because of the small sample size. Further research is warranted. It might also be useful in future research to include outcome data (e.g., client satisfaction) to examine whether the working alliance in early phases of Taiwanese counseling also predicts later stages of counseling process and outcomes, as has been found in the United States. Additional research is needed to examine the generalizability of the findings

to other groups and cultures, such as Taiwanese clients in the United States or Asian American clients.

In conclusion, the present study replicated the positive association between clients' perceptions of counselor credibility and clients' perceptions of the working alliance found in the United States. Moreover, the results extended the working-alliance research by explaining the association between counselors' problem-solving styles and client-rated working alliance in Taiwan. The qualitative data suggest that it may be important for counselors to focus on immediate counseling benefits (e.g., provide positive attitudes and behavior, relieve distress, and engage in active problem-solving behavior), at least during the first counseling session, as a clinical tool to establish counselor credibility and facilitate an initial working alliance. It is important to continue this line of cross-cultural research by testing the generalization and extension of the U.S. counseling findings on the working alliance to other ethnicities, cultures, and countries. With the increased immigration of people to the United States, the present empirical results may provide information regarding cross-cultural counseling for practitioners to tailor their interventions to fit different people (e.g., newly immigrated Asians) in different social contexts as well as to understand the counseling process in different cultures and countries.

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