Client Preferences in Psychotherapy: A North American Survey

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Abstract

Psychotherapy researchers have provided an expanding base of evidence that psychotherapy is effective in attenuating numerous psychological problems. Despite the extensive research demonstrating that talking can heal, it is still not precisely clear how it does so. The healing effect of psychotherapy has been attributed to two broad categories of interventions, the common factors and the specific factors. The common factors consist of all therapist actions or attitudes that promote a communicative relationship in which the client feels safe, understood, and validated. These factors are indeed common to all research-based psychotherapies, and any therapy modality that implements these factors tends to be effective. In contrast, specific factors are the interventions specific to therapeutic modalities. Despite extensive research into the specific factors of many therapies, the common factors were found to be at least as important in the therapy efficacy of all major therapeutic approaches. Given their role in therapy outcome, it would be beneficial to determine which common factors play the greatest role in therapy efficacy. Since most common factors are therapist attributes, this study explored which therapist attributes are preferred by clients. An online survey was conducted using a sample of 1011 North Americans who were questioned about their preferences. Psychotherapy clients preferred psychotherapists with empathic and emotional attributes, in addition to therapists with knowledge of neuroscience, personality psychology, and physiology. However, some groups, particularly those traditionally marginalized, seem to be even more sensitive to common factors, requiring therapists who are exceptionally empathic and able to sympathize with clients.

1 Introduction

Within a half-century after Breuer and Freud established talk therapy as a mental health treatment, there were already scores of distinct types of talk therapy. While most of these therapies overlaid disparate theories and prescribed distinctive interventions, all yielded roughly equivalent efficacy. This was noted by Saul Rosenzweig (1936) who applied a quotation from Lewis Carroll's (1865) novel Alice's Adventures in Wonderland to illustrate the equivalence of all extant psychotherapies. After a race between the Wonderland characters, the dodo bird proclaimed ‘everybody has won, and all must have prizes.’ All the therapies of Rosenzweig’s era had won the race for efficacy, which became known as the “Dodo Bird verdict.”

Clinical psychology now has literally hundreds of modalities with more than two dozen variants of cognitive behavioral therapy alone. However, all these new therapeutic tools do not seem to have improved therapy outcomes since the time of Rosenzweig (Weisz et al., 2019). This persistence of psychotherapy equivalence in the face of burgeoning new evidence-based therapies seems to create a puzzling paradox – if all therapies are made equal, why are some taken as a golden standard for treatment of numerous disorders, while others rely on predominantly anecdotal success stories and cases? In 2013, the American Psychological Association (APA, 2013) officially took the position that the “Dodo Bird verdict” is accurate. They resolved that differences in psychotherapy outcomes are mostly due to variables related to the client and the psychotherapist and the relationship they establish. These

are named common factors, as they are relevant to all psychotherapeutic processes and modalities. In contrast, the variance of outcome explained by the specific factors of psychotherapy modalities was deemed relatively negligible.

The common factors that have consistently been responsible for most psychotherapy efficacy include empathy, positive client-therapist relationship, therapist affirmation, therapist authenticity, provision of constructive advice, and conveying confidence in the therapist's expertise (Beutler & Forrester, 2014; Holt et al., 2015). Grencavage and Norcross (1990) were among the few clinical researchers who attempted to delineate these common factors of psychotherapy more precisely. Their findings showed that the common factors could be partitioned into five categories: 1) client characteristics, 2) therapist qualities, 3) change processes, 4) treatment structure and 5) relationship elements. While their work revealed a complex factorial structure, they observed that most other research studies primarily focused on the change processes of therapy. These processes include catharsis, therapeutic feedback, modeling appropriate social or emotional behavior, and desensitization of stressors. Despite the consistent importance of the common factors, they have been largely relegated to being latent variables in clinical studies that tend to focus on specific factors of newer psychotherapeutic modalities.

Since most of the common factors deal with providing emotional and social needs that were not being met in the client's life, it follows that psychotherapists who meet the client's perceived interpersonal needs will fare better in producing a satisfactory outcome. People have express or implicit preferences for interpersonal behavior in all social settings, and psychotherapy is not an exception to this. Consequently, when a clinician fulfils a client's needs for emotional support and affirmation, the therapist is perceived as more helpful, therapy satisfaction is increased, and the client is less likely to drop out (Lindhiem et al., 2014; Swift et al., 2011). The importance in meeting the common factor needs of a client was demonstrated in a metastudy (Swift et al., 2018) that included approximately 16,000 participants. The results found that the clients who perceived therapists to be actively meeting their social and emotional needs were more likely to adhere to therapeutic protocols and have a positive outcome.

To further explore the importance of different factors, Cooper and Norcross (2016) developed a multidimensional questionnaire to analyze clients' preferences in psychotherapy, aptly named the Cooper-Norcross Inventory of Preferences (C-NIP). This inventory consists of four dimensions: 1) Therapist Directiveness vs. Client Directiveness, 2) Emotional Intensity vs. Emotional Reserve, 3) Past Orientation vs. Present Orientation and 4) Warm Support vs. Focused Challenge. The study using C-NIP disclosed that clients preferred therapists to be more active, emotionally expressive, and oriented to the present. This confirmed that psychotherapy clients do not want rigid, formulaic therapies. Instead, they value the therapist's ability to adapt their therapeutic approach to the needs and wishes of each client. Unfortunately, researchers also found that therapists rarely explore the client's needs or preferences. They suggest that one characteristic that distinguishes therapists with a higher client satisfaction is adapting to clients' expressed or implicit preferences (Cooper & Norcross, 2016).

Cooper et al., (2019) further investigated layperson preferences in psychotherapy in comparison to preferences of health care professionals when in the capacity of clients. They did so by utilizing the C-NIP (Cooper & Norcross, 2016), and comparing samples of laypersons vs. mental health professionals on its four dimensions. They found that the largest differences between these two groups were in the dimensions of Therapist Directiveness and Emotional Intensity. Namely, mental health professionals preferred that their therapist be less directive whereas laypersons preferred directiveness. Furthermore, health care professionals wanted to experience more emotional intensity from their therapists than did laypersons, suggesting that laypersons prefer a more direct and objective therapist while health care professionals place more value on interpersonal relations. This finding was particularly important as mental health professionals may shape their interventions based on their own perceptions, neglecting the expectations and preferences of their clients.

Most recently, Cooper et al., (2021) investigated how clients' preferences impacted the outcomes of therapy and the alliance with their therapists. They utilized the C-NIP (Cooper & Norcross, 2016) to examine preferences of activities in treatment and their relationship with therapeutic outcome and alliance in a sample of 470 psychotherapy clients. Results were very similar to that of their previous study (Cooper et al., 2019) whereby their participants preferred therapists that displayed a penchant for directiveness and emotional intensity. Furthermore, participants who demonstrated a preference for a focused challenge as opposed to warm support from their therapist displayed increased progress in their therapy, suggesting that participants preferring a focused challenge were better prepared to make a change.

While it is clear that the common factors in psychotherapy are very important, the aforementioned studies suggest that there remains more to be desired in modern times, namely a more scientific, evidence-based approach. Therapies with empirical foundations include Rational Emotive Behavior Therapy (REBT) – a cognitive behavioral therapy aimed at reforming maladaptive beliefs (Ellis, 1994); acceptance and commitment therapy (Zettle, 2005) – aimed at increasing the flexibility of psychological processes; ICBT – a neuroscience-based cognitive behavior therapy treating clients using a genetic and evolutionary approach (Field et al., 2015); and Cognitive Behavioral Therapy – an interventional psychotherapy modality that focuses on improving mental health through the alleviation of cognitive distortions, improvement of emotion regulation, and development of coping mechanisms.

As one of the most prolific psychotherapy modalities encountered, Cognitive Behavioral Therapy (CBT) may well be able to fill in the gap. Unlike therapies based in emotional and empathetic common factors, CBT provides evidence-based specialized techniques that can be used to conduct therapy in vastly different circumstances (Beck, 2011). Four such strategies – cognitive restructuring, behavioral activation, exposure, and problem-solving – have become standard in therapy (Wenzel, 2017) and can be adapted to the individual needs of clients. CBT has been used to treat a myriad of conditions, beginning with depression (Brown et al., 2011) and expanding to anxiety, substance abuse issues (Magill et al., 2019; Sugarman et al., 2010), interpersonal relations (Buss & Abrams, 2017), and other disorders (Mancebo et al., 2010).

Recently, CBT appears to have become the “gold standard” of psychotherapy (David et al., 2018). Professional, scientific organizations like the American Psychological Association, have recognized CBT as efficacious for the widest range of disorders (Gaudiano, 2008), which is supported by numerous studies exploring the effectiveness of psychotherapy, many of which are focused on CBT. Although not inclusive of all possible references of CBT and non-CBT type therapies, Appendix 1 demonstrates a distinct trend. The popularity of CBT therapies does not necessarily speak to its superior effectiveness over other therapies, but it does put a spotlight on practitioners of CBT and their continuous effort to better understand the needs of their clients.

The paradox of CBT being designated the gold-standard (David et al., 2018) of psychotherapy while many studies continue to affirm Rosenzweig’s conclusion that all therapies have similar effects is partially resolved by considering the therapist as the primary determinant of therapeutic efficacy (Drisko, 2004; Lambert, 1989; Wampold, 2001). The skills and knowledge of the individual therapist are critical to the psychotherapy outcome, perhaps more so than any theory-specific factors (Wampold, 2001, 2015) and there is convincing evidence (Wampold & Imel, 2015) that the most significant factors in therapy outcome are the personal characteristics and skills of the therapist (Anestis et al., 2019), while the therapeutic approach often fades to insignificance. However, with psychotherapy, belief and satisfaction are critical elements of the outcome. Satisfaction with the therapy process encourages better compliance with therapeutic interventions and outcomes (Attkisson & Zwick, 1982; Lindhiem et al., 2014). Significantly, satisfaction varies with confidence in the clinician and their approach and increases when clients’ feedback is taken into account (Reese et al., 2009; Snell, 1999; Wellington et al., 1990). Despite attempts to parse the contribution of specific and common factors to therapy outcome, there remains no consensus (Cuijpers et al., 2019), but it remains clear that both are important for helping clients reach set goals in psychotherapy.

The present study examines the preferences of psychotherapy clients concerning their psychotherapists’ attributes such as empathy, evidence-based knowledge regarding recent scientific advances in neuroscience, personality psychology, and physiology. It also expands on the work of Norcross (Cooper et al., 2019; Norcross & Lambert, 2011), who found that a significant proportion of clients prefer therapists who actively intervene. If that is the case, then psychotherapists who are interventional in a time in which a preponderance of clients are aware of the latest scientific advances would need to be well versed in the fields of neuroscience, personality psychology, and physiology. Based on the above-described assumptions, on the findings from the literature, and the authors’ clinical experience, the current study addresses two hypotheses:

1. Participants will prefer psychotherapists that possess knowledge regarding the latest scientific advances in the fields of neuroscience, personality psychology, and physiology.
2. Participants will value technical competence at a level similar to the traditional common factors of psychotherapy.

2 Method

2.1 Participants

A total of 1011 participants were surveyed, 728 had previously been to therapy and 283 had never been to therapy. Of these 1011, 51.4% were male, and 47.9% female, and the remaining 0.7% of participants were transgender, intersex, or other. People identifying as white constituted 72.9% of the sample, 14.6% were Black/African-American, 5.8% were Asian/Pacific Islander, 4.6% were Hispanic/Latino participants, and 0.5% were Native American. The participants' ages ranged from 18 to 76 (M = 38). Almost a third (29.1%) of the participants were 30 years of age or younger, 54.5% were between 31 and 50 years of age, and 16.4% were over 50 years of age. The participants were also asked about their sexual orientation, with 88.1% declaring as heterosexual, and 11.3% being either gay, lesbian, bisexual, or asexual.

2.2 Materials

Participants were surveyed using two online recruitment services, Amazon's Mechanical Turk (MTurk) and Centiment. The study first employed MTurk as it is the best-known platform, and it allows researchers to request participants who were rated as reliable based on their work in previous projects that can include surveys or crowdsourcing projects. The second phase of this study was conducted on Centiment as it became difficult to enlist qualified MTurk workers. Centiment.co is a research platform that has stringent procedures for vetting its participants. The utilization of two survey platforms incidentally served as a validity check for data quality. Specifically, the responses from both platforms were statistically indistinguishable. For survey items, see *Appendix 1*.

2.2.1 Client Preferences

Participants were asked to choose the three most important attributes that a psychotherapist could possess from a list of 17 (see *Appendix 1*), henceforth to be referred to as the "most important attribute" score. They were then asked to rate each of the attributes from the same list on a 7-point Likert scale regarding their individual importance (1 – Extremely unimportant, 7 – Extremely important). This shall henceforth be referred to as the "individual attribute importance" score.

3 Results

3.1 Overview of Analyses

The SPSS version 25 was used to execute the statistical analyses. To assess participants' preferences in psychotherapists' attributes, average scores were calculated for each attribute's importance, taking into account responses on Likert scales. This was followed by an exploratory factor analysis (EFA) conducted on the same measures, the goal of which was to understand if some psychotherapist characteristics group together to form factors.

In addition, as a part of exploratory analyses, separate students' t-tests and chi-square tests were conducted to investigate the preferences in psychotherapist attributes by ethnic background, sexual orientation, gender, and participation (or lack thereof) in psychotherapy. T-tests were used to check if there are significant differences between groups' responses on Likert-type questions, with significant differences suggesting that a certain group puts more value to a certain attribute than the members of the opposite group. Confidence intervals, which show the range of values that likely contain the true population difference between groups with 95% probability, are presented in addition to registered differences between groups, t-parameter values, and their significance.

On the other hand, chi-square tests showed whether there were differences between two groups in the terms how often they chose certain attributes to be among the three most importance ones, with significant differences suggesting that one group is more likely to consider a certain attribute to be of the utmost importance, compared to the other group.

3.2 Preferences in Psychotherapist Attributes

Since most of the psychotherapist attributes that clients were asked to rate were chosen from lists of the common factors of effective psychotherapy, it is not surprising that all were rated highly on a 1 to 7 scale (*Table 1*). However, the *individual attribute importance* of the ability to accurately diagnose was rated the highest (M = 6.12, SD = 1.17), followed by empathy (M = 5.86, SD = 1.40) and maturity (M = 5.77, SD = 1.21). The attributes of emotional intelligence were followed closely by attributes of technical competence, including knowing the role that the brain (M = 5.62, SD = 1.295), personality (M = 5.72, SD = 1.229), and physiology (M = 5.46, SD = 1.29), play in psychological problems.

When asked to choose the three *most important attributes*, 41% of the sample selected empathy (M = 0.41, SD = 0.49). This was followed by a tie between unconditional acceptance (M = 0.32, SD = 0.47) and the ability to accurately diagnose (M = 0.32, SD = 0.47). Knowledge of brain (M = 0.25, SD = 0.434), personality (M = .25, SD = 0.432), and utilization of research-based techniques (M = 0.21, SD = 0.405) were also often selected (*Table 2*).

3.3 Factor Analysis of Preferences in Psychotherapist Attributes

An exploratory factor analysis (*Table 3*) resulted in a KMO result of .909. The method of extraction was Principal Component Analysis, and the Promax rotation with default kappa value (4) was applied. The eigenvalue greater than one rule was utilized and an examination of the scree plot determined the number of factors. A three-factor solution was judged to be optimal, explaining 54% of the variance. Both pattern and structure matrix were used to define the items' belonging to a factor. Items that loaded .40 or higher on a factor were considered to be part of that factor.

The first factor was labelled as *science* as it included items assessing the characteristics relating to scientific knowledge and evidence-based treatment. The second factor was labelled *similarity* and comprised characteristics such as similarity of the clinician to the client, sensitivity to the client's cultural background, and personal experience of adversities – presumably such that share commonalities to the ones that the client in question has suffered. The third factor was labelled *empathy* as it included items assessing traits characterizing the clinicians as empathic, able to understand the client's personality, and accepting of the client. The regressed factor scores produced by SPSS were saved, and these three new variables were used in additional analyses, with the variables labeled as *science*, *similarity*, and *empathy*.

Analyses of variance were conducted to determine if participation in psychotherapy and demographics demonstrated different patterns when it comes to the importance placed on the three obtained factors. People who attended therapy placed more value on similarity, $F(1, 1009) = 98.178$, $p < .001$, and empathy, $F(1, 1009) = 10.838$, $p = .001$, while there were no differences on the science factor score. Gender differences were also registered for the science factor, $F(1, 1002) = 5.248$, $p = .022$, and empathy, $F(1, 1002) = 36.467$, $p < .001$, with women scoring higher on both factors. There were no significant differences between heterosexual participants and sexual minorities, but the ethnic minorities placed higher importance on the factor similarity, $F(1, 1009) = 42.821$, $p < .001$, compared to the white participants.

3.4 Preferences in Psychotherapist Attributes by Demographics

3.4.1 Preferences in Psychotherapist Attributes by Gender

In addition to the three obtained factors, analyses were also conducted on the preferences of psychotherapist attributes based on the characteristics of the participants. *Table 4a* depicts the ratings (on a scale of 1-7) and rankings (percentage that ranked the attribute in their top 3) of therapist attributes for males versus females, while *Table 4b* and *4c* provide more detailed insights of the ratings and rankings in *4a* through the scope of a t-test and chi-square test. Some notable differences between male and female participants appeared in the *individual attribute importance* (see *Table 4b*). Women rated the following attributes significantly higher than men: cultural/diversity sensitivity (mean difference: -.622, 95% c.i.: lower -.843, upper: -.401), unconditional acceptance (mean difference -.437, 95% c.i.: lower -.620, upper -.253), empathy (mean difference -.418, 95% c.i.: lower -.591, upper -.246), and the ability to inspire hope (mean difference -.323, 95% c.i.: lower -.183, upper -.163). Several other attributes were found to be significantly more important by women than men, including knowledge of brain's role in psychological problems (mean difference -.210, 95% c.i.: lower -.370, upper -.050, knowledge of personality's role in mental health issues (mean difference -.203, 95% c.i.: lower -.355, upper -.051), knowledge of physiology (mean difference -.197, 95% c.i.: lower -.356, upper -.038),

maturity (mean difference -.200, 95% c.i.: lower -.350, upper -.051), extended experience (mean difference -.207, 95% c.i.: lower -.382, upper -.033), and the ability to accurately diagnose (mean difference -.206, 95% c.i.: lower -.352, upper -.061).

When rating psychotherapist attributes, women preferred therapist attributes most closely associated with acceptance and sensitivity to individual differences. The significant and substantial preference for empathic therapists in attribute ranking was concordant with this preferential theme. However, the only significant difference between men and women in *most important attribute* (*Table 4c*) was a more common preference for empathic therapists expressed by women, $X^2(1, 1004) = 13.271$, $p = .000$.

3.4.2 Preferences in Psychotherapist Attributes for Therapy Participants vs. Non-Participants

Table 5a depicts the ratings and rankings of therapist attributes for therapy participants versus non-participants, while *Table 5b* and *5c* provide more detailed insights of the ratings and rankings in *5a* through the scope of a t-test and chi-square test. The t-test demonstrated that people who had participated in psychotherapy differed from those who never attended therapy in several ratings on i*ndividual attribute importance* (*Table 5b*). Those who participated in psychotherapy rated as more highly important the following attributes: personal experience of adversity (mean difference -.993, 95% c.i.: lower -1.226, upper -.759), cultural and diversity sensitivity (mean difference -.897, 95% c.i.: lower -1.141, upper -.653), thinking in a similar way to the client (mean difference -.888, 95% c.i.: lower -1.124, upper -.651), ability to inspire hope (mean difference -.505, 95% c.i.: lower -.682, upper -.329), unconditional acceptance (mean difference -.407, 95% c.i.: lower -.612, upper -.203), knowledge of physiology (mean difference -.220, 95% c.i.: lower -.397, upper -.042), medical and pharmacology knowledge (mean difference -.244, 95% c.i.: lower -.441, upper -.047), empathy (mean difference -.215, 95% c.i.: lower -.408, upper -.021), maturity (mean difference -.294, 95% c.i.: lower -.460, upper -.128), research experience (mean difference -.216, 95% c.i.: lower -.423, upper -.010), following a structured treatment plan (mean difference -.243, 95% c.i.: lower -.448, upper -.038), and extended clinical experience (mean difference -.197, 95% c.i.: lower -.391, upper -.003). On the other hand, non-users of psychotherapy assigned higher rankings to the attribute ability to accurately diagnose (mean difference .232, 95% c.i.: lower .070, upper .394).

Consistent with all other groupings, utilizers and non-utilizers ranked empathy as the *most important* psychotherapists' attribute (*Table 5c*). Individuals who utilized psychotherapy significantly preferred like-minded therapists, $X^2(1, 1004) = 17.357$, $p = .000$; therapists with relevant knowledge of physiology, $X^2(1, 1004) = 4.538$, $p = .040$; and therapists who were able to apply personality knowledge to clinical problems, $X^2(1, 1004) = 6.740$, $p = .009$. More non-utilizers, on the other hand, considered psychotherapists' clinical experience, $X^2(1, 1004) = 9.352$, $p = .004$ and the ability to accurately diagnose, $X^2(1, 1004) = 41.499$, $p = .000$ of key importance for psychotherapeutic outcome.

3.4.3 Preferences in Psychotherapist Attributes by Sexual Orientation

We contrasted the preferences of heterosexual participants with participants identifying as gay, bisexual, and asexual. There were insufficient subjects in the bisexual and asexual categories, therefore the groups were pooled into a sexual minority category. In *Table 6a,* the ratings and rankings of therapist attributes for heterosexuals versus sexual minorities were compared. When comparing heterosexuals vs. sexual minorities, there were some interesting trends in the *individual attribute importance* (*Table 6b*). Participants in the sexual minority category rated the following attributes significantly higher in importance than straight participants: cultural/diversity sensitivity (mean difference -.792, 95% c.i.: lower -1.143, upper -.442), empathy (mean difference -.371, 95% c.i.: lower -.644, upper -.097), and unconditional acceptance (mean difference -.294, 95% c.i.: lower -.585, upper -.002), while straight participants emphasized more strongly the importance of extended clinical experience (mean difference .305, 95% c.i.: lower .031, upper .580).

As for the *most important attribute* (*Table 6c*), the sexual minorities chose more commonly the psychotherapist attributes that would likely make therapists more sensitive to others' unique life experiences. This included a greater preference for psychotherapists with empathy, $X^2(1,1004) = 9.772$, $p = .002$ and those with cultural and diversity sensitivity $X^2(1,1004) = 8.360$, $p = .009$. On the other hand, heterosexual participants more often emphasized maturity, $X^2(1,1004) = 4.690$, $p = .035$; the ability to diagnose accurately, $X^2(1,1004) = 7.612$, $p = .005$; and research experience, $X^2(1,1004) = 4.171$, $p = .034$, as being of most importance.

3.4.4 Preferences in Psychotherapist Attributes by Ethnic Background

Table 7a iterates the ratings and rankings of therapist attributes for white participants versus ethnic minorities. The *individual attribute importance* can be observed in Table 7b. Results show that ethnic minorities rated the following traits as more important than the white participants: cultural and diversity sensitivity (mean difference -.871, 95% c.i.: lower -1.118, upper -.625), personal experience of adversity (mean difference -.624, 95% c.i.: lower -.865, upper -.382), thinking in a similar way to the client (mean difference -.315, 95% c.i.: lower -.560, upper -.071), research experience (mean difference -.399, 95% c.i.: lower -.607, upper -.191), medical and pharmacology knowledge (mean difference -.260, 95% c.i.: lower -.460, upper -.061), maturity (mean difference -.202, 95% c.i.: lower -.371, upper -.034), extended clinical experience (mean difference -.233, 95% c.i.: lower -.429, upper -.037), and following the structured treatment plan (mean difference -.266, 95% c.i.: lower -.473, upper -.059).

When looking at the *most important attribute (Table 7c)*, as chosen by white participants and ethnic minorities, there are several significant differences. White participants, more often than minorities, considered the most important attributes to be having extended clinical experience, $X^2(1,1004) = 4.883$, $p = .030$; and the ability to diagnose accurately, $X^2(1,1004) = 4.789$, $p = .032$. Whereas ethnic minorities

more often considered cultural sensitivity, $X^2(1,1004) = 32.725$, $p = .000$; and thinking in a similar way to oneself $X^2(1,1004) = 7.272$, $p = .009$.

3.4.5 Preferences in Psychotherapist Attributes by Age

The age of the participants correlated with the *individual attribute importance* for several attributes. While the correlations were not very strong, seven of them were significant and can be observed in *Table 8*. Three of the *attributes' individual importance* correlated positively with age, and four negatively. Younger participants valued as more important those attributes that are related to the psychotherapist's personal characteristics and experiences – they preferred their therapists to think in a similar way to them, $r(1009) = - 0.105$, $p = < .001$, to have experienced the adversity previously, $r(1009) = - 0.101$, $p = .001$, to be characterized with cultural or diversity sensitivity, $r(1009) = - 0.120$, $p < .001$, and to have research experience, $r(1009) = - 0.067$, $p = 0.033$. On the other hand, the preference for more scientific or expertise-related attributes increased with age: the knowledge of the brain's role in psychological problems, $r(1009) = 0.083$, $p = .008$, extended clinical experience, $r(1009) = 0.089$, $p = .005$, and the ability to accurately diagnose, $r(1009) = 0.078$, $p = 0.013$. It appears that younger participants recognized the importance of the therapist-related factors for psychotherapy, while the older participants preferred that their therapist have extensive knowledge and experience.

4 Discussion

In this study, participants' preferences of attributes in a psychotherapist were explored. Participants expressed a strong preference for many therapists' attributes that are among the common factors of psychotherapy, such as empathy and unconditional acceptance of the client. However, this study provides additional evidence that people expect more from psychotherapists than support, understanding, and guidance. They also express a strong preference for factors that signify competence in science, including familiarity with physiology or medicine, research skills, neuroscience, and personality psychology.

Factor analysis conducted on the participants' responses revealed that common factors such as empathy and acceptance are not the sole factor determining therapy success and satisfaction, although they are undoubtedly very important. Clients and potential clients also recognize technical skill and expertise as highly relevant. This suggests that people generally intuit that effective psychotherapy requires a person who has talents such as social mind-reading, intuition concerning how it feels to be in the client's situation, and the ability to resist one's biases and preconceptions, but that these talents need to be complemented with somewhat more technical expertise and skills. Consistent with the findings of prior studies (Norcross & Lambert, 2011), clients appear to want active and scientifically-informed therapists. Both in the rating and ranking of psychotherapist attributes, people demonstrated a preference for scientific knowledge above many attributes associated with the common factors of psychotherapy efficacy. Attributes like knowledge of the brain's role in psychological problems,

comprehensive scientific knowledge, and knowledge of personality's role in psychological problems are important to a significant plurality of people. While evidence-based attributes were not in the top three, they were still rated and ranked considerably well. This finding provides support for psychotherapy modalities, such as Cognitive-Behavioral Therapy, which strive to be evidence-based and incorporate recent research and knowledge into their interventions and treatment techniques. Importantly, it appears that psychotherapists that apply evidence-based methods may be perceived more positively by their clients, which may have positive effects similar to those of common factors.

The first hypothesis of the current study stated that participants will prefer psychotherapists that possess knowledge regarding the latest scientific advances in the fields of neuroscience, personality psychology, and physiology. To this end, each of the noted attributes were in the top-rated attributes and were rated quite highly overall (between 5.5 and 5.7 on a 7-point Likert scale). While these attributes did not surpass maturity (5.8), empathy (5.9), and the ability to accurately diagnose (6.1), they still achieved a score indicating a preference of participants. In addition, knowledge of personality (24.8%) and neuroscience (25.1%) were also consistently ranked in the top 3 most important attributes behind empathy (40.9%), unconditional acceptance (31.7%), and ability to accurately diagnose (31.6%).

The second hypothesis, that participants will value technical competence at a level similar to the traditional common factors of psychotherapy, was partially confirmed. Study participants consistently gave primacy to psychotherapists' ability to accurately diagnose, which earned the top rating (6.1) and second place in ranking of the 3 most important attributes (31.7%). In addition, as mentioned earlier, the knowledge of neuroscience, personality, and physiology was also recognized as one of the most important therapist attributes. However, other attributes connected to technical competence (comprehensive scientific knowledge, extended clinical experience, research experience, and medical and pharmacology knowledge) did not fare as well. While these results are inconclusive, it should be noted that it is still possible that clients and potential clients of psychotherapy want therapists who possess high level of technical competence yet lack knowledge about what this competence actually implies.

Alternatively, when considering the demographic differences found in the exploratory analyses, it is clear that psychotherapists must adapt their approaches. The gender comparisons showed that women in general tend to have higher criteria when it comes to therapists' characteristics. However, this effect was particularly prominent for the attributes related to common factors, including cultural and diversity sensitivity, unconditional acceptance, empathy, and the ability to inspire hope. These factors are extremely important in a clinical setting and overlooking them or underestimating their value for female clients may impact their progress and experience with therapy.

Furthermore, participants belonging to sexual and ethnic minority groups placed somewhat less importance on the technical expertise and knowledge of therapists. On the other hand, diversity sensitivity was very important to sexual and racial minorities, as were the similarity of the clinician to the client and the therapist's experience of adversities. This echoes previous research on the topic that

found that minorities in therapy prefer their therapist to be accepting, compassionate, and comfortable discussing themes related to race, ethnicity, and culture (Chang & Yoon, 2011). It is possible that minorities, who commonly face such challenges as discrimination or social rejection, believe that a therapist requires specific insight, or even similar experiences, to provide them quality therapy.

Results of the study confirm the importance of clinical and technical abilities of psychotherapists. However, the study also suggests that women and sexual and ethnic minorities place greater emphasis on common factors and therapists' qualities such as empathy, acceptance, and similarity of their experiences to those of patients. Interestingly, an online study (Anderson et al., 2019) demonstrated that women and sexual minorities are more likely to prematurely terminate psychotherapy. In the same study, weak therapeutic alliance was an even better predictor of early termination. While the study by Anderson et al. did not show that ethnic minorities were more likely to prematurely terminate therapy, this finding was registered in an older study (Wierzbicki & Pekarik, 1993). Based on these previous results and the results of the current study, it appears entirely possible that the lack of training and necessary personal qualities prevents therapists from showing empathy and acceptance when working with more vulnerable groups, which would further affect the outcomes of the therapy, including adherence.

Important differences can also be surmised from the comparison of those who have participated in psychotherapy previously with those who have not. These differences provide the value of revealing preferences borne of expectation versus experience. To this end, those who have had experience with therapy consider the most important attributed to be personal experience of adversity, cultural and diversity sensitivity, similar-mindedness, and many other attributes, both related to common factors and psychotherapists' specific knowledge. On the other hand, non-participants considered the ability to accurately diagnose above all else. These findings suggest that previous users of psychotherapy have a strong grasp of the importance of common and knowledge-based factors in psychotherapy, while those who do not share the experience with psychotherapy focus on understanding the etiology of clients' issues, perhaps considering that the right diagnosis tops all other factors. As clients' expectations are a relevant factor in the outcome of the therapy, it would be valuable for practitioners to evaluate clients' expectations before therapy and how they are being met once the therapeutic relationship has started. To this end, Rief (2021) proposes that psychological treatments require reconciliation of basic science and evidence-based treatments for specific problems with qualified use of relationship patterns and therapeutic relationship. For therapists to be able to achieve this, it is necessary to expand training on single theoretical frameworks and incorporate training for psychotherapists that will help them adopt specific therapeutic and common factor skills. Such approach seems to be necessary in order for therapists to be able to provide personalized care to patients from different demographic groups and backgrounds. Additionally, the current study emphasizes the need for therapists to reject single-framework approaches and instead base their interventions on science and evidence-based treatment, independently of their primary therapeutic orientation.

4.1 Strengths and Limitations

The current study was designed based on the extensive experience from psychotherapeutic practice of one of the study authors. As such, it was designed to explore in an objective manner phenomena that are often seen in practice by experienced therapists, in order to provide research-based knowledge for young therapists to shape their future practices and interventions. Importantly, the main goal of the study, to emphasize the importance of tailoring the psychotherapeutic interventions to clients' perceptions and priorities, was achieved, as the study demonstrated that clients' demography and likely life experiences result in somewhat different expectations when it comes to psychotherapy.

This study, like all involving survey research, has the lesser reliability of self-reporting. This includes the inability to target specific groups for study and questionable motivation of participants (e.g. survey taken solely for remuneration). However, the large sample used in the present study and the fact that many of the current findings replicate conclusions from previous papers suggest that this limitation did not significantly affect the results. Although the current study created and utilized its own survey to suit its purpose, it would have been beneficial to also utilize an extant measure of client preference and satisfaction with an established internal consistency.

4.2 Future Directions

Future studies should, first and foremost, aim to correct the limitations of the current study by implementing consistency checks for the self-reports as well as utilizing an established measure of client preference and satisfaction. Future research would also do well to explore preferences in therapeutic modalities, investigating the experience of clients that have taken part in each modality and how this has had an effect on their preferences and as well as their satisfaction with their therapist and outcome of the therapy. Moreover, future research should aim to more closely assess the success of individual psychotherapists with different attributes and utilizing different therapy modalities by surveying their clients and drawing a comparison.

5 Conclusion

Previous studies have shown that the client's satisfaction with the treatment and the psychotherapist are highly dependent on fulfilling the client's preferences regarding therapy (Lindhiem et al., 2014; Swift et al., 2011). Moreover, it was registered that clients often have higher expectations from their therapists than their therapists would guess (Cooper et al., 2019) and that therapists rarely explore their clients' preferences regarding treatment (Cooper & Norcross, 2016). This study sheds some light on clients' preferences in therapist attributes by drawing attention to the fact that while all the common factors in psychotherapy are generally of high importance for the clients, there is an increasing demand for technical competence and therapists with knowledge in neuroscience, personality psychology, and physiology. The significant differences between genders, sexual orientations, and ethnicities also suggest that the approach to each client needs to be tailor-made to their preference. Experienced clinicians are already aware of this (Abrams, 2020; DiGiuseppe et al., 2014), yet this study provides additional insight for the therapists-beginners and those who would value the application of a rigid framework over individual preference and necessity.

Declarations

Ethics approval and consent to participate: All participants were required to confirm their consent and desire to participate in the current study. The study received approval from the ethics committee of the board of Psychology for NJ and is in accordance with all relevant guidelines and regulations. Informed consent has been obtained from all the participants in this study.

Consent for publication: Not applicable.

Availability of data and material: Available upon request.

Conflicts of interest/Competing interests: We declare that there are no conflicts of interest, competing interests, nor any activities influencing the research.

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Authors' contributions: MA set the study in motion and constituted the theoretical foundation of the study. MA and MMG recruited participants and collected data. MA, MMG, and AC analyzed and interpreted the data, and wrote the manuscript. All authors read and approved the final manuscript.

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Tables

Table 1. *Rating of Therapist Attributes on a 7-point Likert Scale.*

Therapist Attribute	Rating
A16. Ability to accurately diagnose	6.1
A9. Empathy	5.9
A11. Maturity	5.8
A6. Knowledge of personality in psychological problems	5.7
A1. Unconditional acceptance of clients	5.6
A12. Inspires hope	5.6
A5. Knowledge of the brain's role in psychological problems	5.6
A7. Knowledge of physiology in psychological problems	5.5
A4. Comprehensive scientific knowledge	5.4
A18. Versed in the evolutionary origins of the mind*	5.3
A15. Extended clinical experience	5.3
A17. Follows a structured plan in treatment	5.2
A8. Medical and pharmacology knowledge	5.2
A3. Uses the latest research evidence in therapy	5.2
A14. Research experience	5.1
A13. Cultural/diversity sensitivity	4.7
A10. Personal experience of adversity	4.5
A2. Thinks in a similar way to me	4.2

** This item was only included in the final survey of 400 participants who had utilized psychotherapy and only in the rating of attribute importance (1-7).*

Table 2. *Ranking of 3 Most Important Therapist Attributes.*

Therapist Attribute	Ranking (%)
A9. Empathy	40.9
A1. Unconditional acceptance of clients	31.7
A16. Ability to accurately diagnose	31.6
A5. Knowledge of the brain's role in psychological problems	25.1
A6. Knowledge of personality in psychological problems	24.8
A3. Uses the latest research evidence in therapy	20.7
A12. Inspires hope	18.5
A4. Comprehensive scientific knowledge	15.1
A2. Thinks in a similar way to me	13.6
A7. Knowledge of physiology in psychological problems	12.0
A10. Personal experience of adversity	10.0
A8. Medical and pharmacology knowledge	9.9
A15. Extended clinical experience	9.6
A11. Maturity	9.0
A17. Follows a structured plan in treatment	7.9
A13. Cultural/diversity sensitivity	4.9
A14. Research experience	4.7

Table 3. *Therapist Attribute Factors – Pattern Matrix.*

Items Assessing Therapist Attributes	Therapist Quality Factors		
	Science	Similarity	Empathy
A1. Unconditional acceptance of clients	-.130	.182	**.722**
A2. Thinks in a similar way to me	-.114	**.728**	.084
A3. Uses latest research evidence in therapy	**.730**	.101	-.139
A4. Comprehensive scientific knowledge	**.821**	-.055	-.085
A5. Knowledge of brain's role in psychological problems	**.764**	-.240	.145
A6. Knowledge of personality in psychological problems	**.518**	-.238	.439
A7. Knowledge of physiology in psychological problems	**.691**	-.059	.127
A8. Medical and pharmacology knowledge	**.675**	.040	-.041
A9. Empathy	-.141	.075	**.803**
A10. Personal experience of adversity	-.027	**.794**	.137
A11. Maturity	.194	.276	.399
A12. Inspires hope	.016	.325	**.587**
A13. Cultural/diversity sensitivity	.158	**.578**	.211
A14. Research experience	**.669**	.372	-.221
A15. Extended clinical experience	**.701**	.227	-.182
A16. Ability to accurately diagnose	**.500**	-.239	.338
A17. Follows a structured plan in treatment	**.496**	.298	.014

Note: Attributes that have the highest loading on the factor are in bold.

Factor names are based on the theme of the most strongly associated attributes.

Table 4a. *Average Ratings and Rankings of Therapist Attributes by Gender.*

Therapist Attribute	Males		Females	
	Average Rating	Ranking in %	Average Rating	Ranking in %
A1. Unconditional acceptance of clients	5.37***	31.3	5.82**	32.2
A2. Thinks in a similar way to me	4.18	15.2	4.23	12.0
A3. Uses latest research evidence in therapy	5.17	22.7	5.17	18.4
A4. Comprehensive scientific knowledge	5.36	16.7	5.42	13.4
A5. Knowledge of brain's role in psychological problems	5.52**	24.8	5.73**	25.6
A6. Knowledge of personality in psychological problems	5.62**	26.2	5.82**	23.6
A7. Knowledge of physiology in psychological problems	5.37*	11.7	5.57*	12.4
A8. Medical and pharmacology knowledge	5.11	9.8	5.27	9.9
A9. Empathy	5.65***	35.4**	6.07***	46.7**
A10. Personal experience of adversity	4.47	11.0	4.59	8.9
A11. Maturity	5.66**	10.2*	5.86**	7.6*
A12. Inspires hope	5.48***	18.8	5.80***	18.0
A13. Cultural/diversity sensitivity	4.39***	4.4	5.01***	5.6
A14. Research experience	5.03	5.2***	5.11	4.1***
A15. Extended clinical experience	5.21*	9.0	5.41*	10.3
A16. Ability to accurately diagnose	6.03**	29.8	6.23**	33.3
A17. Follows a structured plan in treatment	5.15	7.3	5.23	8.5
A18. Versed in the evolutionary origins of the mind	5.38	+	5.26	+

** = p < .05; ** = p < .01; *** = p < .001; + = not included in first survey*

Table 4b. *Individual Attribute Importance by Gender.*

Attribute	Group	N	M	SD	t	p
A1. Unconditional acceptance of clients.	Male	520	5.37	1.586	-4.672	.000***
	Female	484	5.81	1.357		
A2. Thinks in a similar way to me.	Male	520	4.18	1.795	- .384	.701
	Female	484	4.23	1.720		
A3. Uses latest research evidence in therapy.	Male	520	5.17	1.459	.020	.984
	Female	484	5.17	1.453		
A4. Comprehensive scientific knowledge.	Male	520	5.36	1.370	- .696	.487
	Female	484	5.42	1.359		
A5. Knowledge of brain's role psychological problems.	Male	520	5.52	1.284	-2.570	.010*
	Female	484	5.73	1.302		
A6. Knowledge of personality in psychological problems.	Male	520	5.62	1.230	-2.623	.009**
	Female	484	5.82	1.222		
A7. Knowledge of physiology in psychological problems.	Male	520	5.37	1.291	-2.426	.015*
	Female	484	5.57	1.278		
A8. Medical and pharmacology knowledge.	Male	520	5.11	1.406	-1.716	.086
	Female	484	5.27	1.455		
A9. Empathy.	Male	520	5.65	1.474	-4.761	.000***
	Female	484	6.07	1.297		
A10. Personal experience of adversity.	Male	520	4.47	1.733	-1.102	.271
	Female	484	4.59	1.769		
A11. Maturity.	Male	520	5.66	1.197	-2.625	.009**
	Female	484	5.86	1.218		
A12. Inspires hope.	Male	520	5.48	1.354	-3.965	.000***
	Female	484	5.80	1.215		
A13. Cultural/diversity sensitivity.	Male	520	4.39	1.874	-5.520	.000***
	Female	484	5.01	1.683		
A14. Research experience.	Male	520	5.03	1.506	- .871	.384
	Female	484	5.11	1.495		

A15. Extended clinical experience.	Male	520	5.21	1.447	-2.336	.020*
	Female	484	5.41	1.360		
A16. Ability to accurately diagnose.	Male	520	6.03	1.201	-2.784	.005**
	Female	484	6.23	1.144		
A17. Follows a structured plan in treatment.	Male	520	5.15	1.468	- .824	.410
	Female	484	5.23	1.509		
A18. Versed in the evolutionary origins of the mind	Male	203	5.38	1.393	.876	.382
	Female	203	5.26	1.440		

** = p < .05, ** = p < .01, *** = p < .001*

Table 4c. *Most Important Attribute by Gender.*

Attribute	Group	N	df	Cases	χ^2	*p*
A1. Unconditional acceptance of clients.	Male	520	1	1004	.091	.786
	Female	484				
A2. Thinks in a similar way to me.	Male	520	1	1004	2.190	.142
	Female	484				
A3. Uses latest research evidence in therapy.	Male	520	1	1004	2.837	.101
	Female	484				
A4. Comprehensive scientific knowledge.	Male	520	1	1004	2.126	.159
	Female	484				
A5. Knowledge of brain's role psychological problems.	Male	520	1	1004	.088	.772
	Female	484				
A6. Knowledge of personality in psychological problems.	Male	520	1	1004	.906	.344
	Female	484				
A7. Knowledge of physiology in psychological problems.	Male	520	1	1004	.105	.772
	Female	484				
A8. Medical and pharmacology knowledge.	Male	520	1	1004	.003	1.000
	Female	484				
A9. Empathy.	Male	520	1	1004	13.271	.000***
	Female	484				
A10. Personal experience of adversity.	Male	520	1	1004	1.206	.293
	Female	484				
A11. Maturity.	Male	520	1	1004	1.994	.185
	Female	484				
A12. Inspires hope.	Male	520	1	1004	.127	.745
	Female	484				
A13. Cultural/diversity sensitivity.	Male	520	1	1004	.707	.468
	Female	484				
A14. Research experience.	Male	520	1	1004	.631	.458
	Female	484				

A15. Extended clinical experience.	Male	520	1	1004	.480	.522
	Female	484				
A16. Ability to accurately diagnose.	Male	520	1	1004	1.389	.248
	Female	484				
A17. Follows a structured plan in treatment.	Male	520	1	1004	.468	.558
	Female	484				

* = p < .05, ** = p < .01, *** = p < .001

Table 5a. *Average Ratings and Rankings of Therapist Attributes for Psychotherapy Participants vs. Non-Participants.*

Therapist Attribute	Psychotherapy Participants		Non-Participants	
	Average Rating	Ranking in %	Average Rating	Ranking in %
A1. Unconditional acceptance of clients	5.70***	32.8	5.29***	29.2
A2. Thinks in a similar way to me	4.45***	16.5***	3.57***	6.4***
A3. Uses latest research evidence in therapy	5.21	20.3	5.06	21.4
A4. Comprehensive scientific knowledge	5.36	14.1	5.46	17.8
A5. Knowledge of brain's role in psychological problems	5.58	26.1	5.70	22.8
A6. Knowledge of personality in psychological problems	5.75	27.1**	5.62	19.2**
A7. Knowledge of physiology in psychological problems	5.53*	13.4*	5.31*	8.5*
A8. Medical and pharmacology knowledge	5.25*	10.5	5.01*	8.2
A9. Empathy	5.92*	40.4	5.70*	42.0
A10. Personal experience of adversity	4.81***	10.8	3.81***	7.8
A11. Maturity	5.84**	9.0	5.55**	8.9
A12. Inspires hope	5.78***	18.3	5.27***	18.9
A13. Cultural/diversity sensitivity	4.94***	5.1	4.05***	4.6
A14. Research experience	5.13*	3.9*	4.91*	6.8*
A15. Extended clinical experience	5.36*	7.9**	5.16*	14.2**
A16. Ability to accurately diagnose	6.06**	25.6***	6.29**	46.6***
A17. Follows a structured plan in treatment	5.26*	6.8*	5.06*	10.6*
A18. Versed in the evolutionary origins of the mind	+	+	+	+

** = p < .05; ** = p < .01; *** = p < .001; + = not included in first survey*

Table 5b. *Individual Attribute Importance for Psychotherapy Participants vs. Non-Participants.*

Attribute	Group	N	Mean	SD	t-test	p-value
A1. Unconditional acceptance of clients.	Non-Participants	281	5.29	1.662	-3.904	.000***
	Participants	723	5.70	1.410		
A2. Thinks in a similar way to me.	Non-Participants	281	3.57	1.649	-7.370	.000***
	Participants	723	4.45	1.738		
A3. Uses latest research evidence in therapy.	Non-Participants	281	5.06	1.508	-1.416	.157
	Participants	723	5.21	1.433		
A4. Comprehensive scientific knowledge.	Non-Participants	281	5.46	1.304	1.045	.296
	Participants	723	5.36	1.387		
A5. Knowledge of brain's role psychological problems.	Non-Participants	281	5.70	1.190	1.343	.180
	Participants	723	5.58	1.335		
A6. Knowledge of personality in psychological problems.	Non-Participants	281	5.62	1.231	-1.517	.130
	Participants	723	5.75	1.228		
A7. Knowledge of physiology in psychological problems.	Non-Participants	281	5.31	1.236	-2.431	.015*
	Participants	723	5.53	1.303		
A8. Medical and pharmacology knowledge.	Non-Participants	281	5.01	1.430	-2.429	.015*
	Participants	723	5.25	1.426		
A9. Empathy.	Non-Participants	281	5.70	1.482	-2.174	.030*
	Participants	723	5.92	1.372		
A10. Personal experience of adversity.	Non-Participants	281	3.81	1.686	-8.338	.000***
	Participants	723	4.81	1.697		
A11. Maturity.	Non-Participants	281	5.55	1.306	-3.476	.000***
	Participants	723	5.84	1.163		

A12. Inspires hope.	Non-Participants	281	5.27	1.502	-5.622	.000***
	Participants	723	5.78	1.181		
A13. Cultural/diversity sensitivity.	Non-Participants	281	4.05	1.833	-7.225	.000***
	Participants	723	4.94	1.740		
A14. Research experience.	Non-Participants	281	4.91	1.448	-2.053	.040*
	Participants	723	5.13	1.517		
A15. Extended clinical experience.	Non-Participants	281	5.16	1.402	-1.995	.046*
	Participants	723	5.36	1.409		
A16. Ability to accurately diagnose.	Non-Participants	281	6.29	1.096	2.816	.005**
	Participants	723	6.06	1.203		
A17. Follows a structured plan in treatment.	Non-Participants	281	5.01	1.493	-2.329	.020*
	Participants	723	5.26	1.481		

** = p < .05, ** = p < .01, *** = p < .001*

Table 5c. *Most Important Attribute for Psychotherapy Participants vs. Non-Participants.*

Attribute	Group	N	df	No. Cases	X^2 Value	p-value
A1. Unconditional acceptance of clients.	Non-Participants	281	1	1004	1.209	.291
	Participants	723				
A2. Thinks in a similar way to me.	Non-Participants	281	1	1004	17.357	.000***
	Participants	723				
A3. Uses latest research evidence in therapy.	Non-Participants	281	1	1004	.129	.729
	Participants	723				
A4. Comprehensive scientific knowledge.	Non-Participants	281	1	1004	2.140	.143
	Participants	723				
A5. Knowledge of brain's role psychological problems.	Non-Participants	281	1	1004	1.216	.293
	Participants	723				
A6. Knowledge of personality in psychological problems.	Non-Participants	281	1	1004	6.740	.009*
	Participants	723				
A7. Knowledge of physiology in psychological problems.	Non-Participants	281	1	1004	4.538	.040*
	Participants	723				
A8. Medical and pharmacology knowledge.	Non-Participants	281	1	1004	1.232	.290
	Participants	723				
A9. Empathy.	Non-Participants	281	1	1004	.216	.668
	Participants	723				
A10. Personal experience of adversity.	Non-Participants	281	1	1004	1.976	.196
	Participants	723				
A11. Maturity.	Non-Participants	281	1	1004	.002	1.000
	Participants	723				

A12. Inspires hope.	Non-Participants	281	1	1004	.049	.856
	Participants	723				
A13. Cultural/diversity sensitivity.	Non-Participants	281	1	1004	.103	.872
	Participants	723				
A14. Research experience.	Non-Participants	281	1	1004	3.784	.066
	Participants	723				
A15. Extended clinical experience.	Non-Participants	281	1	1004	9.352	.004**
	Participants	723				
A16. Ability to accurately diagnose.	Non-Participants	281	1	1004	41.499	.000***
	Participants	723				
A17. Follows a structured plan in treatment.	Non-Participants	281	1	1004	4.234	.049*
	Participants	723				

** = p < .05, ** = p < .01, *** = p < .001*

Table 6a. *Average Ratings and Rankings of Therapist Attributes by Sexual Orientation.*

Therapist Attribute	Heterosexuals		Sexual Minorities	
	Average Rating	Ranking in %	Average Rating	Ranking in %
A1. Unconditional acceptance of clients	5.55*	31.0	5.84*	37.7
A2. Thinks in a similar way to me	4.20	13.7	4.26	13.2
A3. Uses latest research evidence in therapy	5.17	20.7	5.13	20.2
A4. Comprehensive scientific knowledge	5.41	15.1	5.21	15.8
A5. Knowledge of brain's role in psychological problems	5.62	25.2	5.62	25.4
A6. Knowledge of personality in psychological problems	5.73	25.6	5.61	19.3
A7. Knowledge of physiology in psychological problems	5.48	11.8	5.36	14.0
A8. Medical and pharmacology knowledge	5.21	9.9	4.98	9.6
A9. Empathy	5.81**	39.1**	6.18**	54.4**
A10. Personal experience of adversity	4.51	9.9	4.69	10.5
A11. Maturity	5.77	9.7*	5.70	3.5*
A12. Inspires hope	5.64	18.5	5.55	17.5
A13. Cultural/diversity sensitivity	4.60***	4.3**	5.39***	10.5
A14. Research experience	5.08	5.2	4.95	0.9**
A15. Extended clinical experience	5.34	10.2	5.04	5.3
A16. Ability to accurately diagnose	6.14	32.9*	6.01	20.2*
A17. Follows a structured plan in treatment	5.21	7.3*	5.06	12.3*
A18. Versed in the evolutionary origins of the mind	5.33	+	5.21	+

** = p < .05; ** = p < .01; *** = p < .001; + = not included in first survey*

Table 6b. *Individual Attribute Importance by Sexuality.*

Attribute	Group	N	Mean	SD	t-test	p-value
A1. Unconditional acceptance of clients.	Heterosexual	890	5.55	1.511	-1.978	.048*
	Sexual Minority	114	5.84	1.347		
A2. Thinks in a similar way to me.	Heterosexual	890	4.20	1.751	- .374	.709
	Sexual Minority	114	4.26	1.820		
A3. Uses latest research evidence in therapy.	Heterosexual	890	5.17	1.442	.286	.775
	Sexual Minority	114	5.13	1.566		
A4. Comprehensive scientific knowledge.	Heterosexual	890	5.41	1.344	1.496	.135
	Sexual Minority	114	5.21	1.508		
A5. Knowledge of brain's role psychological problems.	Heterosexual	890	5.62	1.284	- .055	.956
	Sexual Minority	114	5.62	1.398		
A6. Knowledge of personality in psychological problems.	Heterosexual	890	5.73	1.212	.951	.342
	Sexual Minority	114	5.61	1.360		
A7. Knowledge of physiology in psychological problems.	Heterosexual	890	5.48	1.268	.920	.358
	Sexual Minority	114	5.36	1.434		
A8. Medical and pharmacology knowledge.	Heterosexual	890	5.21	1.409	1.616	.106
	Sexual Minority	114	4.98	1.585		
A9. Empathy.	Heterosexual	890	5.81	1.408	-2.658	.008**
	Sexual Minority	114	6.18	1.354		
A10. Personal experience of adversity.	Heterosexual	890	4.51	1.738	-1.057	.291
	Sexual Minority	114	4.69	1.849		
A11. Maturity.	Heterosexual	890	5.77	1.196	.545	.586
	Sexual Minority	114	5.70	1.330		

A12. Inspires hope.	Heterosexual	890	5.64	1.275	.715	.475
	Sexual Minority	114	5.55	1.470		
A13. Cultural/diversity sensitivity.	Heterosexual	890	4.60	1.827	-4.441	.000***
	Sexual Minority	114	5.39	1.509		
A14. Research experience.	Heterosexual	890	5.08	1.487	.902	.367
	Sexual Minority	114	4.95	1.601		
A15. Extended clinical experience.	Heterosexual	890	5.34	1.398	2.183	.029*
	Sexual Minority	114	5.04	1.469		
A16. Ability to accurately diagnose.	Heterosexual	890	6.14	1.160	1.114	.265
	Sexual Minority	114	6.01	1.307		
A17. Follows a structured plan in treatment.	Heterosexual	890	5.21	1.469	.974	.330
	Sexual Minority	114	5.06	1.631		
A18. Versed in evolutionary origins of mind.	Heterosexual	358	5.33	1.369	570	.569
	Sexual Minority	51	5.12	1.796		

** = p < .05, ** = p < .01, *** = p < .001*

Table 6c. *Most Important Attribute by Sexuality.*

Attribute	Group	N	df	No. Cases	X^2 Value	p-value
A1. Unconditional acceptance of clients.	Heterosexual	891	1	1004	2.098	.165
	Sexual Minority	120				
A2. Thinks in a similar way to me.	Heterosexual	891	1	1004	.026	1.000
	Sexual Minority	120				
A3. Uses latest research evidence in therapy.	Heterosexual	891	1	1004	.015	1.000
	Sexual Minority	120				
A4. Comprehensive scientific knowledge.	Heterosexual	891	1	1004	.042	.783
	Sexual Minority	120				
A5. Knowledge of brain's role psychological problems.	Heterosexual	891	1	1004	.004	1.000
	Sexual Minority	120				
A6. Knowledge of personality in psychological problems.	Heterosexual	891	1	1004	2.158	.167
	Sexual Minority	120				
A7. Knowledge of physiology in psychological problems.	Heterosexual	891	1	1004	.477	.540
	Sexual Minority	120				
A8. Medical and pharmacology knowledge.	Heterosexual	891	1	1004	.006	1.000
	Sexual Minority	120				
A9. Empathy.	Heterosexual	891	1	1004	9.772	.002**
	Sexual Minority	120				
A10. Personal experience of adversity.	Heterosexual	891	1	1004	.046	.868
	Sexual Minority	120				
A11. Maturity.	Heterosexual	891	1	1004	4.690	.035*
	Sexual Minority	120				

A12. Inspires hope.	Heterosexual	891	1	1004	.067	.889
	Sexual Minority	120				
A13. Cultural/diversity sensitivity.	Heterosexual	891	1	1004	8.360	.009**
	Sexual Minority	120				
A14. Research experience.	Heterosexual	891	1	1004	4.171	.034*
	Sexual Minority	120				
A15. Extended clinical experience.	Heterosexual	891	1	1004	2.850	.127
	Sexual Minority	120				
A16. Ability to accurately diagnose.	Heterosexual	891	1	1004	7.612	.005**
	Sexual Minority	120				
A17. Follows a structured plan in treatment.	Heterosexual	891	1	1004	3.453	.093
	Sexual Minority	120				

** = p < .05, ** = p < .01, *** = p < .001*

Table 7a. *Average Ratings and Rankings of Therapist Attributes by Ethnic Background.*

Therapist Attribute	Caucasian		Ethnic Minorities	
	Average Rating	Ranking in %	Average Rating	Ranking in %
A1. Unconditional acceptance of clients	5.50	31.8	5.56	12.5
A2. Thinks in a similar way to me	4.12*	11.9**	5.30*	18.2**
A3. Uses latest research evidence in therapy	5.18	22.0	5.70	19.6
A4. Comprehensive scientific knowledge	5.37	14.6	5.82	37.3
A5. Knowledge of brain's role in psychological problems	5.65	25.0	5.54	25.8
A6. Knowledge of personality in psychological problems	5.74	24.3	5.13	17.0
A7. Knowledge of physiology in psychological problems	5.43	11.9	5.38	7.4
A8. Medical and pharmacology knowledge	5.12**	10.8	5.33**	11.4
A9. Empathy	5.87	42.2	4.44	18.5
A10. Personal experience of adversity	4.36***	10.1	5.38***	5.9
A11. Maturity	5.71*	8.9	5.44*	16.6
A12. Inspires hope	5.61	18.0	5.66	26.6
A13. Cultural/diversity sensitivity	4.46***	2.6***	6.13***	26.2***
A14. Research experience	4.96***	4.4	5.48***	6.3
A15. Extended clinical experience	5.24*	10.9*	5.91*	9.2
A16. Ability to accurately diagnose	6.12	33.4*	5.66	31.7
A17. Follows a structured plan in treatment	5.12**	8.6	5.36**	5.5
A18. Versed in the evolutionary origins of the mind	5.33	+	4.99	+

** = p < .05; ** = p < .01; *** = p < .001; + = not included in first survey*

Table 7b. *Individual Attribute Importance by Ethnic Background.*

Attribute	Group	N	Mean	SD	t-test	p-value
A1. Unconditional acceptance of clients.	Caucasian	737	5.551	1.502	-1.039	0.310
	Racial minorities	274	5.661	1.467		
A2. Thinks in a similar way to me.	Caucasian	737	4.119	1.743	-2.539	0.012*
	Racial minorities	274	4.434	1.780		
A3. Uses latest research evidence in therapy.	Caucasian	737	5.183	1.423	0.468	0.639
	Racial minorities	274	5.135	1.536		
A4. Comprehensive scientific knowledge.	Caucasian	737	5.376	1.368	-0.720	0.460
	Racial minorities	274	5.445	1.347		
A5. Knowledge of brain's role psychological problems.	Caucasian	737	5.643	1.259	1.084	0.248
	Racial minorities	274	5.544	1.388		
A6. Knowledge of personality in psychological problems.	Caucasian	737	5.737	1.204	0.876	0.375
	Racial minorities	274	5.661	1.294		
A7. Knowledge of physiology in psychological problems.	Caucasian	737	5.426	1.281	-1.496	0.148
	Racial minorities	274	5.562	1.294		
A8. Medical and pharmacology knowledge.	Caucasian	737	5.115	1.455	-2.578	0.010*
	Racial minorities	274	5.376	1.354		
A9. Empathy.	Caucasian	737	5.874	1.398	0.456	0.654
	Racial minorities	274	5.828	1.423		
A10. Personal experience of adversity.	Caucasian	737	4.358	1.761	-5.160	0.000***
	Racial minorities	274	4.989	1.634		
A11. Maturity.	Caucasian	737	5.708	1.196	-2.475	0.019*
	Racial minorities	274	5.920	1.238		

A12. Inspires hope.	Caucasian	737	5.607	1.290	-1.178	0.323
	Racial minorities	274	5.715	1.348		
A13. Cultural/diversity sensitivity.	Caucasian	737	4.467	1.832	-6.942	0.000***
	Racial minorities	274	5.336	1.589		
A14. Research experience.	Caucasian	737	4.953	1.505	-3.896	0.000***
	Racial minorities	274	5.365	1.472		
A15. Extended clinical experience.	Caucasian	737	5.239	1.422	-2.441	0.020*
	Racial minorities	274	5.482	1.365		
A16. Ability to accurately diagnose.	Caucasian	737	6.126	1.169	0.069	0.987
	Racial minorities	274	6.120	1.200		
A17. Follows a structured plan in treatment.	Caucasian	737	5.113	1.483	-2.684	0.012*
	Racial minorities	274	5.394	1.482		
A18. Versed in evolutionary origins of mind.	Caucasian	255	5.314	1.429	0.147	0.812
	Racial minorities	154	5.292	1.432		

** = p < .05, ** = p < .01, *** = p < .001*

Table 7c. *Most Important Attribute by Ethnic Background.*

Attribute	Group	N	df	No. Cases	X^2 Value	p-value
A1. Unconditional acceptance of clients.	Caucasian	733	1	1004	.000	1.000
	Racial Minorities	271				
A2. Thinks in a similar way to me.	Caucasian	733	1	1004	7.272	.009**
	Racial Minorities	271				
A3. Uses latest research evidence in therapy.	Caucasian	733	1	1004	3.011	.095
	Racial Minorities	271				
A4. Comprehensive scientific knowledge.	Caucasian	733	1	1004	.621	.429
	Racial Minorities	271				
A5. Knowledge of brain's role psychological problems.	Caucasian	733	1	1004	.078	.806
	Racial Minorities	271				
A6. Knowledge of personality in psychological problems.	Caucasian	733	1	1004	.552	.460
	Racial Minorities	271				
A7. Knowledge of physiology in psychological problems.	Caucasian	733	1	1004	.086	.745
	Racial Minorities	271				
A8. Medical and pharmacology knowledge.	Caucasian	733	1	1004	2.570	.121
	Racial Minorities	271				
A9. Empathy.	Caucasian	733	1	1004	1.955	.170
	Racial Minorities	271				
A10. Personal experience of adversity.	Caucasian	733	1	1004	.055	.906
	Racial Minorities	271				
A11. Maturity.	Caucasian	733	1	1004	.031	.901
	Racial Minorities	271				

A12. Inspires hope.	Caucasian	733	1	1004	.316	.583
	Racial Minorities	271				
A13. Cultural/diversity sensitivity.	Caucasian	733	1	1004	32.725	.000***
	Racial Minorities	271				
A14. Research experience.	Caucasian	733	1	1004	.606	.501
	Racial Minorities	271				
A15. Extended clinical experience.	Caucasian	733	1	1004	4.883	.030*
	Racial Minorities	271				
A16. Ability to accurately diagnose.	Caucasian	733	1	1004	4.789	.032*
	Racial Minorities	271				
A17. Follows a structured plan in treatment.	Caucasian	733	1	1004	1.976	.187
	Racial Minorities	271				

** = p < .05, ** = p < .01, *** = p < .001*

Table 8. *Most Important Attribute by Age – Pearson's Correlations.*

Therapist Attribute	***r***	***p***
A2. Thinks in a similar way to me	- .105	< .001***
A5. Knowledge of brain's role in psychological problems	.083	.008**
A10. Personal experience of adversity	- .101	.001**
A13. Cultural/diversity sensitivity	- .120	< .001***
A14. Research experience	- .067	.033*
A15. Extended clinical experience	.089	.005**
A16. Ability to accurately diagnose	.078	.013*

Df = 1009.

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