An Examination of the Impact of Client Excuses on Therapist Emotional Reactions and Expectancy for Client Change

by

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Abstract

Using an analogue structure, this study examined the impact of client excuses on a therapist's emotional reactions, the therapist's prognostic impression for therapy, and the level of smoothness and depth in the session. Hypothetical client scenarios involving clients giving, or not giving, excuses were generated. A total of 261 therapists-in-training were recruited from master's-level and doctoral training programs. One-way ANOVAs were utilized to compare three conditions (controllable excuse, uncontrollable excuse, and no-excuse) on the aforementioned outcome variables. Results indicated that no significant differences existed between the three conditions on any of the outcome variables. Limitations and areas for future research are discussed.

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Chapter 1

Introduction

An excuse is a unique construct that enjoys "the reputation of being universally condemned while being universally used" (Schlenker, Pontari, & Christopher, 2001, p. 15). How is this possible? When an individual uses an excuse, they often view the excuse as a valid and reasonable explanation of a certain outcome (Maruna & Mann, 2006; Mehlman & Snyder, 1985). Linden (1993) noted that individuals believe that they give good reasons for their own behavior, but that other people's reasons are inferior, therefore making them excuses. People may employ excuses because they believe excuses protect them from poor consequences, even though they might judge others negatively for making excuses (Tyler & Feldman, 2007). Often, the individual employing the excuse views the benefits to self as outweighing the consequence of negative judgment from the audience, which sheds light on why excuses continue to be used (Higgins & Snyder, 1989a).

Pontari, Schlenker, and Christopher (2002) noted that excuses are offered "when people encounter or anticipate questions about their conduct or identity, such as failing at assigned tasks or duties, violating a norm, breaking a law, or engaging in out-of-character or offensive behavior" (p. 498). Pridmore and Walker (2011) noted that both the individual and the excuse are scrutinized by the external audience, which can result in both the person and the excuse being rejected. Interpersonally, makers of excuses must possess some level of awareness of social norms, in that for an excuse to be effective, it cannot fly in the face of social convention (Higgins & Snyder, 1989a). A negotiation between the excuse-maker and the audience occurs because the

audience places constraints on the acceptability of an excuse (Higgins & Snyder, 1989a; Snyder, 1985b), and, if excuse-makers want their excuse to be accepted, they will need to know what is important not only to themselves but also to others (Pridmore &Walker).

While excuses may help the excuse-giver maintain self-esteem or convince others that the transgression will not happen again (Wallis & Kleinke, 1995), just how effective are excuses at achieving those aims? Individuals may be adept at interpreting their own actions and the corresponding excuses in self-enhancing ways (Zuckerman, 1979), but they seem to be less adept at understanding how an audience will interpret those excuses, as audiences may view excuse-givers as lacking in character (Higgins & Snyder, 1989a). Wallis and Kleinke described the process of making excuses as a complex and natural social activity that can be outside an individual's awareness. Excuses often manifest automatically and unconsciously because individuals offer excuses that are consistent with their own theories of self; we often do not recognize the existence of our own self-serving bias, which often prevents us from seeing our excuses as false (Higgins & Snyder, 1989a). However, it is a challenge to our self-theory that causes us to give an excuse in the first place, and an excuse is our attempt to reconcile any dissonance between our behavior and our self-concept (Higgins & Snyder, 1989a).

An overview of the literature shows that excuses have been well-researched in the areas of education (Ah Yun, 1998; Caron, Whitbourne, & Halgin, 1992; Ferrari & Beck, 1998; Jung, 2001; Myers & Claus, 2012; Wallis & Kleinke, 1995), philosophy (Gardner, 2009; Linden, 1993; Tuckness, 2010; Turri & Blouw, 2015), business (Konovsky & Jaster, 1989; Higgins & Snyder, 1989b; Hill & Baer, 1994), and social psychology (Cox & Giuliano, 1999; Coudevylle, Gernignon, & Martin Ginis, 2011; Higgins & Snyder, 1989a; Mehlman & Snyder, 1985; Schlenker et al., 2001). However, there appears to be a lack of research regarding the role of

excuses in psychotherapy, specifically in reference to the impact of excuses on the therapeutic relationship. Various theoretical orientations suggest how excuses should be conceptualized, but within the therapist-client dyad, how are excuses received and perceived by the therapist? Therapists could perceive excuses with disdain outside of session from students, colleagues, friends, and family members. Do those outside perceptions of excuses influence—either consciously or unconsciously—a therapist's perception of their client?

As previously stated, the complex social behavior of excuse-making is utilized by people who have committed transgressions of varying degrees; this behavior, while seemingly employed for the simple purpose of avoiding responsibility, actually has many other functions (Wallis & Kleinke, 1995). Excuses can be communicated for self-serving and manipulative reasons, as well as to hide actions that might seem reprehensible (Schlenker et al., 2001; Snyder, 1985a; Todd, 2010; Wallis & Kleinke). However, the use of excuses may actually be indicative of a social awareness, where an individual is attempting to bring their behaviors in line with what society expects (Todd). Two areas of treatment that highlight the complexity of excuse-giving are the treatment of sexual offenders and the therapeutic work with perpetrators of domestic violence.

In sex offense treatment, excuses are seen as the mechanisms by which the offender minimizes personal responsibility for their actions, with those excuses serving to further dehumanize the victims and lessen consequences (Maruna & Mann, 2006). The goal of therapy related to sexual offending is to eliminate all excuses—both internally offered to the self and externally offered to an audience—as the means to the end of taking full responsibility for one's actions (Maruna & Mann; Todd, 2010). Denial of responsibility is often believed to be synonymous with lack of motivation to engage in treatment (Beyko & Wong, 2005), which has

historically been linked to recidivism without empirical support (Beyko & Wong; Hanson & Bussiere, 1998; Maruna & Mann). Engaging in some level of excuse making suggests that offenders have some level of awareness that their actions were reprehensible, shameful, and in violation of social conventions (Beyko & Wong; Maruna & Mann; Schlenker, Britt, Pennington, Murphy, & Doherty, 1994; Schlenker et al., 2001). In the realm of sex offense treatment, offenders who make excuses for their actions are labeled as engaging in criminal thinking; however, to accept full responsibility for their actions also labels offenders as criminals (Maruna & Mann).

Another area of treatment that highlights the complexity of excuses (and the evolving recognition of that complexity) is in working with perpetrators of domestic violence. An early approach, known as the Duluth Model, emphasized that the correct way to resolve issues of spousal violence was to have the perpetrators express ownership of their violent behaviors by shunning excuses for the mistreatment of others (Todd, 2010). As with the aforementioned viewpoints of sexual offense treatment, excuses in the realm of domestic violence treatment were seen as a lack of internalization for the harm to others, and excuses were believed to be highly correlated with recidivism. Additionally, perpetrators of domestic violence who presented themselves in socially favorable ways during clinical interviews were seen as particularly manipulative and devoid of accountability (Henning & Holdford, 2006; Todd). However, a longitudinal study by Henning and Holdford, which looked at the behaviors of 2,824 men who completed a domestic violence treatment program, noted that there was no support for the belief that excuses (in the form of minimization of behaviors and victim blaming) were associated with increased rates of recidivism.

When we are confronted by others about our transgressions, we may utilize excuses as a mechanism for providing reasonable accounts of our actions, with our actions being influenced by multiple internal and external factors (Maruna & Mann, 2006; Schlenker et al., 2001). We want to maintain a positive face to the external audience, prompted by our desire to be liked and understood (Linden, 1993; Martin, Dunleavy, Zigarovich, Fowler, & Smith, 2011). However, we ascribe a certain level of pathology to certain offender populations, such as perpetrators of sexual offenses and of domestic violence, who employ excuses to explain their behaviors (Henning & Holdford, 2006; Maruna & Mann; Todd, 2010). In the case of offenders, excuses are seen as cognitive distortions in which they are allowed to deny responsibility for their actions, even though the literature on excuse making has indicated that taking full responsibility for all failings puts individuals outside of the norm and makes them susceptible to a variety of mental illnesses, including depression and anxiety (Maruna & Mann; Hilt, 2003; Schlenker et al.; Snyder, Higgins, & Stucky, 1983).

Excuses are used for impression management and the avoidance of negative consequences. The avoidance of negative consequences, from an individual's point of view, may help an individual maintain a positive impression of one's self. To the external audience, however, the avoidance of negative consequences may weaken an individual's impression to others. Sorting out this complexity has been the thrust of research on excuses in the areas of education, business, social psychology and philosophy. How is this complexity reflected in the counseling process? Specifically, what is the potential impact of client excuses on the therapeutic relationship for therapists-in-training? Understanding how therapists-in-training react to clients who use excuses in session, how they perceive the quality of sessions in which excuses are used,

and how their prognostic expectations are influenced by those excuses can illuminate the work therapists (specifically therapists-in-training) do with their clients.

Chapter 2

Literature Review

Excuses: A Brief Overview

Excuses are egotistic accounts of questionable events that are intended to reduce the amount of responsibility an individual has over the events (Schlenker et al., 2001). Snyder and Higgins (1988) provided a similar but more detailed definition of excuses, stating excuses are "the motivated process of shifting causal attributions for negative personal outcomes from sources that are relatively more central to the person's sense of self to sources that are relatively less central" (p. 23). Excuses are employed to help an individual maintain a positive self-image, both to internal (the self) and external audiences (Snyder, 1985b). Several authors (Higgins & Snyder, 1989a; Schlenker et al.; Smith & Whitehead, 1988; Snyder, 1985a) noted that excuses have broadly defined goals related to the preservation of one's self-esteem, namely that the questionable behavior arose from aspects outside of a person's central character. Excuses do not dissolve the relationship between negative outcome and the individual who may have activated it but rather shifts the explanation of the behavior from the person's core to a source that is easier for the person to accept, such as circumstance or bad luck (Higgins & Snyder, 1989a; Pontari et al., 2002; Zuckerman, 1979).

Excuses are not synonymous with lies (Schlenker et al., 2001), nor are they dichotomous in being either good or bad (Tyler & Feldman, 2007). While excuses and excuse-making seem to have negative connotations, there are benefits to making excuses. Excuses may reflect an individual's desire to be liked, understood, and admired (Martin et al., 2011; Wallis & Kleinke,

1995), which is not necessarily a bad thing. Pridmore and Walker (2011) indicated that, to protect the ego, the unconscious generates an explanation, which the individual expresses to others. People manage their impressions at times via excuses, particularly when they feel they might be punished for their actions (Jung, 2001).

The term "excuse" is often used synonymously with "explanation" and "justification." Botterell (2009) noted that drawing a distinction between an excuse and a justification can be difficult, as defining the features of one does not automatically yield a definition of the other. Austin (1956) seemed to be one of the first authors to look at the difference between a justification and an excuse. When using a justification, "we accept responsibility for it (our behavior) but deny it was bad" (p. 2). When using an excuse, "we admit that it was bad but don't accept full, or even any, responsibility" (p. 2). Shaw, Wild, and Colquitt (2003) note "an explanation is the act or process of making something clear or understandable" (p. 446). Scott and Lyman (1968) and Read (1992) indicated that excuses and justifications were both types of explanations but varied in the level of responsibility accepted by the purveyor of the explanation. In their taxonomy, an excuse is one in which the person admits that their action was inappropriate but claims that they were not fully responsible because some external or internal source impacted their action. When making a justification, the person claims full responsibility but attempts to show that no reproach is necessary, perhaps due to the pursuit of some overarching goal.

Tyler and Feldman (2007) outlined some of the benefits of using excuses as lessening one's anxiety and shifting blame away from oneself (from the excuse maker's perspective). Excuses can facilitate a person's willingness to take risks because the person can attribute possible failure to an outside source; without excuses, individuals might be stuck in doing only a

small number of activities in which they would be guaranteed to succeed (Snyder, 1985a). Additionally, excuses have proven to be an adaptive way to manage stress, distancing oneself from a transgression and allowing the person to move forward from the past (Maruna & Mann, 2006; Wallis & Kleinke, 1995). Martin et al. (2011) indicated excuses may increase the excuse-maker's sense of autonomy, freeing them from any sense of judgment from others. Snyder (1985a) noted that excuse making can be helpful in understanding one's limits by allowing a person to accept imperfection instead of having to bear the brunt of full responsibility for all undertakings.

However, when excuses become too severe, comprehensive, and inflexible, more problems than solutions arise (Snyder, 1985a). Todd (2010) noted, "Like any complex social behavior, excuses and their kin serve a number of agendas and are associated with a range of motivations. Excuses can be self-serving, manipulative, and used to camouflage reprehensible acts" (p. 71). Excuses can undermine accountability, as groups of all types function well only when the people in those groups can depend on one another to act honestly, follow through on commitments, and adhere to the group's rules for conduct (Pontari et al, 2002). There can be an element of deceit or perceived deceit when making an excuse, suggesting the excuse-maker may just be trying to avoid experiencing warranted consequences (Schlenker et al., 2001; Pontari et al.). In summation, excuses may lead to an indictment against the excuse-maker's character by others and can negatively impact the person's perception of self (Tyler & Feldman, 2007).

Given all of the potentially negative consequences of excuses, and given the fact that people continue to use excuses, there must be some benefit to giving an excuse in response to a failure to act or fulfill a role obligation. What are the potential benefits of excuses? At times, excuses ultimately shift accountability for poor outcomes away from the person's character to

some external source (Tyler & Feldman, 2007). The excuse itself is typically designed to influence the audience to adjust their attributions for a negative behavior from an internal, person-centered sources to external, environmental causes (Erber & Prager, 2000). Schlenker et al. (2001) noted that excuses are more likely to be accepted with minimal or no negative judgment from outside parties if the excuses are credible, not overtly self-serving, and communicate knowledge of the social conventions surrounding the behavior.

Given our collective propensity to use excuses to explain our behaviors (either before or after an event), maintain our self-esteem, manage others' impressions of us, and buffer ourselves from negative outcomes, it makes sense that excuses are well-researched in a multitude of areas. Sorting out the complexity of excuses has been the thrust of research and position papers in the fields of business, education, and law.

Existing Research on Excuses: Business, Education, and Law

Business. An exploration of the existing literature in other fields underscores the prevalence of excuses and their importance in understanding human communication. Higgins and Snyder (1989b) argued that certain elements of the individual excuse could be applied to a business, in that a business engages in impression management just as an individual does, and a business also seeks to shift negative outcomes from sources that could be seen as central to the business's functioning to sources that are on the periphery. Giving excuses has been seen as a business strategy in organizations to legitimize certain decisions—such as budget cuts and layoffs—and to maintain employee morale (Schlenker et al., 2001).

Konovsky and Jaster (1989) also focused on impression management and the avoidance of negative outcomes in the business world. Utilizing participants in a business management class, Konovsky and Jaster provided the participants a case regarding a competition between

hypothetical student groups trying to develop a winning marketing strategy. The case indicated that one of the student groups found confidential competitor information and used that information to develop the winning strategy. The authors then asked the participants to put themselves in the position of the winning group and write a paper about the choices they made. In examining the participant responses, the authors discovered that participants were more likely to utilize excuses and justifications to defend their behavior rather than to admit to any error in judgment.

Hill and Baer (1994) looked at excuses from the customer's perspective, having study participants rate the level of perceived harm (in terms of financial expense and time wasted) to the customer and the level of perceived blame accepted by the company following excuses offered in reaction to a customer complaint. The authors discovered that the type of excuse matters, in that valence excuses (those that diminish the negative results of the action) were perceived to be less harmful to the customer than linkage excuses (those that distanced the company's responsibility for the negative consequence). The authors suggested that the nuanced use of excuses could be a useful marketing strategy in dealing with customer complaints.

Education. Excuses have been heavily researched in the realm of education, particularly related to the acceptance of late homework and poor performance on exams. A study by Caron et al. (1992) looked at the types of excuses used by 261 undergraduate students, why those excuses were used, and how professors were perceived to have responded to those excuses. The authors of the study broke the excuses down into two categories: fraudulent and legitimate. The authors defined a fraudulent excuse as "one that the student fabricated specifically for the purpose of avoiding an academic responsibility" (p. 90), and a legitimate excuse was defined as "one based on events beyond the student's control and prevented them from fulfilling the task"

(p. 90). The study revealed that 90% of the fraudulent excuses were accepted and that professors very rarely asked for proof of the excuse. Interestingly, students who admitted to using fraudulent excuses indicated that they were fearful and desperate during the act of making the excuse but afterward felt relieved.

Ferrari and Beck (1998) also explored the differences between the types of excuses employed by students, comparing academic procrastinators to non-procrastinators and exploring differences in affective states before, during, and after giving excuses. The authors also coded excuses as fraudulent or legitimate. The study showed that individuals identified as academic procrastinators (via a measure entitled "Procrastination Assessment Scales-Students") most commonly utilized fraudulent excuses (such as being ill when they were not actually sick) to gain more time to complete a task. The study also showed that these individuals felt generally positive before giving the excuse but felt more negative not only during and immediately after the act of giving the excuse but also later on when reflecting on their use of excuses. While the studies show mixed results regarding the lingering emotional effects of making excuses, these studies show that the act of making excuses has an emotional impact on the excuse-maker, and that the drive to preserve their impression (and their grade) is a primary drive in making excuses.

Ah Yun (1998) examined the relationship between the attributional dimensions (internal/external, controllable/uncontrollable, stable/unstable) of excuses students were likely to give when factoring in the degree of closeness between the student and the instructor. An internal/external dimension of an excuse is related to whether the cause of the behavior resides inside the excuse-giver or is external (situational). The controllable/uncontrollable dimension looks at whether the outcome of the event could be influenced by anyone (controllable) or is outside the realm of influence (uncontrollable). An experiment with 398 undergraduate

participants noted that students were more likely to give an internal, controllable excuse when the relationship with the instructor was a close one. Wallis and Kleinke (1995) also focused on the dimensions of excuses, but rather than looking at relational closeness or distance, they examined how punitive an audience evaluating a student caught cheating on an exam would be based on that student giving an internal excuse, an external excuse, or accepted responsibility. They discovered that, when the student in the scenario was caught cheating, participants felt that giving an excuse of any kind (internal or external) was not appropriate. Participants offered the harshest punishment to the student who offered an internal excuse by recommending a larger decrease in the student's grade.

Law. Another area where excuses have been examined is in the realm of law and ethics. Westen (2006) noted, "The mother lode of criminal responsibility scholarship is a unitary theory of criminal excuses, that is, a persuasive normative account of why the criminal law adjudges actors to be blameless despite their having engaged in prohibited conduct," (p. 289). He noted the difference between a justification and an excuse is the difference between the two statements, "I did nothing wrong," (justification), and "Even if I did something wrong, it wasn't my fault," (excuse). Westen pointed out that, even if one uses an excuse, the actor does not escape consequences for his behavior. To highlight his point, Westen described the insanity defense as an excuse, citing John Hinckley's assassination attempt of President Reagan as an example where Hinckley was determined to be not guilty by reason of insanity. He was not placed in prison but rather was institutionalized in a psychiatric facility for over 30 years.

Gardner (2009) examined the role emotions play in excusing certain behaviors in the context of the law. For example, fear was cited as an emotion that served as a suitable excuse for some actions, whereas pride would not be suitable. Emotions can amplify an individual's belief

about a certain situation, such as fear in the threat of physical harm from another. The amplification of that belief (the threat of physical harm) by the emotion (fear) can lead the individual to act in a way they would otherwise not act in the absence of that emotion (use of a weapon against the threat of harm). Harkening back to Westen's differentiation between a justification and an excuse, the aforementioned individual may employ an excuse defense for committing an action that would otherwise prohibited by law (using a weapon to physically hurt another).

A particularly interesting question relates to the validity of the consensus-raising excuse, "Everybody does it" (Tuckness, 2010), with the idea that an action or an excuse is considered legitimate due to the sheer number of people who engage in that action or utilize that excuse (Brooks & Clarke, 2011; Smith & Whitehead, 1988). Tuckness described the phrase "everybody does it" as approaching ethics from the view point of staying out of trouble versus acting in a way that advocates accountability. In examining a scenario where a manager observes illegal activity in a governmental office but chooses not to blow the whistle because the manager believes everyone engages in that illegal activity, Tuckness highlighted the intersection between law and ethics. The consensus excuse of "Everybody does it" can be as much a moral issue (albeit unrecognized as such) as it is a legal issue.

As the aforementioned qualitative and quantitative studies and position papers point out, the use of excuses occurs in multiple domains, and their use as a mechanism to explain or defend against negative outcomes is well-documented. The aforementioned studies are only a small slice of existing research, and the use of excuses is not limited to education, business and law. Excuses also have a pronounced place in the field of psychology.

Conceptualization of Excuses in Theoretical Orientations

Excuses have their role in many theories of psychotherapy, harkening back to psychoanalysis. Psychoanalytic theory equates excuses with defense mechanisms (Snyder et al., 1983). At the unconscious level, defense mechanisms are activated automatically and outside consciousness when an individual experiences a threat to his or her ego (usually in the form of anxiety). Because excuses are determined by unconscious conflicts, the individual has little control over their employment. Pridmore and Walker (2011) indicated that, to protect the ego, the unconscious generates an explanation, which the individual expresses to others.

Adlerian theory views excuses as neurotic symptoms unknowingly selected by an individual to protect their self-esteem (Snyder et al., 1983). The individual feels safe hiding behind the neurotic symptoms, which develop over time until they seem like real obstacles (Adler, 1916). The individual prefers to suffer from the neurotic symptoms rather than suffer from the sense of worthlessness they would have to confront if the symptoms were not present (Adler). Person-centered theory views excuses as symptoms of incongruence between a person's behaviors and their self-concept (Rogers, 1957). Carl Rogers, the founder of person-centered theory, posited that an individual has specific conditions of worth tied to their self-concept, and when the individual acts in ways that are incongruent with those conditions, they attempt to resolve the incongruence (Sheldon & Kasser, 1995). Excuses help the individual disown the inconsistent behaviors, putting distance between the self and the behavior.

Existential theory regards excuses as the building blocks of psychopathology (Snyder et al., 1983). Yalom (1980) noted human beings strive for an authentic existence, and the pursuit of that existence can cause anxiety. A certain level of anxiety is functional and normal; however, when anxiety is experienced in excessive amounts, it becomes an obstacle to taking

responsibility for one's life (Fernando, 2007). Individuals look to excuse responsibility for decisions by assigning blame to outside authority figures instead of recognizing that a certain level of anxiety accompanies the freedom to choose (Yalom). Individuals then experience guilt from failing to live up to their potential, which further encourages excuse-making (Snyder et al., 1983).

The behavior model perceives excuses as operant behaviors, positing that excuses are used because they are repeatedly reinforced, either by positive rewards or the avoidance of negative consequences (Snyder et al., 1983). Persons (2008) noted that operants are functional behaviors, including the function of escaping an uncomfortable situations or psychological state which may or may not be adaptive for the individual. In terms of operant conditioning, excuse-making may prevent the individual from learning new, more adaptive behaviors (Snyder et al.). In terms of psychopathology, individuals may be reinforced by being perceived by others as being ill. They receive attention for their expression of woes, forgiveness for their inability to live up to role demands, and permission to avoid difficult situations.

Underlying all of the aforementioned schools of thought is the idea that mental health practitioners use theories to help them to create impressions about the root of their clients' issues and to create interventions to address those issues (Lopez & Wolkenstein, 1990). Each theory seems to acknowledge that excuses, at least at the very beginning, are unconscious or fleeting behaviors. However, Higgins and Snyder (1989a) noted that excuses arise when individuals are faced with some sort of evaluation that threatens who they believe they are. The strategic reporting of symptoms, such as test anxiety, trauma, social phobia, and the like, serve to diminish the individual's perception of the threat. While many individuals have feigned certain illnesses

or symptoms in order to avoid doing something, a label is likely to be attached when a person continually uses their symptoms (Higgins & Snyder, 1989a).

Many psychotherapy clients have come to regard their difficulties as beyond their control, particularly those who have been diagnostically labeled (e.g., alcohol use disorder, depressed, anxious, obsessive-compulsive; Higgins & Snyder, 1989b). Higgins and Snyder noted that, within the mental health arena, it might be important to consider the degree to which the individual is in control of the behavior that led to the diagnosis. In many instances, using psychological symptoms as excuses to avoid responsibility yields immediate benefits, which tend to be more salient than any potential negative consequences (Snyder et al., 1983). In this view, a loop develops whereby individuals, by presenting their symptoms as excuses, communicate an inadequacy that is reinforced by lowered expectations of those around them, which then saves individuals from experiencing threats to their already low self-efficacy (Snyder et al.). Additionally, the use of excuses could save them from the condemnation of others.

An example of the use of symptoms as excuses was examined by in a study by Suhr and Wei (2013), who specifically looked at the inaccuracy of self-report of ADHD symptoms. The authors were interested in the use of ADHD symptoms as excuses for poor performance. The authors prescreened participants using an ADHD screener and allowed into the study only participants who score below average on the screener (meaning few, if any, symptoms of ADHD reported) and who did not express elevated concern about having ADHD symptoms (by rating themselves between a 3 and a 5 on a Likert scale in response to the question, "How concerned are you that you may have symptoms of ADHD?" (p. 759). Eighty-five participants were randomly assigned to a task where they were given directions to play a computer game (neutral condition), or they were given directions that their intelligence was going to be evaluated by their

playing of the computer game (experimental condition). After receiving the directions of their respective conditions, they all completed the same computer task that measured memory. After completing the task, all participants completed the same ADHD measure that served as the initial screener and were asked to rate their perceived performance in comparison to peers (without being told their actual performance on the task). Results indicated that those in the experimental condition reported more ADHD symptoms post the task than participants in the neutral condition, due to the evaluative nature of the experimental condition and the desire to protect their self-image from the possibility that they had performed poorly on the task.

Triangle Model of Responsibility

Interwoven with the construct of excuses is the concept of responsibility, as excuses are often seen as mechanisms by which individuals seek to lessen or avoid responsibility for an event. Responsibility is the psychological construct that ties an individual to the event, its goals, and its outcomes (Schlenker et al., 2001; Christopher & Schlenker, 2005). The Triangle Model of Responsibility (Schlenker et al., 1994) is a framework that contains three components: the actor, the prescriptions (rules and goals) of conduct, and the events. It is the interrelationships between components that are essential in the determination of responsibility, and these linkages can be weakened by excuses.

Prescription clarity is the link between prescriptions and the event, that is, the level of clarity regarding the goals and rules of a given situation (Schlenker et al., 2001). Prescription clarity can be weakened by excuses in which the individual claims the rules were unknown or ambiguous, or the goals were in conflict with one another. For example, a student who fails an exam might claim that a professor did not clearly explain what material would be covered on the exam. Another example might be an employee stating they did not finish a report on time

because they did not know there was a firm deadline. Smiley (2016) describes the aforementioned example as a volitional excuse or a plea of incompetence or ignorance. Excuses of this nature implore others to accept that we were not responsible for the outcomes of our actions because, due to a lack of adequate knowledge prior to a task, we could not have known that harm would arise.

The link between the prescriptions of an event and the actor is personal obligation (Schlenker et al., 2001). This linkage can be described as the extent to which the individual feels tied to the rules and goals of a situation. Personal obligation is weakened when an individual believes the prescriptions are irrelevant, ambiguous, or do not apply to him. A classic example of an excuse related to personal obligation would be the employee who states, "That's not my job." A business student who performs poorly in their freshman-level composition class might claim that the low grade is due to the fact that the class is not relevant to their business studies and their goal to take over the family business.

The final link the triangle model is the link between the event and the actor, known as personal control (Schlenker et al., 2001). Personal control relates to the extent to which an individual is tied to the outcome of the event. Excuses related to personal control attempt to explain outcomes as unintended (possibly the result of an accident or a mistake) or as the result of external circumstances. An example of an excuse in this realm might be an employee who was late for work claiming their alarm clock did not go off. Another example, more closely aligned with counseling, would be a person in substance abuse treatment claiming they had no responsibility over their actions because they were intoxicated.

It has been posited by several authors (Christopher & Schlenker, 2005; Schlenker et al., 1994; Schlenker et al., 2001) that, as the connections between the elements in the Triangle Model

strengthen, so does the individual's responsibility for a given situation. The model posits three types of excuses individuals employ to avoid taking responsibility for their actions after failing at a task: that they did not have control in the situation, that the rules of the task were unclear, and that it was really not their job to complete the task (Sheldon & Schachtman, 2007).

The Triangle Model of Responsibility provides a well-researched framework for the types of excuses that individuals employ to lessen (or embrace) their responsibility for their actions. The model provides parameters to a construct that can be ambiguous, as the definition of excuses is a difficult one to operationalize. Yet, while the Triangle Model has been studied in the realm of social psychology, a review of the literature has suggested that its applicability in the field of counseling psychology has yet to be explored.

Excuses and Blame

Correlated with the concepts of responsibility and excuses is the concept of blame. Alicke (2000) noted that blame plays into everyday interactions between people, in that individuals evaluate the conduct of themselves or others and judge whether actions were blameworthy or not. Alicke (1992, 2000) focused on the area of personal control and its association with blame. An audience will assign blame to an actor based on their reactions to a given behavior or an outcome caused by that behavior and their perception of the actor's control over the behavior. The assignment of blame comes not only from the observer's judgment of the actor's personal control but also from the strength of the observer's emotional reaction to the behavior (Alicke, 2000). Because individual differences exist in the ways observers judge events and process emotional reactions, Alicke (1992, 2000) suggested that some individuals interpret facts of an event to validate their desire to blame others, a concept called blame validation.

However, we do not always blame other people for their behaviors. While Alicke (1992) discussed the concept of blame validation, Turri and Blouw (2014) highlighted a process known as excuse validation, which posits that an audience may evaluate facts in such a way that the final interpretation is a validation of their desire to excuse (Turri & Blouw). The authors conducted multiple studies in which an actor commits a transgression where the actor is not necessarily to blame (such as speeding due to a broken speedometer) and then asked participants whether or not a rule was broken. While the actor was technically breaking the law, they discovered that participants often endorsed the belief that no transgression occurred, which suggested that participant perception of events was distorted in order to avoid blaming someone for breaking a rule.

Attribution Theory

Attribution theory and the construction of excuses seem to go hand in hand. When individuals are asked why they behaved in a certain way, their answer usually involves a causal attribution, in that they discuss what they believe brought about the action or they describe what their behaviors were trying to achieve (Maruna & Mann, 2006). Attribution theory, at the most basic level, is focused on how people determine the causes of behaviors and the subsequent implications of the behaviors and events they witness (Heider, 1958; Ross, 1977; Snyder et al., 1983; Weiner, 2010). Attributions, in essence, are reasons that people have for their own behaviors as well as the behaviors of others (Snyder et al.). Kelley and Michela (1980) noted that causal attributions are crucial in understanding human behavior in that attributions make up a person's understanding of why things happen in the world and therefore determine how that person moves through and interacts with the world.

The origin of attribution theory lies in the work of Fritz Heider, who posited that people understand others by piecing together observed slices of their behaviors and assuming that those collective pieces reflect something internal about the character of others (Brooks & Clarke, 2011; Heider, 1958; Hilt, 2003). Heider noted that when individuals make attributions about the character of others solely on the basis of perceived behaviors, errors can occur (Brooks & Clarke). In attributing behaviors of others as reflections of their dispositions, we are attempting to exert our own control over the environment to make situations more predictable (Jones, 1979). However, the cost of such control is the premature determination (errors) about the character of others and the social environment in which we operate (Jones).

Weiner added to the attribution literature by adding two dimensions to locus in determining causality: controllability, and stability (Weiner, 1985; Weiner, Figueroa-Munoz, & Kakihara, 1991). Controllability relates to the amount of effort a subject exudes over an action, and stability refers to the level of fluctuation of the cause (Weiner, 1985). Weiner conducted several studies tying excuses in social and academic settings to dimensions of attribution theory. Weiner et al. looked at what dimensions influence the excuses that students in an introductory psychology class choose to give in social situations. They discovered that students chose to give excuses that were external and uncontrollable, reporting that excuses that were categorized along those dimensions were viewed as minimizing rejection and possible anger from the audience. In a series of studies that related to excuses given in response to a broken social contract, Weiner, Amirkhan, Folkes, and Verette (1987) found that the results confirmed that excuses that were viewed as controllable resulted in the most negative affective responses from participants.

Weiner's experiments show that there are two perspectives to be considered in the application of attribution theory to a given situation: the perspective of the actor and that of the

observer. Attributions encompass integral pieces of information regarding what people communicate about themselves and their behaviors, and the differences in perspective can potentially lead to conflict in interpreting the actor's motives (Kelley & Michela, 1980). In general, actors tend to attribute the actions to the situations in which they find themselves, and observers tend to believe those actions are a part of the actors' personality structure (Kelley & Michela). What accounts for this difference in perspective? One possible reason is that the observer has a limited slice of information. The actor has more information about their own behavior across a variety of situations, but the observer potentially knows nothing more about the actor than their behavior in the given situation. The observer may not recognize the limitations of their knowledge and therefore assume the actor behaves in that manner consistently, thus attributing the actor's actions to their disposition (Kelley & Michela).

Another reason actors and observers may differ in how they attribute the causes of behavior may lie in their different motives for explaining a given event (Kelley & Michela, 1980). The actor may be motivated to not only receive credit for the good consequences of the event but also to provide distance from any blame associated with negative consequences. The observer's motivation may be limited in understanding the cause of the behavior, but because the observer may be affected by their own biases, the observer's search for an explanation is not completely objective (Kelley & Michela). Read (1992) further noted that explanations are ultimately constrained by the audience; if the explanation is to be recognized without a negative affective reaction, the actor evaluates the audience's perspective to see if the excuse will be honored. Whether an action is attributed to the actor's disposition or to environmental factors can have lasting impacts on such things as the actor's perceived likeability and trustworthiness (Kelley & Michela).

Making attributions to either a person's disposition or to environmental factors (or a combination of both) is not a flawless process. The fundamental attribution error (Ross, 1977; Kelley & Michela, 1980; Hilt, 2003) describes the tendency for the observer to overestimate the role of internal personality factors and underestimate the impact of external environmental factors in influencing the actor's behavior. A possible explanation for the tendency to err in making attributions can be found in the interplay between the actor and the observer, such as the dependence of the observer on the actor (Kelley & Michela) or the potentially unequal social roles conferred upon both parties (Ross). Heider described the interrelationship between the actor and the observer as persons "perceived as action centers and as such can do something to us. They can benefit or harm us intentionally, and we can benefit or harm them. Persons have abilities, wishes and sentiments; they can act purposefully, and can perceive or watch us" (1958, p. 21). Actions that have consequences for the observer, versus actions that do not affect the observer, are more likely to be attributed to the personality of the actor than situational factors (Ross).

Central to attribution theory is the idea of egocentric attributional bias, which is the idea that the individual readily attributes personal success to internal factors such as effort and disposition but attributes failure to external factors such as luck or the difficulty of the task (Ross, 1977; Wang & Anderson, 1994). Egocentric attributional biases assist the individual in justifying their choices as appropriate to the demands of the situation rather than being imbedded in their disposition (Ross). By attributing success to internal factors and failure to external factors, the individual is practicing a form of ego defense by maintaining (or even enhancing) their self-esteem (Carlston & Shovar, 1983; Ross; Snyder et al., 1983; Zuckerman, 1979). To a certain degree, this behavior is functional, in the sense that internal attributions in the

maintenance self-esteem help individuals view challenges they face with a measure of confidence in their abilities to succeed, and that can impact outside evaluations of their performance (Carlston & Shovar). Indeed, by making an external attribution for failure (one might say by offering an excuse for failure), individuals can move on to other tasks more efficiently without being caught up in repeated self-scrutiny regarding the negative performance (Schlenker et al., 2001; Higgins & Snyder, 1989a).

Attributional research has indicated that some excuses are more likely to be accepted than others, based upon three dimensions: locus of control (internal/external), control (controllable/uncontrollable), and stability (stable/unstable; Ah Yun, 1998). In general, excuses that are more readily accepted reside outside the excuse-giver's disposition (external), are out of the excuse-giver's control (uncontrollable), and vary over time and context (unstable; Ah Yun; Maruna & Mann, 2006; Weiner et al., 1987). Weiner et al., (1987) examined the dimension of locus of control by looking at the relationship between excuse giving and emotions, positing that excuses as external attributions of failure spare the feelings of other people. Students were recruited and instructed to describe a time when they communicated a true and/or false excuse; if they communicated a false excuse, they were also asked to disclose the real reason that was withheld. Communicated reasons—whether true or false—were external, uncontrollable, and unstable (i.e., my car broke down, therefore I could not make it to your birthday party). Withheld reasons were internal, controllable, and stable (I did not come to your birthday party because I did not want to go).

Attribution theory has direct applications to therapeutic work. When clients attend therapy, they often review the experiences of the previous week; in communicating those experiences in session, therapists can get a sense of the clients' attributional style (Hilt, 2003).

For example, in clients diagnosed with depression, the typical depressogenic attributional style is to make internal attributions which are stable and global for negative events and external attributions for positive ones (Brooks & Clarke, 2011; Hilt). Although the process of attributing negative events to the self might give the illusion of controllability, it actually suggests that clients feel unable to positively influence their lives or view themselves as ineffective problem solvers (Sowa, 1992). Understanding a client's perception of the causes and effects of their stressors—and their beliefs about their abilities to manage their stressors—are critical pieces of information for therapists in helping clients develop positive coping skills (Sowa).

Therapist View of Excuses

Why is the examination of the influence of excuses in therapy and the therapist's reaction to those excuses important? The therapeutic relationship sets the context for change to occur, and the relationship has been associated with positive psychological outcomes (Gelso & Samstag, 2008; Lambert & Barley, 2001; Norcross & Lambert, 2011; Ulvenes et al., 2012; Wampold & Budge, 2012), with DePue and Lambie (2014) noting that the therapeutic alliance accounts for 30% of the variance of positive client outcomes. Horvath and Bedi (2002) further described the therapeutic relationship as inclusive of mutual trust, liking, and respect between the client and the therapist, with both parties being committed to carrying out the tasks of therapy. A 2013 study by Bhatia and Gelso (as cited in Gelso, 2014) examined the perceptions of 249 therapists regarding contributing factors to the quality and outcome of a given session, and they discovered that the therapeutic relationship accounted for 27% of the variance of a given session's outcome. The construct of the therapeutic relationship transcends theoretical orientation, and it is an essential piece of the therapeutic process that makes it possible for the

client to collaborate and participate in treatment goals and tasks (Horvath & Luborsky, 1993; Wampold & Budge).

Gelso (2014) noted that how therapists feel about their clients influences not only what interventions are used in session but also how those interventions are used. Several authors (Baldwin & Imel, 2013; Garfield, 1997; Najavits & Strupp, 1994; Strupp & Anderson, 1997; Wampold & Imel, 2015) have discussed the uniformity assumption of therapists, where therapists are treated as interchangeable in research studies and where unique therapist responses to various in-session stimuli are not examined. Therapist reactions are complex and are important factors that influence the quality of therapy clients receive (Anderson, Ogles, Patterson, Lambert, & Vermeesch, 2009; Egan, Haley, & Rees, 2014). Lingiardi, Tanzilli, and Colli (2015) noted that a therapist's emotional response to a client can provide valuable information in the psychotherapy process, which can influence outcomes. Najavits et al (1995) stated that therapists who express reactions reflective of hope and empathy to client situations have more successful treatment outcomes than therapists who respond with boredom, indifference, withdrawal, or blaming. While clinicians are taught to suspend their affective reactions in session in order to maintain objectivity, Lopez and Wolkenstein (1990) noted that clinicians cannot ignore the fact that clients do cause affective reactions in their therapists. Crowe and Averett (2015) noted that mental health practitioners are susceptible to negative attitudes toward clients, noting that those negative attitudes can have damaging consequences to those who experience them.

Constantino, Boswell, Coyne, Kraus, & Castonguay (2017) noted that it was important to focus on how therapists facilitate in-session processes, specifically what differentiates a more successful therapist from a less successful therapist. They discussed "facilitative interpersonal

skill (FIS)" (p. 59), meaning that a therapist's interaction with a client is influenced by factors including the therapist's ability to use empathy accurately, display verbal fluency, inspire hope in the client, and express their emotions proficiently. Constantino et al., stated that while several studies exist that show the tie between therapeutic alliance and client outcomes, very little research exists that looks at a therapist's specific contributions to the process of therapy.

Many studies have focused on variations in therapists' emotional reactions to clients with different diagnoses and different degrees of symptom severity. Mundon, Anderson, and Najavits (2015) looked at the reactions of clinical psychology trainees to a client who presented with a substance use disorder versus a client who presented with major depressive disorder, and the results indicated that trainees endorsed more negative emotional reactions toward clients with substance use disorders than toward clients with major depressive disorder. Lingiardi et al. (2015) explored the reactions of therapists to clients with personality disorders that varied in the intensity of symptoms, and they discovered that patients with more intense symptoms tended to evoke more negative emotional responses from therapists, including helplessness and frustration.

As the therapeutic relationship is crucial to client outcomes, a therapist's conceptualization of the role of excuses in therapy could understandably impact the therapist's interactions with the client. Excuses may impact a therapist's liking of a client, which may impact how a therapist expresses understanding and empathy toward that client's concerns. An examination of the literature has revealed a dearth of information on the impact of excuses on the therapeutic relationship. Chui, Hill, Kline, Kuo, and Miller (2016) noted that clients play an important role in influencing therapist affect in session but very few studies exist that have systematically examined how therapist affective reactions relate to therapy process and outcome. This dissertation is meant to provide further information regarding the impact of client excuses

on therapists, specifically looking at how therapists react emotionally to excuses and how therapists perceive the client's current and future progress in therapy.

Summary

Research has suggested that excuses can have either good or bad consequences (or potentially both) to the individual and to the audience. The relationship between attribution theory and the use of excuses to deflect responsibility have been studied extensively in social psychology, business, education, and law. Various schools of thought have addressed the role of excuses in the conceptualization of mental health concerns, and the complexity of excuse-making has been examined in the areas of domestic violence, substance use, and sex offense treatment.

While the aforementioned studies have laid the foundation, there is still a great deal to be learned about the impact of excuses on the therapeutic relationship. In the present study, I examined how the use of excuses by clients impacts the therapists' perceptions of the therapeutic relationship, specifically examining the therapists' affective responses to a client who used controllable excuses in session versus a client who used uncontrollable excuses or did not use excuses in session. The research on attribution theory and in the framework of the Triangle Model of Responsibility suggests that, at least in academic and interpersonal situations (such as friendships), controllable excuses seem to yield more negative reactions from others than do uncontrollable excuses.

However, there is no existing study that shows how a therapist reacts to a client who uses controllable or uncontrollable excuses in session and whether those reactions affect the way the therapist may view the potential outcomes of therapy. In addition to therapists' affective responses, I examined therapists' assessments of the quality of sessions, comparing therapist

ratings for sessions that include controllable excuses by clients and those that used uncontrollable excuses or did not include excuses. Additionally, the aforementioned research suggests that therapist reactions to clients and attitudes toward them can affect therapist's expectations toward client progress. Therefore, I also sought to determine how the use of excuses by clients in session impact the therapists' expectations for client outcomes.

Chapter 3

Hypotheses

Research Question: To what extent do excuses offered in sessions by clients impact therapists-in-training with regard to their perceptions of their own emotional reactions, the quality of those sessions in which the excuses are offered, and the expectations for progress in therapy?

Hypotheses:

1a) Affective reactions to hypothetical clients in the controllable excuse condition will be significantly more negative than the affective reactions of hypothetical clients in the uncontrollable excuse condition. Affective reactions will be measured by the Ratings of Emotional Attitudes to Clients by Treaters (REACT) scale.

1b) Affective reactions to hypothetical clients in the controllable excuse condition will be significantly more negative than the affective reactions of hypothetical clients in the no-excuse condition (also measured by the REACT scale).

2a) The assessment of session quality in the controllable excuse condition will be significantly more negative than the assessment of the quality of session in the uncontrollable excuse condition. Session quality will be measured by the Session Evaluation Questionnaire (SEQ).

2b) The assessment of session quality in the controllable excuse condition will be significantly more negative than the assessment of the quality of session in the no-excuse condition (also measured by the SEQ).

3a) The prognostic expectations for hypothetical clients in the controllable excuse condition will be significantly more negative than for hypothetical clients in the uncontrollable excuse condition. The prognostic expectations will be measured by Factor II of the Therapist Expectancy Inventory (TEI Factor II).

3b) The prognostic expectations for hypothetical clients in the controllable excuse condition will be significantly more negative than for hypothetical clients in the no-excuse condition (also measured by TEI Factor II).

Note: Differences between the uncontrollable excuse condition and the no-excuse condition will be examined in an exploratory way.

Chapter 4

Method

Design

This study used an experimental between-subjects design. There were three levels of the independent variable. After responding to demographic questions, all participants were randomly assigned to read one of three vignettes which included controllable excuses, uncontrollable excuses, or lacked excuses (no-excuse condition). After reading their assigned vignette, participants completed outcome measures on their emotional reactions to the vignette, their prognostic expectations for the hypothetical client, and their assessment of session quality. They also completed a question regarding the extent of excuses in the vignette they read and another question regarding their assessment of the controllability of the excuses they read.

Participants

Masters' level and doctoral level students training in counseling psychology and associated fields (clinical psychology, community counseling, counselor education, and clinical mental health counseling) were invited to participate in the present study. Additionally, participants included had at least one semester of practicum experience. Individuals were able to view a brief description of the study, including the approximate time allotted, and they were given the opportunity to sign up for a drawing for 1 of 5 Amazon gift cards ($25 each).

An a-priori power analysis conducted through G*Power yielded a total sample size of 252 participants (with alpha level equal to .05 and effect size of .25 to reflect a moderate effect size). Students were asked to participate in the study through an email sent to the training

director (see Appendix A for initial email). Due to an issue with the accessibility of the link when the original email was sent, I submitted an IRB modification to re-send the initial email (see Appendix B for the amended initial email). I sent 1,115 emails to training directors asking them to forward the study link on to their students. After the initial email was sent, 168 participants completed the study. As the required sample size was not achieved after the initial emails were sent, I sent a follow-up email to training directors to forward on to their students (see Appendix C for the follow-up email). I sent 1,181 emails to training directors as a part of the follow-up email distribution. After the follow-up email was sent, an additional 151 participants completed the survey.

In sum, a total of 319 respondents accessed the survey across both recruitment cycles. Nine of those respondents were eliminated because they did not meet the minimum practicum requirement (1 semester). Of the remaining 310 responses, 49 participants were eliminated from the final data set because they did not complete all of the outcome measures. The final pool of participants was 261.

A majority of the participants were women (n = 207, 79.3%), Caucasian (n = 188, 72%), and self-identified as heterosexual (n = 216, 82.8%). The mean age of participants was 29.5 years (range: 22 – 65, SD = 6.35), and they had completed an average of 5.9 semesters of practicum (range: 1 – 15, SD = 4.43). The majority of participants were pursuing a doctoral degree (n = 228, 87.4%) and were students in clinical psychology programs (n = 143, 54.8%). The average time spent in graduate school was 4.07 years. Regarding theoretical orientation, 105 participants (40.2%) identified as practitioners of cognitive behavioral therapy. Table 1 outlines the demographic characteristics of this study's participant pool.

Table 1

Demographic Characteristics of Participants (N=261)

Variable	*n*	*%*
Gender		
Man	51	19.5
Woman	207	79.3
Transgender Man	1	0.4
Genderqueer/Gender non-conforming	2	0.8
Ethnicity		
African-American/Black/African Origin	12	4.6
American-Indian/Alaska Native/Aboriginal Canadian	2	0.8
Asian-American/Asian Origin/Pacific Islander	21	8
Latino-a/Hispanic	11	4.2
European Origin/Caucasian	188	72
Bi-racial/Multi-racial	17	6.5
Other Ethnicity	10	3.8
Sexual Orientation		
Gay	6	2.3
Lesbian	3	1.1
Queer	10	3.8
Bisexual	16	6.1
Heterosexual	216	82.8
I define my sexual orientation in another way	10	3.8
Degree Type		
Master's Degree (M.A., M.Ed., M.S.)	32	12.3
Doctoral Degree (Ph.D., Psy.D.)	228	87.4
Other	1	0.4

Table 1 cont.

Variable	*n*	%
Academic Program		
Counseling Psychology	89	34.1
Clinical Psychology	143	54.8
Counselor Education	5	1.9
Clinical Mental Health	13	5
Community Mental Health	2	0.8
Other	9	3.4
Current Year in Graduate School		
1	10	3.8
2	52	19.9
3	31	11.9
4	43	16.5
5	81	31
6	30	11.5
7+	14	5.4
Theoretical Orientation		
CBT	105	40.2
Existential	7	2.7
Feminist	7	2.7
Humanistic	9	3.4
Multicultural	5	1.9
Person-Centered	24	9.2
Psychodynamic/Psychoanalytic	41	15.7
Relational-Cultural	11	4.2
Solution-Focused	10	3.8
Other	42	16.1

Procedure

The study was conducted entirely online via Qualtrics. Following approval from the Auburn University Institutional Review Board (IRB), and as described above, participants were recruited via email correspondence with my request to training directors that they forward the

study to their graduate students (if allowed by their respective institutions' IRB). The emails contained a hyperlink that took participants to the online study. After accessing the study, participants were immediately taken to a page outlining basic information about the study, including contact information for myself (as the principal investigator) and my adviser, the protection of their confidentiality and anonymity, the requisite IRB information, and a reminder that their participation in the study was voluntary and that they could discontinue at any time. Additionally, the initial page of the study included a statement that their completion of the study constituted their consent (see Appendix D for the information letter).

After reading the aforementioned information about the study, those who chose to participate clicked a link to proceed to the next page, where they entered information that determined if they are eligible to participate and allowed this investigator to gather demographic information (see Appendix E). Inclusion criteria included those who were at least 19 years old, who had completed at least one semester of practicum experience and who were enrolled in either a doctoral or master's program in a counseling-related field or were completing a pre-doctoral internship. Those individuals who did not meet the criteria outlined above were directed to the end of the study. As previously mentioned, nine individuals were directed to the end of the study because they did not meet the minimum requirement for completed semesters of practicum. There were no individuals who were disqualified due to the age requirement.

Participants who met the inclusion criteria were randomly assigned to read one of three short vignettes: one vignette describing a hypothetical client session that included two controllable excuses, one vignette describing a hypothetical client session that included two uncontrollable excuses, or one vignette describing a hypothetical client session that did not include any excuses (see Appendix F; see below for description of how vignettes were

developed). Upon reading the assigned vignette, participants completed several outcome measures to determine their assessment of session quality, their emotional reactions to the hypothetical client in the vignette, and their expectations regarding client outcome. The order of the outcome measures was randomized to mitigate the threat of order effects.

After completing the outcome measures, each participant was asked a question (see Appendix G) regarding their impression of the presence of excuses in the vignette they read, responding on a 7-point Likert scale with 3 verbal anchors (1 = *Not at All*, 4 = *Moderately*, and 7 = *Very Much*). Those participants who responded with an answer of 4 or above were directed to a second question regarding the extent to which the excuse was in the hypothetical client's control, with responses following the same aforementioned Likert scale. However, due to an oversight by this evaluator, these follow-up questions were not part of the initial distribution of the survey and were added approximately five days after the survey was first distributed. Therefore, just over half (n = 137) of the participants received and answered the follow-up questions.

Participants had the option of entering a drawing for 1 of 5 Amazon gift cards ($25 each). After completing the study, participants could click a link that directed them to a separate Qualtrics survey where they entered their email address if they wanted to be included in the random drawing.

Construction of Vignettes

As previously stated, this study utilized brief vignettes and supplementary outcome measures to assess trainee's reactions to hypothetical clients who utilize excuses in session. Vignettes are short scenarios utilized in research that describe situations that participants may encounter in real life, and they are utilized to elicit participants' attitudes or judgments

(Bradbury-Jones, Taylor, & Herber, 2014; Brauer et al., 2009). Vignettes can be created using information from a variety of sources, including real-life situations, previous research, literature reviews, or a combination of several sources (Bradbury-Jones et al.). Although several authors (Bradbury-Jones et al.; Brauer et al.,; Hughes & Huby, 2002; Munday, 2013) have pointed out that a disadvantage of vignettes is the potential discrepancy between what people say they will do in response to a vignette and what they actually do in real life, there are several advantages to utilizing vignettes in research. Vignette studies can focus on specific factors that may causally affect the responses of participants (Atzmuller & Steiner, 2010). Vignettes do not require the participants to have any specialized knowledge regarding the topics being studied (Hughes & Huby), and they provide flexibility in describing the topics of interest (Brauer et al.).

Each vignette involved two transgressions: being late for a session and failing to complete an agreed upon task outside of therapy. Kazantzis, Lampropoulos, and Deane (2005) surveyed 827 psychologists and discovered that 68% reported using homework assignments "often" or "almost always." Kazantzis and Dattilio (2010) conducted further analysis of the aforementioned survey. Results indicated agreement between CBT and psychodynamic practitioners on the importance of homework (also described as between-session therapeutic activities) when working with clients who have issues with ADHD, substance abuse, anxiety, relational issues, and sleep. Wampold and Budge (2012) noted that there is a strong relationship between homework and therapy outcomes (r = .36).

To tailor the excuses to therapy settings and to make the vignettes reflective of real-life situations, I solicited feedback from 9 students currently enrolled in Auburn University's Counseling Psychology program, 3 alumni of the aforementioned program, 2 students of the Counselor Education program, and 1 member of my dissertation committee regarding commonly

heard excuses related to tardiness, missing sessions, and not completing homework. The two excuse vignettes focused on controllable versus uncontrollable excuses. As previously stated in the literature review, the controllability dimension of an attribution is the degree to which the causes of an outcome are perceived to be in the individual's control (Lopez & Wokenstein, 1990). Weiner and Handel (1985) noted that controllable causes for a failure tend to elicit negative responses such as anger, whereas causes that are perceived to be uncontrollable tend to elicit pity and sympathy. The excuses used in the vignette were, in part, from a 1987 study by Weiner et al. which looked at the excuses given by participants after failing to fulfill a social obligation, and the authors categorized excuses as controllable or uncontrollable. During the dissertation proposal meeting in June 2017, members of the committee suggested changes to the wording of the vignettes, including the excuses used. The final wording of the vignettes was approved by all committee members in follow-up emails after the proposal meeting. In an effort to minimize potential confounds, the name, gender, and presenting concerns of the hypothetical client is the same throughout all vignettes.

Outcome Measures

Emotional reactions. The emotional reactions of therapists were measured by 28 items of the Ratings of Emotional Attitudes to Clients by Treaters (REACT; Najavits et al, 1995). The REACT scale is a 40-item self-report measure that asks therapists to rate their emotional reactions to their clients on a 6-point Likert scale, from 1 (*Never*) to 5 (*Very often*), with 6 representing a "Can't Say" option. The scale also consists of 4 additional questions that do not assess emotional reactions to clients but rather ask the therapist specific questions about the client's potential to end treatment. The scale consists of two subscales: positive feelings (12 items) and negative feelings (23 items). The negative items are reverse-scored. Items on the

positive subscale include "*optimistic about the client's future*," "*a sense of connection or attachment to the client*," and "*liking, fondness, affection for the client*." Items on the negative subscale include "*drained and exhausted*," "*bored with the client*," and "*wishing to withdraw contact with the client*." The total score is the mean of all items (Najavits et al). There are 5 items included that do not align with either subscale and are therefore not scored. Originally designed to assess therapists' reactions to clients who abused substances, therapists were instructed to fill out the measure with regard to how they currently feel about their patient. Normed on 52 therapists working with 140 outpatients at 3 time points, the original measure yielded high reliability, with Cronbach's alpha ranging from .80 to .82. The measure displayed moderately strong convergent validity with two other instruments, the Helping Alliance Questionnaire-II (.53 to .73) and the California Psychotherapy Alliance Scale (.60 to .62).

Mundon (2012) slightly modified the measure to be utilized for fictional client situations as expressed by the use of vignettes ("How do you imagine you would feel working with this client?"). Mundon's modifications reduced the number of items from 40 to 39, with each item being answered on 5-point Likert scale, from 1 (*Never*) to 5 (*Very often*). The question that was eliminated asked the therapist to write in any additional feeling he or she noticed and then rate that feeling. Mundon's modifications to the measure and its use with vignettes yielded high reliability, with Cronbach's alpha ranging from .85 for the positively-worded items to .92 for the negatively-worded items.

After discussion with the committee during the proposal process, it was decided to utilize only those items that loaded .50 or higher on the factor analysis completed by Dr. Najavits and her team in the creation of the REACT measure (see Najavits et al., 1995 for more information), yielding a final tally of 28 items from the scale. Permission was received from the REACT

scale's creator, Dr. Lisa Najavits, to utilize those 28 items that received a factor loading of .50 or higher and to utilize modified instructions. (See Appendix H).

Session quality. The therapist's perception of the quality of the session was measured by two subscales of the Session Evaluation Questionnaire (SEQ; Stiles, 1980; Stiles & Snow, 1984; Stiles, Gordon, & Lani, 2002). The SEQ was used to assess participants' reactions to the vignettes/sessions, where the REACT measure was used to assess participants' reactions to the hypothetical clients portrayed in the vignettes/sessions. The original SEQ assesses session impact by measuring two evaluative dimensions (depth and smoothness) and two post-session mood dimensions (positivity and arousal) from both the therapist and the client vantage point. Depth refers to the value and the power of the session. Smoothness refers to the perceived pleasantness of the session. Positivity is reflective of the level of confidence, clarity, and happiness the respondent feels after the session, whereas Arousal measures to what extent the respondent feels active and excited, or, conversely, calm. For the purposes of this study, only the two evaluative scales (depth and smoothness) were used. The items on the positivity and arousal scales are not relevant to this study, as this study did not utilize actual therapist-client dyads, and the dimension of post-session mood was not applicable.

The original SEQ had 22 items divided among the three of the aforementioned scales (arousal was not included as a scale until Form 3, developed in 1984), while the current SEQ (Form 5) has 21 items among the four scales (5 items per scale). The measure is self-report, and responses are captured on a 7-point Likert scale with bipolar adjectives as anchors, with higher scores reflecting greater depth and greater smoothness. The dimensions of depth and smoothness account for 10 items, and a comparison of SEQ Form 5 with the original form revealed no differences in bipolar adjectives on the depth and smoothness scales. Items on the depth

subscale include *valuable – worthless, shallow – deep,* and *weak – powerful*. Items on the smoothness subscale include difficult – *easy, relaxed – tense*, and *comfortable – uncomfortable*. Three items on the depth scale and two items on the smoothness scale are reverse-scored, and each scale yields its own score (rather than a total score for the instrument). Stiles (1980) developed the first version of the instrument using data from 16 practitioners over 113 individual sessions. Stiles and Snow (1984) normed the third version of the SEQ on doctoral-level clinical psychology students and found high reliability on both the depth (alpha = .91) and smoothness (alpha = .89) dimensions for therapist ratings.

Expectations of client outcome. To assess clinician's expectations of client outcome and prognosis, Factor II (Expectancies of Outcome for Client) of the Therapist Expectancy Inventory (TEI Factor II; Bernstein, Lecomte, & Des Harnais, 1983) was used. The scale, which consists of 9 items, records responses on an 8-point Likert scale, from 1 (*Not at All Expect*) to 8 (*Greatly Expect*). Higher scores for each item reflect more positive prognostic expectations on the part of therapists. Items on the inventory include, "*After intervention, this client will make more effective decisions*," and, "*After intervention, this client will have greater self-knowledge*." The original inventory was developed using a pool of 1403 clinical psychologists, social workers, and counselors, with analysis completed by Bernstein et al. yielding an alpha coefficient of .84. Katz and Hoyt (2014) utilized Factor II—which they dubbed *Prognosis Scale*—in their study that examined the relationship between cultural sensitivity and therapists' expectancies for prognosis and bond. Utilizing a pool of 173 trainees and mental health professionals, Katz and Hoyt applied the measure to a vignette study, where they found alpha coefficients for Factor II to range from .94 to .95. The measure was modified slightly, changing the wording at the beginning of each prompt from "after intervention" to "after completing

therapy." Permission was received from the measure's creator, Dr. Bianca Bernstein, to utilize only Factor II and to modify the wording of each prompt (see Appendix I).

Data Analysis

First, a one-way ANOVA was conducted to determine if there were any significant differences between the three study conditions on the additional question regarding the presence of excuses, and an independent samples t-test was conducted to determine if there were any significant differences with regard to the extent of controllability of those excuses (see "Manipulation Check" section below). Next, a one-way ANOVA was conducted for each of the outcome measures (REACT, SEQ, and TEI Factor II) to determine if there were any significant differences between the responses given by the participants in the three study conditions. One measure—the SEQ—yields two subscores: one for depth and one for smoothness. One-way ANOVAs were conducted for each of those subscores. Another measure—the REACT scale—looked at two subscores (positive and negative) and the overall score. One-way ANOVAs were conducted for the subscores and the overall score. Additionally, due to the wide range in semesters of practicum, a one-way ANCOVA was conducted on each outcome measure to control for the variation.

Chapter 5

Results

The purpose of this study was to examine the impact of excuses offered in sessions by hypothetical clients on therapists-in-training, with regard to their (trainees') perceptions of their own emotional reactions, the quality of those sessions in which the excuses are offered, and the expectations for progress in therapy. This chapter provides the statistical analyses related to the hypotheses outlined in Chapter 3.

Manipulation Check

The following two questions were used to ascertain the extent to which study participants identified excuses being made and the controllability (or lack thereof) of the identified excuses:

1. In the vignette you read, how much did you feel that JM [the client] was making excuses for his behavior?
2. In the vignette you read, in your opinion, how much were those excuses under his control?

Each of the aforementioned questions was scored on a Likert scale (1 = *Not at All*, 4 = *Moderately*, 7 = *Very Much*). A one-way ANOVA was conducted comparing each group to one another on the first question. Because these questions were initially left off the survey and added shortly after distribution, only a subset (n = 138) answered the first question. A smaller subset (n = 103) answered the second question because any participant who answered with a 3 or below on the first question was not directed to the follow-up question. For all of the comparisons, the

Levene statistic for the homogeneity of the variances was not significant, indicating that the assumption of equal variances was not violated.

On the first question, the one-way ANOVA showed there was a significant difference in the extent to which JM used excuses at the $p < .05$ level for the three conditions [$F(2,135) = 4.25$, $p = .016$]. Post hoc comparisons using the Tukey HSD test indicated that the mean score for the uncontrollable condition ($M = 5.07$, $SD = 1.45$) was significantly different from the no-excuse condition ($M = 4.16$, $SD = 1.57$). This finding suggests that the uncontrollable excuse condition represented a successful manipulation when compared with the no-excuse condition. However, it is worth noting here that there were no hypotheses addressing differences in responses of participants in the uncontrollable versus no-excuse condition. The controllable excuse condition ($M = 4.53$, $SD = 1.45$) did not significantly differ from the uncontrollable and no-excuse conditions. Results of the ANOVA and post hoc comparisons are shown in Tables 2, 3, and 4.

In analyzing the second question, there was a significant difference between the controllable excuse condition and the uncontrollable excuse condition ($t(68) = 3.56$, $p = .001$). Participants in the controllable excuse condition identified those excuses as more in JM's control ($M = 5.16$, $SD = 0.21$) than did participants in the uncontrollable condition ($M = 4.08$, $SD = 0.20$). This finding does represent support for the idea that, at least in terms of perception of controllability, the manipulation was successful. Results of the independent samples t-test are shown in Table 5.

Table 2

Means and Standard Deviations by Condition for Extent of Excuses Made by JM (hypothetical client)

	n	*M*	*SD*
Controllable	45	4.53	1.45
Uncontrollable	44	5.07	1.45
No-Excuse	49	4.16	1.57

Table 3

One-Way Analysis of the Variance for Extent of Excuses Made by JM (hypothetical client)

	Sum of Squares	*df*	Mean Square	*F*	Sig.
Between Groups	19.08	2	9.54	4.25	.016
Within Groups	302.68	135	2.24		
Total	321.77	137			

Table 4

Tukey HSD Post Hoc Comparisons

(I) Group Excuse Condition	(J) Group Excuse Condition	Mean Difference (I-J)	Std. Error
No-Excuse	Uncontrollable	-0.90*	0.31
	Controllable	-0.37	0.30
Uncontrollable	Controllable	0.53	0.31
	No-Excuse	-0.90*	0.31
Controllable	Uncontrollable	0.53	0.31
	No-Excuse	-0.37	0.30

*The mean difference is significant at the .05 level.

Table 5

Independent Samples T-Test for Controllability (df = 68)

	n	*M*	*SD*
Controllable	31	5.16	1.21
Uncontrollable	39	4.08	1.36

Descriptive Statistics for Instruments and Participants

Descriptive statistics including means and standard deviations were computed for all measures, including subscores of measures (see Table 6). Table 7 addresses the correlations among the outcome measures, and Table 8 lists Cronbach's Alpha for the scores and subscores of the outcome measures.

Across all three measures (REACT, TEI Factor II, and SEQ), there were no statistically significant differences between different genders. Due to a lack of diversity of the study participants, no other demographic category was examined, as the population of the study was overwhelmingly Caucasian and heterosexual.

Table 6

Descriptive Statistics for Outcome Measures for All Conditions

		Controllable Excuse	Uncontrollable Excuse	No-Excuse
Outcome Measure	*M (SD)*	*M (SD)*	*M (SD)*	*M (SD)*
Total REACT*	3.56 (0.42)	3.58 (0.45)	3.56 (0.42)	3.55 (0.40)
REACT – Positive*	3.23 (0.53)	3.16 (0.49)	3.27 (0.58)	3.26 (0.49)
REACT – Negative**	3.72 (0.46)	3.78 (0.52)	3.70 (0.43)	3.69 (0.42)
SEQ – Depth*	3.76 (0.86)	3.72 (0.79)	3.69 (0.82)	3.85 (0.97)
SEQ – Smoothness*	3.94 (0.81)	4.00 (0.71)	3.97 (0.85)	3.85 (0.85)
TEI Factor II*	5.17 (1.34)	5.18 (1.18)	5.28 (1.50)	5.07 (1.32)

Note. Total REACT= Ratings of Emotional Attitudes to Clients by Treaters Total Score; REACT-Positive=Score of positively-worded items of REACT measure; REACT-Negative=Score of negatively-worded items of REACT measure; SEQ-Depth=Depth subscale of Session Evaluation Questionnaire; SEQ-Smoothness=Smoothness subscale of Session Evaluation Questionnaire; TEI Factor II=Therapist Expectancy Inventory Factor II. *Higher scores indicate more favorable responses on each measure. **Lower scores on the REACT – Negative measure indicate more negative affective responses.

Table 7

Correlations among Outcome Measures (*N* = 261)

	Total REACT	REACT Positive	REACT Negative	SEQ Depth	SEQ Smoothness
Total REACT					
REACT – Positive	.93*				
REACT – Negative	.76*	.49*			
SEQ – Depth	.33*	.43*	.22*		
SEQ – Smoothness	.52*	.49*	.44*	.34*	
TEI Factor II	.48*	.54*	.35*	.38*	.32*

* $p < .01$

Table 8

Cronbach's Alpha for Dependent Variables

Variable	Cronbach's Alpha
Total REACT	.89
REACT – Positive	.86
REACT – Negative	.87
SEQ – Depth	.78
SEQ – Smoothness	.80
TEI Factor II	.95

Note. Total REACT= Ratings of Emotional Attitudes to Clients by Treaters Total Score; REACT-Positive=Score of positively-worded items of REACT measure; REACT-Negative=Score of negatively-worded items of REACT measure; SEQ-Depth=Depth subscale of Session Evaluation Questionnaire; SEQ-Smoothness=Smoothness subscale of Session Evaluation Questionnaire; TEI Factor II=Therapist Expectancy Inventory Factor II.

Statistical Analyses

When conducting the statistical analyses, there were three assumptions to consider when performing the ANOVA for each hypothesis: independence of groups, homogeneity of the variances, and normal distribution (Morgan, Leech, Gloeckner, & Barrett, 2013). The first assumption is that the scores were independent. This assumption was met due to the randomization of participants placed in each group. The second assumption was examined using Levene's test to check the homogeneity of the variances. Levene's test showed that this

assumption held for all of the dependent variables with one exception: the TEI Factor II. I ran the Kruskal-Wallis nonparametric test to determine if there were statistically significant differences among the three conditions on the TEI Factor II, and no statistically significant differences existed (2, N = 261) = 1.355, p = .508. Regarding the third assumption of normal distribution, I conducted the Shapiro-Wilk test to examine the normality of the distribution. The assumption of normality held for all conditions on all outcome measures with the exception of the SEQ Smoothness score in the no-excuse condition. The results of the ANOVAs are shown in Table 9.

Hypothesis 1a. The affective reactions of hypothetical clients in the controllable excuse condition will be significantly more negative than the affective reactions of hypothetical clients in the uncontrollable excuse condition. Affective reactions were measured by the Ratings of Emotional Attitudes to Clients by Treaters (REACT) scale. One-way ANOVAs were run comparing vignette conditions on the scores for each of the REACT subscales along with the total REACT score. There were no significant differences between any of the vignette conditions for the REACT positive subscale [F(2,258) = 1.20, p = .300], the REACT negative subscale [F(2,258) = 0.93, p = .396], or the total REACT scale [F(2,258) = 0.09, p = .907]. Due to the lack of significant differences among the groups, Hypothesis 1a was not supported. Means and standard deviations for each condition on the positive and negative subscales and total scale are shown in Table 6. Additionally, a one-way ANCOVA was conducted to determine a statistically significant difference between the vignette conditions on the REACT measure controlling for semesters of practicum completed. There were no significant differences between the vignette conditions for the REACT positive subscale [F(2,257) = 1.30, p = .274], the REACT negative subscale [F(2,257) = 0.69, p = .501], or the total REACT scale [F(2,257) = 0.05, p =

.946] after controlling for semesters of practicum. The results of the ANCOVA are shown in Appendix J.

Hypothesis 1b. Affective reactions to hypothetical clients in the controllable excuse condition will be significantly more negative than the affective reactions of hypothetical clients in the no-excuse condition. As there were no significant differences overall between any of the groups, Hypothesis 1b was also not supported.

Hypothesis 2a. The assessment of session quality in the controllable excuse condition will be significantly more negative than the assessment of the quality of session in the uncontrollable excuse condition. The quality of sessions was measured by two subscales of the Session Evaluation Questionnaire (SEQ): Depth and Smoothness. A one-way ANOVA was performed comparing each vignette condition on the scores for both the SEQ Depth subscale and the SEQ Smoothness subscale. There were no significant differences between any of the vignette conditions for the SEQ Depth subscale [$F(2,258) = 0.76$, $p = .465$] or for the SEQ Smoothness subscale [$F(2,258) = 0.87$, $p = .417$]. Therefore, Hypothesis 2a was not supported. Means and standard deviations for each condition on both SEQ subscales are shown in Table 6. Additionally, a one-way ANCOVA was conducted to determine a statistically significant difference between the vignette conditions on the SEQ Depth and Smoothness subscales controlling for semesters of practicum completed. There were no significant differences between the vignette conditions for the SEQ Depth subscale [$F(2,257) = 0.76$, $p = .468$] or for the SEQ Smoothness subscale [$F(2,257) = 0.90$, $p = .406$] after controlling for semesters of practicum. The results of the ANCOVA are shown in Appendix J.

Hypothesis 2b. The assessment of session quality in the controllable excuse condition will be significantly more negative than the assessment of quality of session in the no-excuse

condition. As there were no significant differences between any of the groups, Hypothesis 2b was also not supported.

Hypothesis 3a. The prognostic expectations for hypothetical clients in the controllable excuse condition will be significantly more negative than for hypothetical clients in the uncontrollable excuse condition. The prognostic expectations were measured by the Factor II (Expectancies of Outcome for Client) of the Therapist Expectancy Inventory (TEI Factor II). A one-way ANOVA was run comparing scores for the three vignette conditions on the TEI Factor II score. There were no significant differences between any of the vignette conditions [$F(2,258) = 0.55$, $p = .575$]. Therefore, Hypothesis 3a was not supported. Means and standard deviations for each condition on the TEI Factor II are shown in Table 6. Additionally, a one-way ANCOVA was conducted to determine a statistically significant difference between the vignette conditions on the TEI Factor II controlling for semesters of practicum completed. There were no significant differences between the vignette conditions for the TEI Factor II [$F(2,257) = 0.55$, $p = .576$] after controlling for semesters of practicum. The results of the ANCOVA are shown in Appendix J.

Hypothesis 3b. The prognostic expectations for hypothetical clients in the controllable excuse condition will be significantly more negative than for hypothetical clients in the no-excuse condition. As there were no significant differences overall, Hypothesis 3b was also not supported.

Table 9

One-Way Analysis of the Variance for Outcome Measures

Outcome Measure	*F*(2,258)	Sig.
Total REACT Score	0.09	.907
REACT Positive Subscale	1.20	.300
REACT Negative Subscale	0.93	.396
SEQ Depth Subscale	0.87	.417
SEQ Smoothness Subscale	0.76	.465
TEI Factor II	0.55	.575

Chapter 6

Discussion

The current study was designed to explore the relationship between excuses (controllable and uncontrollable) and therapist trainees' perceptions of their emotional reactions, the quality of the session, and the expectations for progress in therapy. Past research studies have looked at the role and function of excuses in undergraduate academic environments, peer relationships, and business. In the field of counseling, the examination of excuses has primarily been focused on the treatment of perpetrators of domestic violence and sexual offenses. It was the intention that this study would illuminate the role of excuses in a more typical therapeutic relationship where excuses are given by clients and the problems reflected were ones commonly encountered by therapists-in-training. Knowledge about therapists' emotional reactions to excuses used in session, determinations made about the quality of sessions in which excuses were present, and expectations about the trajectory of treatment could influence the way therapists think about the therapeutic relationship. Therefore, the study examined the following research question:

> To what extent do excuses offered in sessions by clients impact therapists-in-training with regard to their perceptions of their own emotional reactions, the quality of those sessions in which the excuses are offered, and the expectations for progress in therapy?

Hypotheses 1a, 2a, and 3a compared controllable excuses with uncontrollable excuses, positing that participants in the controllable excuse condition (for example, a client being late because an alarm was not set) would endorse significantly more negative affective reactions, assessments of session quality, and prognostic implications than those participants in the

uncontrollable excuse condition (for example, a client being late because a car blocked their driveway). Unfortunately, results of the statistical analyses indicated that participants in the two conditions did not significantly differ in their responses.

Hypotheses 1b, 2b, and 3b compared situations where controllable excuses were given with situations in which the client provided no excuses. Those hypotheses posited that participants would respond significantly more negatively in the domains of affective reactions, assessments of session quality, and prognoses when the client gave a controllable excuse compared to when the client gave no excuse. Once again, there were no significant differences between groups on those outcome measures.

Of course, there are always many reasons why group differences may not be found. When they are not, one of our first questions is to ask whether the manipulation was successfully carried out. Regarding H1a, H2a, and H3a, it is not completely clear whether the manipulations were completely successful. On the one hand, as reported in the Results chapter, controllability was apparently successfully manipulated. On the other hand, when participants in the controllable and uncontrollable conditions were asked about the extent to which the client gave excuses, there were no differences. It is possible that participants may have made a quick judgment regarding whether excuses were present or not and then made an assessment about the quality of the excuse, which may explain why there were no significant differences between the controllable excuse and uncontrollable excuse conditions. Therefore, the lack of differentiation between those conditions is not problematic. However, there is a significant problem in the study because questions are raised about the testing of the hypotheses when comparing the controllable excuse and the no-excuse conditions, as there were no significant differences

between those conditions with regard to the extent of excuses made. Therefore, it is difficult to understand what is actually being tested in the hypotheses.

The Manipulation Check subsection of the Results chapter shows that participants in the uncontrollable condition were the most prone to recognize excuses, followed by the controllable excuse condition and then the no-excuse condition, although, as noted, these were not significant differences. One of the weaknesses in the study is that prior to carrying out the study, I failed to make predictions about or to clarify for conceptual purposes whether I expected participants to differ between the controllable and uncontrollable conditions with regard to the question about degree of excuse offered. Even in retrospect it seems difficult to know what to conclude in this regard. The only thing which can be said for sure is that in this study there were no significant differences between these two conditions in terms of the question about the degree of excuse offered. In future studies it might be important to also consider whether the way in which I manipulated the variables activated other confounding ones. For example, we do not know whether forgetting to set an alarm has the same inherent saliency or "attention grabbing properties" as does the idea of a car blocking one's driveway. This is not a particularly troublesome problem in this study because there were no significant differences for which we are seeking alternative explanations. In any event, regarding H1a, H2a, and H3a, the centrally important manipulation about controllability appears to have been successful, and yet there were no significant differences found between the two groups.

Furthermore, there were no significant findings between the conditions on any of the dependent variables (affective reactions, assessment of session quality, and prognostic expectations). It is difficult to interpret potential reasons for this lack of significance, given the mixed results of the manipulation check. On the one hand, it is possible that no differences were

discovered due to the partially failed manipulation. However, participants were able to distinguish on the dimension of controllability. That might suggest that no differences exist because there are actually no differences in the ways participants viewed excuses in the vignettes. Perhaps excuses at this level (in response to typical tasks in therapy) do not register in terms of salience regarding therapist emotional reactions, impressions of session quality, or impact of future expectations of progress. Past research had focused on therapist responses to working with clients with specific diagnoses, including substance use disorders (Mundon, 2012; Mundon, Anderson, & Najavits, 2015; Najavits et. al, 1995). Additionally, with certain offender populations, such as perpetrators of sexual offenses and of domestic violence, a certain level of pathology is ascribed to those who employ excuses to explain their behaviors (Henning & Holdford, 2006; Maruna & Mann; Todd, 2010). The vignettes in the current study were intentionally designed to reflect more common interactions between therapists-in-training and clients without regard for diagnosis or offense categorization. It is possible that the manipulation was not strong enough or compelling enough given the artificial nature of the manipulation. In a regular session, we have 45-50 minutes in which to reflect on and process client comments, making ties from points earlier in the session (or from previous sessions). The vignettes in this study were very brief, and participants were asked to register their perceptions based on minimal session content.

The testing of H1b, H2b, and H3b (hypotheses about differences on the dependent variables as a function of controllable excuses versus no excuses), was seriously compromised by discovery (unfortunately after data were collected) of the apparent failure of the manipulation for the controllable versus no-excuse condition. That is, participants responded similarly to the question about the degree to which excuses had been made, regardless of being in the

controllable excuse condition or the no-excuse condition (as evidenced by the non-significant differences between the conditions). Obviously, it should be noted that the apparent lack of a successful manipulation does, at one level, provide a very simple explanation for the lack of significant findings on H1b, H2b, and H3: namely that there were no differences on the dependent measures because nothing was (successfully) manipulated for that comparison.

In analyzing the no-excuse condition, 33 of 49 participants (65%) responded with a 4 or above (on a 7-point Likert scale) to the question, "In the vignette you read, how much did you feel that JM [the client] was making excuses for his behavior?" While this question asked about the presence of excuses, it is possible that participants responded to something else in the vignette that suggested the giving of excuses rather than the actual content of the vignette. One past research study by Weiner, Amirkhan, Folkes, and Verette (1987) suggested that, under certain circumstances, both controllable excuses and the lack of excuses could elicit similarly negative reactions (when compared to uncontrollable excuses). Weiner and his colleagues conducted a study on 69 undergraduate students in an introductory psychology course where they were asked to rate a confederate who gave either a "good" (external, uncontrollable, unintentional) excuse, a "bad" (internal, controllable, intentional) excuse, or no excuse. They discovered that participants had similar negative affective reactions, including greater anger and dislike for the confederate, in the bad excuse and no-excuse conditions.

There are differences between Weiner's study and this study. Weiner and his colleagues looked at multiple dimensions in comparing excuses, whereas I looked at only one dimension (controllability). Additionally, Weiner and colleagues looked at social and academic situations in which excuses were used, whereas I was looking at the use of excuses in therapy, which is a very different relationship than that of friends or professor-student. Given the lack of research

on excuses in the therapeutic setting, I speculated that respondents would view the controllable excuse differently (more negatively) than the no-excuse condition (viewed as more positively). My findings differed from the aforementioned study, in that the participants found no significant differences between any of the groups. It is possible that therapists may have focused on the transgression (being late, not completing an assignment outside of therapy) and not on the presence or absence of excuses. It may have been helpful to have had a fourth group in this study, namely one where there were no transgressions.

These findings lead me to wonder whether an uncontrollable excuse becomes no longer an excuse but rather a justification, whereby the hypothetical client accepts some form of responsibility but conveys a belief that what they did was not a bad action. This is beyond the scope of this study, but it seems that it is possible that uncontrollable excuses, in more traditional therapeutic situations, transform into something more acceptable to the audience than an excuse.

Limitations

Several limitations exist in this study. First, statistical analysis on the question related to the extent of excuses in the vignettes showed that some participants in the no-excuse condition responded with a 4 or above (on a Likert scale from 1to 7) that the hypothetical client made excuses in that vignette. It seems that participants may have been responding to some element of the vignette that is unknown but an element that was confused with excuses. It is also possible that the failure to comply with a norm without an excuse is problematic, in that the excuse is potentially synonymous with a failure to follow through (at least when that failure is presented in the form of a vignette). Unfortunately, the manipulation in this study partially failed, and I am unable to determine what those participants were responding to.

Another limitation of the study related to the online delivery of the materials. Initially, there was an error in the link that was distributed to program training directors. The link allowed only one participant to access it instead of multiple participants. While the error was noted immediately and corrected within three days, the delay may have led to some participants who initially attempted to access the survey to forget or refrain from accessing it a second time. Additionally, there may have been training directors who forwarded the initial erroneous link to their students who did not forward the second corrected link. Also, when the survey was initially distributed, the final questions regarding the participants' assessment of the presence of the excuse and the extent to which it was controllable was left off. It was added approximately five days after the initial distribution following consultation with my advisor about how to proceed. These issues may have changed the composition of the sample of study participants in ways that cannot be specifically determined and may have had consequences which are essentially unknowable.

Although vignettes are easy to use and can provide a simple example that limits extraneous details (Atzmuller & Steiner, 2010; Brauer et al., 2009), a repeated limitation outlined in the literature is the potential for participants to respond differently to a hypothetical example in a vignette than they would in real life (Bradbury-Jones, Taylor, & Herber, 2014; Hughes & Huby, 2002; Munday, 2013). It is possible that participants may have responded differently to the hypothetical client represented in the vignette than they would to a client sitting in their office. While the participants could not return to the vignette after moving on to take the outcome measures, they could have read the vignette several times before choosing to move on to the outcome questions. In real life, we do not have the option to replay the same exchange word-for-word with our clients once the moment has passed. Emotional reactions to the

hypothetical client may have been influenced by the amount of time spent reading the vignettes, including how many times the participants read their assigned vignette before proceeding to the outcome measures. Additionally, the outcome measures used in this study were originally designed to be used with real-life clients, not hypothetical ones. While I modified the instructions for the measures to inquire how participants would respond to the hypothetical client, the original items were not designed with hypothetical clients in mind; hence, the validity of the instruments for purposes of this study is in question.

Lack of diversity among participants is also a limitation of this study. Data from the American Psychological Association's 2013 Commission on Accreditation indicated that doctoral programs are comprised primarily of students who identify as Caucasian (66%) and female (80%; Smith, 2015). African-American students and Asian students each made up 7% of the total enrollment in doctoral programs, with Hispanic students comprising 11% (Smith). There was no data available regarding sexual identity of doctoral students, and a 2011 article by Shin, Smith, Goodrich, and LaRosa indicated there was no consistency in the way CACREP programs captured the representation of race, ability, and sexual orientation in their enrollment. Statistics of this study's participants indicated that gender reflected typical doctoral programs, with 79.3% being female. However, Hispanic (4.2%) and African-American (4.6%) were underrepresented.

The use of therapists-in-training as the population for the study is another limitation of the study. While it was an intentional choice to use trainees as the population, it is possible that therapists who have been practicing professionally for several years may have responded differently to the same vignettes. Hill, Spiegel, Hoffman, Kivlighan, and Gelso (2017) posited that many therapist trainees are able to use their natural gifts to establish a relationship that is

"good enough" (p. 12) with clients who do not present as clinically challenging. However, there comes a point where the natural abilities are not sufficient, particularly when working with more difficult clients (Hill et al., 2017). Mayfield, Kardash, and Kivlighan noted that individuals who are more seasoned therapists are better able to note and make sense of patterns in the statements that clients make, and several authors (Hill et al., 2016; Hill et al., 2015) noted that therapists with more experience are better able to balance the tasks involved in psychotherapy, including setting boundaries, managing their own emotions, and implementing timely interventions. Given the nature of therapy, there exists a desire to want to be able to understand and provide empathy to clients under a variety of conditions. Acknowledging any other feeling, even to oneself, might feel threatening to a therapist-in-training who is developing their professional identity, or they may not feel they have the space in their graduate program to discuss negative reactions to clients. Because all study participants were therapists-in-training, the results of this study cannot be generalized beyond that population.

Another potential limitation could be the degree to which the participant identified with the excuse given. It is possible that the excuses used by the hypothetical client reminded them of excuses used by real-life clients for whom they had already developed specific feelings. Because the excuses may have seemed similar to excuses they had been given in real life for being tardy to an appointment or not completing a task, they may have answered the outcome measures based not on how they felt toward the hypothetical client and his excuses but how they felt toward actual clients. It would be interesting to include some questions regarding if they had received these excuses (or similar ones) in their actual client work.

Implications for Future Research

The use of excuses in therapy offers several opportunities for further research. An unexplored variable, which was beyond the scope of this design, was time. It is possible that it is the repeated use of controllable excuses over time (and not the use of multiple excuses in one session) that could contribute to negative feelings toward a client versus a client who uses uncontrollable excuses over time (frequency versus severity). Anecdotally, a common response I received from the therapists-in-training that I contacted to solicit excuses was that their perception of the client was impacted by the number of times a client used excuses across sessions, rather than the number of excuses used in a single session.

A potential direction for future research might look at the impact of controllable excuses on the violation of a norm. As previously mentioned, the norms of being on time and completing agreed upon tasks were violated, and the design related to testing excuses versus the lack of excuses. However, there was no assessment of participant reactions to the norm violations. It is possible that therapists-in-training were focused on being late, for example, and not on the presence or absence of excuses. Therefore, incorporating an assessment of the transgression or norm violation may be helpful in determining the impact of excuses.

This study only looked at the controllability of excuses. Other dimensions of excuses, including locus of control (whether excuses are internal or external) and stability (whether the excuse reflects a state or a trait), have yet to be examined, as do combinations of the dimensions. These dimensions may add to the salience of excuses identified by participants. Other factors may be useful to consider, including the chronicity of the excuse-making behavior and the intent of the excuse-giver. Additionally, future research could also examine certain characteristics—specifically the level of self-awareness, level of empathy, or tendency for reflection—among

therapists and how those characteristics relate to reactions to client excuses. It would also be interesting to assess the differences in emotional reactivity, session quality, and prognostic outcomes when comparing therapists-in-training with therapists of varying degrees of professional experience.

Conclusion

To my knowledge, this is the first study to look at the role of excuses in the attitudes of therapists toward their clients. While no significant results were found, this study looked at only one dimension of excuses (controllability). The question still remains how or whether excuses influence how therapists-in-training feel toward a client, impact the view of the session, and/or have prognostic implications. Participants could identify differences in controllability but not necessarily the presence of excuses between the conditions. Stronger, more salient excuses may have had a different impact on the participants. More salient excuses may have yielded significant differences between groups, or, if no significant differences were found, the results would support the findings of the current study. Future studies should include careful manipulation checks to ensure that experimental conditions are distinctive.

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Appendix A

Initial Email to Training Directors
and Invitation to Participate

*Initial Email to Training Directors (**doctoral programs**):*

Dear (insert Training Director's name),

My name is Anne Conroy, and I am a doctoral candidate in the Counseling Psychology program housed in the Department of Special Education, Rehabilitation and Counseling at Auburn University. I am seeking participants to assist me in the completion of dissertation study, and I am asking you to forward the invitation email below to your students. I understand that you receive numerous requests soliciting your students to participate in research studies, and I greatly appreciate your time and assistance.

Regards,
Anne Conroy

Invitation to Participate:

Greetings!

My name is Anne Conroy, and I am a doctoral candidate in the Counseling Psychology program housed in the Department of Special Education, Rehabilitation and Counseling at Auburn University. I would like to invite you to participate in my dissertation study examining elements in the relationship between client and therapist.

You may participate if you are at least 19 years of age, are enrolled in a program in counseling psychology, clinical psychology, or counselor education, and have completed at least one semester of practicum seeing clients for therapy.

Your participation is voluntary, and you are free to discontinue your participation at any time without penalty. If you decide to participate in this study, you will be asked to read a vignette between a therapist and a hypothetical client. You will then be asked to answer a variety of questions regarding your perceptions of the vignette. You will also be asked to complete a demographic questionnaire. The entire study should take approximately 10-15 minutes to complete. By completing the survey, you acknowledge your informed consent to utilize your responses for this study.

Risks and Benefits:
There are no anticipated risks in completing this study. Potential benefits include time for self-reflection about interactions with clients that you may have experienced (or may experience in the future) that are similar to the interactions outlined in the vignette. All data obtained in

connection with this study will remain anonymous and IP addresses will not be linked to responses. You will not be asked to provide your name or other potentially identifying information.

To thank you for participating, you can choose to enroll in a drawing at the end of the study where you could win one of five $25 Amazon gift cards. After completing the study, you will be given the option of clicking a link that will direct you to a separate page where you can enter your email address. Redirecting you to a separate, optional survey is a safeguard to ensure that your email address is not connected to your survey responses.

Click on the link below to take part in the study:
https://auburn.qualtrics.com/jfe/form/SV_6Ru4MWMugeZcpz7

If you have any questions please contact me at azv0012@auburn.edu. You can also contact my advisor, Dr. Randolph Pipes, at pipesrb@auburn.edu**.** If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

Thank you for your time and consideration,

Anne Conroy, M.Ed.
Doctoral Candidate
Auburn University

*Initial Email to Training Directors (**internship sites**):*

Dear (insert Training Director's name),

My name is Anne Conroy, and I am a doctoral candidate in the Counseling Psychology program housed in the Department of Special Education, Rehabilitation and Counseling at Auburn University. I am seeking participants to assist me in the completion of dissertation study, and I am asking you to forward the invitation email below to your students. I understand that you receive numerous requests soliciting your students to participate in research studies, and I greatly appreciate your time and assistance.

Regards,
Anne Conroy

Invitation to Participate:

Greetings!

My name is Anne Conroy, and I am a doctoral candidate in the Counseling Psychology program housed in the Department of Special Education, Rehabilitation and Counseling at Auburn University. I would like to invite you to participate in my dissertation study examining elements in the relationship between client and therapist.

You may participate if you are at least 19 years of age, are currently completing a pre-doctoral internship, and have completed at least one semester of practicum seeing clients for therapy.

Your participation is voluntary, and you are free to discontinue your participation at any time without penalty. If you decide to participate in this study, you will be asked to read a vignette between a therapist and a hypothetical client. You will then be asked to answer a variety of questions regarding your perceptions of the vignette. You will also be asked to complete a demographic questionnaire. The entire study should take approximately 10-15 minutes to complete. By completing the survey, you acknowledge your informed consent to utilize your responses for this study.

Risks and Benefits:
There are no anticipated risks in completing this study. Potential benefits include time for self-reflection about interactions with clients that you may have experienced (or may experience in the future) that are similar to the interactions outlined in the vignette. All data obtained in connection with this study will remain anonymous and IP addresses will not be linked to responses. You will not be asked to provide your name or other potentially identifying information.

To thank you for participating, you can choose to enroll in a drawing at the end of the study where you could win one of five $25 Amazon gift cards. After completing the study, you will be given the option of clicking a link that will direct you to a separate page where you can enter

your email address. Redirecting you to a separate, optional survey is a safeguard to ensure that your email address is not connected to your survey responses.

Click on the link below to take part in the study:
https://auburn.qualtrics.com/jfe/form/SV_6Ru4MWMugeZcpz7

If you have any questions please contact me at azv0012@auburn.edu. You can also contact my advisor, Dr. Randolph Pipes, at pipesrb@auburn.edu**.** If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

Thank you for your time and consideration,

Anne Conroy, M.Ed.
Doctoral Candidate
Auburn University

*Initial Email to Training Directors (**Master's programs**):*

Dear (insert Training Director's name),

My name is Anne Conroy, and I am a doctoral candidate in the Counseling Psychology program housed in the Department of Special Education, Rehabilitation and Counseling at Auburn University. I am seeking participants to assist me in the completion of dissertation study, and I am asking you to forward the invitation email below to your students. I understand that you receive numerous requests soliciting your students to participate in research studies, and I greatly appreciate your time and assistance.

Regards,
Anne Conroy

Invitation to Participate:

Greetings!

My name is Anne Conroy, and I am a doctoral candidate in the Counseling Psychology program housed in the Department of Special Education, Rehabilitation and Counseling at Auburn University. I would like to invite you to participate in my dissertation study examining elements in the relationship between client and therapist.

You may participate if you are at least 19 years of age, are enrolled in a master's program in counseling psychology, clinical psychology, clinical mental health, or community counseling, and have completed at least one semester of practicum seeing clients for therapy.

Your participation is voluntary, and you are free to discontinue your participation at any time without penalty. If you decide to participate in this study, you will be asked to read a vignette between a therapist and a hypothetical client. You will then be asked to answer a variety of questions regarding your perceptions of the vignette. You will also be asked to complete a demographic questionnaire. The entire study should take approximately 10-15 minutes to complete. By completing the survey, you acknowledge your informed consent to utilize your responses for this study.

Risks and Benefits:
There are no anticipated risks in completing this study. Potential benefits include time for self-reflection about interactions with clients that you may have experienced (or may experience in the future) that are similar to the interactions outlined in the vignette. All data obtained in connection with this study will remain anonymous and IP addresses will not be linked to responses. You will not be asked to provide your name or other potentially identifying information.

To thank you for participating, you can choose to enroll in a drawing at the end of the study where you could win one of five $25 Amazon gift cards. After completing the study, you will be

given the option of clicking a link that will direct you to a separate page where you can enter your email address. Redirecting you to a separate, optional survey is a safeguard to ensure that your email address is not connected to your survey responses.

Click on the link below to take part in the study:
https://auburn.qualtrics.com/jfe/form/SV_6Ru4MWMugeZcpz7

If you have any questions please contact me at azv0012@auburn.edu. You can also contact my advisor, Dr. Randolph Pipes, at pipesrb@auburn.edu**.** If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

Thank you for your time and consideration,

Anne Conroy, M.Ed.
Doctoral Candidate
Auburn University

Appendix B

Corrected Email to Training Directors
and Invitation to Participate

Corrected Email to Training Directors:

Greetings!

Unfortunately, there was an error with my previous email link. If you are willing, please resend this email to your program. I appreciate your assistance!

Regards,
Anne Conroy

The original Invitation to Participate was attached here.

Appendix C

Follow-Up Email to Training Directors
and Invitation to Participate

Follow-up Email to Training Directors:

Dear (insert Training Director's name),

My name is Anne Conroy, and I am a doctoral candidate in the Counseling Psychology program housed in the Department of Special Education, Rehabilitation and Counseling at Auburn University. I am seeking additional participants for my dissertation study, and I am asking you to forward the attached invitation to your students once again. I appreciate your time and assistance.

Regards,
Anne Conroy

The original Invitation to Participate was attached here.

Appendix D

Information Letter

INFORMATION LETTER for a Dissertation Research Study entitled "An Examination of the Impact of Client Excuses on Therapist Emotional Reactions and Expectancy for Client Change"

You are invited to participate in a research study examining elements in the relationship between client and therapist. The study is being conducted by Anne Conroy, M.Ed., under the supervision of Randolph Pipes, Ph.D., both in the Auburn University Department of Special Education, Rehabilitation, and Counseling. You may participate if you are at least 19 years of age, are enrolled in a program in counseling psychology, clinical psychology, counselor education, clinical mental health counseling, or community counseling, and have completed at least one semester of practicum seeing clients for therapy.

What will be involved if you participate?
If you decide to participate in this study, you will be asked to read a vignette between a hypothetical therapist and a hypothetical client. You will then be asked to answer a variety of questions regarding your perceptions of the vignette. You will also be asked to complete a demographic questionnaire. The entire study should take approximately 10-15 minutes to complete. By completing the survey, you acknowledge your informed consent for me to utilize your responses in this study.

Are there any risks or discomforts?
There are no anticipated risks in completing this study.

Are there any benefits to yourself or others?
Potential benefits include time for self-reflection about interactions with clients that you may have experienced (or may experience in the future) that are similar to the interactions outlined in the vignette.

Will you receive compensation for participating?
To thank you for participating, you can choose to enroll in a drawing at the end of the study where you could win one of five $25 Amazon gift cards. Although you may withdraw at any time without penalty (as outlined below), I am only able to provide the gift card drawing for those who complete the study.

Are there any costs?
There are no costs for you to participate in this study.

If you change your mind about participating, you may withdraw at any time during the study. Your participation is voluntary, and you are free to discontinue your participation at any time without penalty. Your decision about whether or not to participate or to stop participating will not jeopardize your future relations with Auburn University, the Department of Special

Education, Rehabilitation, and Counseling, the Department of Psychology, Anne Conroy, M.Ed., or Randolph Pipes, Ph.D.

Any data obtained in connection with this study will remain anonymous. The responses you provide are anonymous and are not linked in any way with your identity. IP addresses will not be linked to responses. You will not be asked to provide your name or other potentially identifying information. After completing the study, you will be given the option of clicking a link that will direct you to a separate page where you can enter your email address if you wish to participate in the raffle. Redirecting you to a separate, optional link is a safeguard to ensure that your email address is not connected to your survey responses.

If you have questions about this study, please contact Anne Conroy, M.Ed., at azv0012@auburn.edu or Randolph Pipes, Ph.D., at pipesrb@auburn.edu. You may also print this screen to keep for your records.

If you have questions about your rights as a research participant, you may contact the Auburn University Office of Research Compliance or the Institutional Review Board by phone (334)-844-5966 or e-mail at IRBadmin@auburn.edu or IRBChair@auburn.edu.

The Auburn University Institutional Review Board has approved this document for use from September 25, 2017 to September 24, 2020. Protocol #17-365 EX 1709

HAVING READ THE INFORMATION PROVIDED, YOU MUST DECIDE IF YOU WANT TO PARTICIPATE IN THIS STUDY. IF YOU DECIDE TO PARTICIPATE, THE DATA YOU PROVIDE WILL SERVE AS YOUR AGREEMENT TO DO SO. IF YOU WOULD LIKE A COPY OF THE ABOVE INFORMATION, PLEASE PRINT OR SAVE A COPY OF THIS SCREEN NOW.

Appendix E

Demographics Questionnaire

DEMOGRAPHICS QUESTIONS
(Immediately following the information letter to ensure participants meet criteria. The bolded questions--#1 and #8—indicate the inclusion criteria)

1. **What is your age? _____**

2. Indicate your gender:

Woman _____
Man _____
Transgender man _____
Transgender woman _____
Genderqueer/ Gender non-conforming _____
Different Identity (please indicate): _____

3. Indicate your ethnicity:
African-American/Black/African Origin _____
American-Indian/Alaska Native/Aboriginal Canadian _____
Asian-American/Asian Origin/Pacific Islander _____
Latino-a/Hispanic _____
European Origin/Caucasian _____
Bi-racial/Multi-racial _____
Other (please indicate): _____

4. Indicate your sexual orientation:
Gay _____
Lesbian _____
Bisexual _____
Queer _____
Heterosexual _____
I define my sexual orientation in another way_____

5. Indicate your current academic program:
Counseling psychology _____
Clinical psychology _____
Community mental health _____
Clinical mental health _____
Counselor education _____
Other (please indicate): _____

6. What is the degree type of your current program?
Master's degree (M.A., M.S., M.Ed.) _____
Doctoral degree (Ph.D., Psy.D.) _____
None of the above _____

7. Indicate the accrediting body of your academic program:
APA _____
CACREP _____
MCAC _____
Other (please indicate): _____
My academic program is not accredited _____

8. How many semesters of practicum have you completed? _____

9. What year are you in your graduate program?

1 _____
2_____
3_____
4_____
5_____
6_____
7+_____

10. Are you currently completing a pre-doctoral internship (only relevant for psychology PhD students)?
Yes _____
No _____
Not applicable _____

0. With which theoretical orientation do you primarily identify?

CBT____
Existential _____
Feminist ____
Humanistic___
Multicultural ____
Person-Centered___
Psychodynamic/Psychoanalytic____
Relational-Cultural _____
Solution-Focused _____
Other (please indicate): _____

Appendix F

Vignettes

Controllable Excuse Vignette
(excuses in bold)

You have been working with JM in therapy for four weeks at a college counseling center. At his intake session, JM reported he had noticed increased tension with his roommate, and he wanted assistance in learning how to deal with conflict. JM arrived 10 minutes late to your most recent session. **When explaining his tardiness, JM stated he was late because he did not set his alarm and overslept**. He then proceeded to give you an update of the previous week. JM reported he had had several arguments with his roommate over the previous week about the cleanliness of the common areas of the apartment. JM stated his roommate "always leaves his dirty dishes on the coffee table, and he never takes out the trash." During the previous session, you and JM brainstormed ways that JM could express his displeasure to his roommate that might help his roommate see JM's point of view, with JM committing to try these new communication strategies. When you asked JM which of these strategies he tried, he indicated that **he did not try any of the strategies because he chose to spend his time working ahead on class assignments that are due in a few weeks.** JM further discussed his frustration regarding the situation with his roommate.

Uncontrollable Excuse Vignette
(excuses in bold)

You have been working with JM in therapy for four weeks at a college counseling center. At his intake session, JM reported he had noticed increased tension with his roommate, and he wanted assistance in learning how to deal with conflict. JM arrived 10 minutes late to your most recent session. **When explaining his tardiness, JM stated he was late because there was a car blocking the end of his driveway, and he had to walk to campus**. He then proceeded to give you an update of the previous week. JM reported he had had several arguments with his roommate over the previous week about the cleanliness of the common areas of the apartment. JM stated his roommate "always leaves his dirty dishes on the coffee table, and he never takes out the trash." During the previous session, you and JM brainstormed ways that JM could express his displeasure to his roommate that might help his roommate see JM's point of view, with JM committing to try these new communication strategies. When you asked JM which of these strategies he tried, he indicated that **he did not try any of the strategies because he had come down with laryngitis and could hardly talk for most of the week.** JM further discussed his frustration regarding the situation with his roommate.

Neutral/No-Excuse Condition

You have been working with JM in therapy for four weeks at a college counseling center. At his intake session, JM reported he had noticed increased tension with his roommate, and he wanted assistance in learning how to deal with conflict. JM arrived 10 minutes late to your most recent session. He then proceeded to give you an update of the previous week. JM reported he began the week engaging in several arguments with his roommate over the previous week about the cleanliness of the common areas of the apartment. JM stated his roommate "always leaves his dirty dishes on the coffee table, and he never takes out the trash." During the previous session, you and JM brainstormed ways that JM could express his displeasure to his roommate that might help his roommate see JM's point of view, with JM committing to try these new communication strategies. When you asked JM which of these strategies he tried, he indicated he did not try any of them**.** JM further discussed his frustration regarding the situation with his roommate.

Appendix G

Additional Questions

(asked after completing the outcome measures—respondent will need to answer at least a 4 on part "a" to be directed to part "b"):

In the vignette you read:

a. How much did you feel that JM was making excuses for his behavior?

1	2	3	4	5	6	7
Not			Moderately			Very
at all						Much

b. In your opinion, how much were those excuses under his control?

1	2	3	4	5	6	7
Not			Moderately			Very
at all						Much

Appendix H

Permission to Use REACT Scale

Re: Permission to Use Modified REACT Measure
Lisa Najavits <director@treatment-innovations.org>
Wed 7/26/2017 6:18 PM
To:
Anne Conroy;

Bing Maps
yes all fine- thks; and ”d be interested to hear about yr results

Best regards, Lisa

Lisa Najavits, PhD
director@treatment-innovations.org (email is best)
617-299-1620 (please use this # for all calls and texts)
Director, Treatment Innovations
Professor of Psychiatry, Boston University School of Medicine
www.treatment-innovations.org
www.seekingsafety.org

Treatment Innovations
28 Westbourne Rd.
Newton Centre, MA 02459

On Fri, Jul 21, 2017 at 11:12 AM, Anne Conroy <azv0012@auburn.edu> wrote:

Good morning Dr. Najavits,

My name is Anne Conroy, and we have emailed back and forth a couple of times regarding my potential use of the REACT measure for my dissertation. After receiving feedback from my adviser and my committee, I am requesting to make modifications to the measure to better suit the design of my dissertation. As I am using vignettes with hypothetical clients and my participants will be therapists-in-training, I found that the items that had a .50 loading on the measure really aligned with my study. Therefore, I am asking to utilize only those 28 items, rather than the full measure. I have attached a Word document that lists the 28 items.

Additionally, the instructions I included in the Word document are the instructions from the article you co-authored with Dr. Mundon and Dr. Anderson in 2015 so that they would be suitable to use with vignettes.

Please let me know what other information I can provide.

Thank you for your time,

Anne Conroy

Appendix I

Permission to Use TEI Factor II

Re: Permission to Use the Therapist Expectancy Inventory
Bianca Bernstein <bbernstein@asu.edu>
Fri 7/21/2017 10:20 AM
To:
Anne Conroy;
Cc:
Bianca Bernstein <bbernstein@asu.edu>;

Action Items

Sounds very interesting and you have my permission. Please send me a link when it's done.

Thanks,

Blb

Sent from my iPhone

On Jul 21, 2017, at 7:56 AM, Anne Conroy <azv0012@auburn.edu> wrote:

Good morning Dr. Bernstein,

My name is Anne Conroy, and I am a Counseling Psychology student at Auburn University. I am currently working on my dissertation proposal, and I am inquiring about using the Therapist Expectancy Inventory, specifically Factor II (Expectancies of Outcomes for Client). My dissertation is looking at the emotional reactions/affective states of therapists to clients who utilize a variety of excuses in session and how the use of excuses may impact a therapist's perception of a client's potential progress/therapy outcome. In addition to asking your permission to use Factor II of the Therapist Expectancy Inventory, I wanted to ask your permission to make an alteration to the wording of the statements. Instead of stating, "After intervention…", I wanted to change the beginning of each statement, "After completing therapy...".

Please let me know if I can provide you any additional information.

Thank you for your time,
Anne Conroy

Appendix J

Results of Analysis of Covariance (ANCOVA)

One-Way Analysis of the Covariance (ANCOVA) for Outcome Measures

Outcome Measure	*F*(2,257)	Sig.
Total REACT Score	0.05	.946
REACT Positive Subscale	1.30	.274
REACT Negative Subscale	0.69	.501
SEQ Depth Subscale	0.76	.468
SEQ Smoothness Subscale	0.90	.406
TEI Factor II	0.55	.576