Clients' Pretreatment Role Expectations, the Therapeutic Alliance, and Clinical Outcomes in Outpatient Therapy

Candace L. Patterson,[1] Timothy Anderson,[2] and Christina Wei[2]

[1] *Psychiatric & Psychological Associates of Durham, PLLC*
[2] *Ohio University*

Objectives: The present study examined the associations between pretreatment role expectations, working alliance, and therapy outcome. A mediational model was hypothesized wherein the therapeutic alliance mediates the relationship between clients' pretreatment role expectations and psychotherapy outcome. **Method:** Sixty-eight clients completed the Expectations About Counseling-Brief Form at pretreatment, the Working Alliance Inventory-Short Form Revised after Session 3, and the Outcome Questionairre-45 at both pretreatment and the final session. **Results:** All 3 expectations factors (Personal Commitment, Facilitative Conditions, Counselor Expertise) were related to the alliance. However, only expectations for Counselor Expertise were related to outcome, although this relationship did not appear to be mediated by the alliance. **Conclusions:** Suggested research directions, clinical implications, and study limitations are discussed. © 2013 Wiley Periodicals, Inc. J. Clin. Psychol. 70:673–680, 2014.

Keywords: Expectations; Alliance; Therapy Process; Therapy Outcome; Role Expectations

Role expectations refer to anticipatory beliefs about the contributions of both the therapist and client in therapy (Nock & Kazdin, 2001). The role of treatment expectations in psychotherapy warrants further study for the following reasons: (a) research indicates that expectations have a powerful influence on individuals' perceptions and experiences (e.g., Constantino, Glass, Arnkoff, Ametrano, & Smith, 2011), (b) theory and research (e.g., Asch, 1946) indicate that interpersonal relationships are shaped to match one's expectations, (c) research demonstrates that role expectations can be modified with relative ease (e.g., Tinsley, Bowman, & Ray, 1988), and (d) expectations reflect a pantheoretical construct and the implications of research on expectations are likely to be relevant for the majority of clinicians and clients, regardless of the specific intervention being delivered.

Bordin's (1979) tripartite model of the alliance comprises the agreement between client and therapist on the therapy tasks and goals as well as the quality of the emotional bond between client and therapist. An effect size of 0.275 was found in Horvath, Del Re, Flückiger, and Symonds' (2011) meta-analysis for the alliance-outcome relationship. Because the alliance is a relational construct and role expectations include the relational roles of therapy, it is not surprising that these constructs have been found to be related to each other in varying degrees (Al-Darmaki & Kivlighan, 1993; Joyce & Piper, 1998; Patterson, Uhlin, & Anderson, 2008; Tokar, Hardin, Adams, & Brandel, 1996). Similarly, studies concerning role expectations and therapy outcome have yielded some promising but mostly mixed findings of small and medium effect sizes (Arnkoff, Glass, & Shapiro, 2002).

In the single study that examined expectations, alliance, and outcome, the relationship between expectations and the alliance was stronger than the relationship between expectations and outcome (Joyce & Piper, 1998). Thus, it may be that client expectations have a direct effect on the working alliance and an indirect effect on outcome, and it is possible that the therapeutic alliance mediates the relationship between expectations and outcome.

Therefore, the aim of the current study was to advance understanding about the relationships between clients' pretreatment role expectations, early treatment working alliance, and therapy

Please address correspondence to: Candace L. Patterson, Psychiatric & Psychological Associates of Durham, PPLC, Suite 160, Durham, NC 27704. E-mail: clpatterson@gmail.com

Published online in Wiley Online Library (wileyonlinelibrary.com/journal/jclp). DOI: 10.1002/jclp.22054

outcome. We predicted that role expectations would relate to the alliance and outcome. A more specific aim was to test a mediational model originally proposed by Dew and Bickman (2005), wherein the alliance was hypothesized to mediate the relationship between clients' role expectations and outcome.

Method

Participants

Clients. A series of 132 consecutive clients who received one or more therapy sessions during the 45-month data collection period were initially considered for inclusion. A total of 64 clients did not meet criteria for participation in the study for the following reasons: (a) did not complete the pretreatment expectations measure (Expectations About Counseling-Brief Form [EAC-B]) prior to the first therapy session ($n = 15$; 11.4%); (b) were recently treated at the clinic and returned, $n = 2$ (1.5%); (c) did not complete the alliance ($n = 41$; 31.1%) or outcome measure ($n = 1$; 0.8%) used in the study; or (d) did not attend four or more therapy sessions ($n = 5$; 3.8%).

The sample included 68 clients (42 females, 26 males) who ranged in age from 18 to 77 years (mean age = 23.71; standard deviation $SD = 8.85$). Most of the participants were Caucasian (85.3%), single (79.4%), and university students (76.5%). The majority of the clients' diagnoses, as diagnosed by the therapists, were major depressive disorder, adjustment disorder, v-code, generalized anxiety disorder, and dysthymic disorder. Data were collected from a psychology and training clinic at a mid-sized university that serves both the university and local communities. Clients attended an average of 12.96 ($SD = 9.77$) therapy sessions (range = 4 to 63 sessions). The average pretreatment Outcome Questionairre-45 (OQ) score for clients was 71.66 ($SD = 24.59$), and the mean change was 15.30 points.

Therapists and setting. A total of 33 therapists (21 females, 12 males) treated clients in this study. The number of clients seen by any one therapist ranged from 1 to 6, with each therapist treating an average of 2.09 clients ($SD = 1.51$). The majority of the therapists ($n = 28$) were between 20 and 30 years of age. A total of 28 therapists were clinical psychology doctoral students, four were social work graduate students, and one clinician was a clinical psychology professor. Most of these therapists were in their second year of clinical training with weekly clinical supervision.

Measures

(Expectations About Counseling -Brief Form EAC-B; Tinsley, 1982). The EAC-B is a 66-item self-report measure of one's expectations about counseling. Each item is rated on a 7-point fully anchored scale that ranges from 1 (*not true*) to 7 (*definitely true*). Items are prefaced by either "I expect to . . ." or "I expect the counselor to . . ." The EAC-B was scored using Ægisdottier, Gerstein, and Gridley's (2000) three-factor solution that includes expectations about the following: (a) Personal Commitment, which corresponds to the client being committed to and responsible for the work of therapy as well as using the therapeutic relationship as practice for relating to others; (b) Facilitative Conditions, which includes the therapist's expected attributes (warm, genuine, nurturing) and therapist activities (e.g., problem identification, confrontation); and (c) Counselor Expertise, which includes expectations about whether or not the therapist will be active and directive, have insight, and engage in relevant self-disclosure.

Studies indicate that the EAC-B has adequate psychometric properties and is a valid measure of expectations about counseling (e.g., Hatchett & Han, 2006; Hayes & Tinsley, 1989; Tinsley, Holt, Hinson, & Tinsley, 1991). Tinsley (1982) reported that the internal consistency of the EAC-B scale ranges from 0.69 to 0.82, with a median of 0.76. For the present sample, the internal consistency of the three EAC-B factors was high (Personal Commitment, $\alpha = 0.90$; Counselor Expertise, $\alpha = 0.82$; and Facilitative Conditions, $\alpha = 0.91$).

Table 1
Descriptive Statistics and Partial Correlations of EAC-B Factor Scores (Personal Commitment, Facilitative Conditions, Counselor Expertise), WAI-SR Total Score, and OQ Score at Termination While Controlling for Pretreatment OQ

Variable	1	2	3	4	5
1. Personal Commitment	---				
2. Facilitative Conditions	0.73**	---			
3. Counselor Expertise	0.44**	0.72**	---		
4. WAI-SR	0.60**	0.49**	0.27*	---	
5. Termination OQ	−0.18	−0.22	−0.32*	−0.38**	---
M	5.66	5.37	4.05	4.19	56.35
SD	0.94	1.06	1.19	0.60	26.82
Range	2.44–7.00	2.10–7.00	1.67–7.00	2.33–5.00	5.00–133.17

Note. EAC-B = Expectations About Counseling-Brief Form; WAI-SR = Working Alliance Inventory-Short Form Revised; OQ = Outcome Questionairre-45; M = mean; SD = standard deviation. $N = 68$.
*$p < .05$. **$p < .01$.

Outcome Questionnaire-45 (OQ-45; Lambert, Lunnen, Umphres, Hansen, & Burlingame, 1994). This 45-item self-report instrument has response options ranging from 0 (*never*) to 4 (*almost always*) with a total score representing a global measure of functioning that ranges from 0 to 180, with higher scores indicating more distress. In this study, the measure had high internal consistency ($\alpha = .95$).

The Working Alliance Inventory-Short Form Revised (WAI-SR; Hatcher & Gillaspy, 2006). This widely used 12-item self-report instrument assesses the strength of the therapeutic alliance. Items rated on a 5-point Likert scale are used to compute a total score and three subscales (Agreement on Tasks, Agreement on Goals, and the Strength of the Bond Between Client and Therapist). For this study, the WAI-SR total score was used in analyses and the coefficient alpha for the total score in the present sample was 0.92.

Procedure

Clients received an intake packet that included a consent form and the EAC-B. Clients completed the OQ-45 and the WAI-SR at each session as part of routine practice. Clients in this study completed the EAC-B prior to the first therapy session, the WAI-SR at the conclusion of Session 3, and the OQ-45 at the beginning of the intake and termination sessions.

Results

To determine any differences in expectations and symptom severity between clients included in the study and those excluded from the study, a series of *t* tests were conducted with expectations factors as the dependent variables and with pretreatment OQ scores as the dependent variable. Results of these analyses indicate that there were no significant differences. Preliminary Pearson bivariate correlations between pretreatment OQ, the alliance, and termination OQ revealed that pretreatment OQ was correlated with both the alliance, $r\,(68) = -.31$, $p < .05$, and termination OQ, $r\,(68) = .68$, $p < .05$. Therefore, pretreatment OQ was controlled for in all further analyses.

Descriptive statistics are presented in Table 1. According to Cohen (1992), correlations between the expectations factors and the alliance reflect small, medium, and large effect sizes (*r*s ranged from .27 to .60). Expectations for Personal Commitment and expectations for Facilitative Conditions were not related to outcome, whereas the relationship between expectations for Counselor Expertise and outcome was significant and reflected a medium effect size ($r = -.32$). A large effect size was found for the significant relationship between the alliance and outcome ($r = -.38$). Because Personal Commitment and Facilitative Conditions were not related to

Table 2
Steps 1, 2, and 3 of Mediation Analyses

					Model		Step		
Variable	*B*	*SE B*	β	*t*	R^2	*F*	ΔR^2	ΔF	*df*
Expectations as a predictor of outcome (termination OQ)									
Step 1					0.46	56.25**	0.46	56.25**	1, 66
Pretreatment OQ	0.740	0.099	0.678	7.50**					
Step 2					0.51	34.33**	0.05	7.16*	1, 65
Pretreatment OQ	0.697	0.096	0.639	7.29**					
Counselor Expertise	−5.303	1.981	−0.235	−2.68*					
Expectations as a predictor of alliance									
Step 1					0.095	6.93*	0.10	6.93*	1, 66
Pretreatment OQ	−0.008	0.003	−0.308	−2.63*					
Step 2					0.16	6.17**	0.07	4.99*	1, 65
Pretreatment OQ	−0.006	0.003	−0.265	−2.30*					
Counselor Expertise	0.131	0.058	0.258	2.23*					
Expectations and alliance as predictors of outcome (termination OQ)									
Step 1					0.460	56.25**	0.46	56.25**	1, 66
Pretreatment OQ	0.740	0.099	0.678	7.50**					
Step 2					0.563	27.49**	0.10	7.54**	2, 64
Pretreatment OQ	0.627	0.095	0.575	6.60**					
Counselor Expertise	−3.895	1.964	−0.172	−1.98					
Alliance	−10.798	4.016	−0.242	−2.69*					

Note. SE = standard error; df = degree of freedom; OQ = Outcome Questionairre-45. $N = 68$.
*$p < .05$. **$p < .01$.

outcome (i.e., criteria for mediation were not met with these factors), analyses for the proposed mediational model with these expectations factors were not conducted. Significant correlations between expectations for Counselor Expertise, the alliance, and outcome allowed for a test of mediation.

Test for Mediation

Step 1: Association between predictor (Counselor Expertise) and outcome. Results from the regression analysis in Step 1 of the Baron and Kenny (1986) approach to tests of mediation are presented in Table 2. Pretreatment OQ was entered in the first step of the hierarchical regression analysis and accounted for a significant 46% of the variance in outcome. The expectations for Counselor Expertise factor was entered in the second step and explained a significant additional 5.4% of the variance in outcome. These findings indicate that Counselor Expertise had a relationship with outcome. Thus, the first criterion for mediation was met.

Step 2: Association between predictor (Counselor Expertise) and the potential mediator (alliance). For the second step in testing for mediation, a regression analysis was conducted to determine whether expectations would predict the alliance when controlling for pretreatment OQ (see Table 2). Pretreatment OQ was entered in the first step of the regression analysis and accounted for a significant 9.5% of the variance in the alliance. Expectations for Counselor Expertise accounted for a significant additional 6.5% of the variance in alliance. Thus, Counselor Expertise had a relationship with the alliance and satisfied the second criterion for mediation.

Step 3: Outcome regressed on predictors (Counselor Expertise) and the proposed mediator (alliance). Results of the regression analysis for the third step in testing for mediation

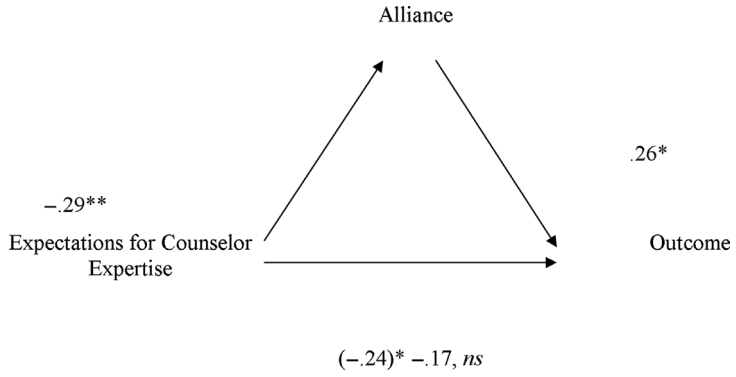

Figure 1. Mediation of the relationship between clients' expectations for Counselor Expertise and therapy outcome by the working alliance, after controlling for baseline symptoms.
Note. All values are standardized regression coefficients (βs). The value in parentheses is the coefficient for the regression of outcome on Counselor Expertise (the direct, unmediated relationship). The regression coefficient for this direct path decreased minimally when the indirect path through the alliance was included in the regression equation. *$p < .05$. **$p < .01$.

are presented in Table 2 and Figure 1. The regression analysis with Counselor Expertise and alliance entered simultaneously as predictors revealed that the alliance was a significant predictor of outcome in the presence of Counselor Expertise, and the standardized regression coefficients revealed that the strength of the relationship between Counselor Expertise and outcome was smaller than the relationship observed in Step 1. Thus, the third criterion for mediation was met.

Step 4: Decrease in the regression coefficient for expectations. The final criterion for a test of mediation is that the regression coefficient for the predictor (Counselor Expertise) in Step 3 must be significantly smaller than the regression coefficient for the predictor (Counselor Expertise) in Step 1. Results of the Sobel test (Sobel, 1982) were not significant (Sobel z value $= -1.73$, $p = .08$). This finding suggests that the alliance is not a mediator of the relationship between expectations and outcome (see Figure 1).

Discussion

Findings from this study provided partial support for our hypotheses and indicated that after controlling for pretreatment symptoms, all three types of clients' pretreatment role expectations were related to the alliance. Although expectations for Counselor Expertise predicted therapy outcome, this relationship was not explained through the proposed mediating pathway of the alliance.

The correlational findings that expectations for Personal Commitment (expect to be committed to and responsible for therapy tasks), Facilitative Conditions (expect the therapist to be warm, genuine), and Counselor Expertise (expect the therapist to be directive and helpful in solving problems) were related to the alliance are partially consistent with previous research (Tokar et al., 1996; Patterson et al., 2008). Taken together, a growing body of research with medium to large effect sizes suggests that clients' pretreatment expectations concerning the commitment and work of therapy are critical to alliance development. Although the majority of research suggests that there is a relationship between expectations for Facilitative Conditions and alliance as well as expectations for Counselor Expertise and alliance (e.g., Al-Darmaki & Kivlighan, 1993; Patterson et al., 2008; Tokar et al., 1996), further empirical work is needed to determine whether expectations concerning therapist warmth, genuineness, and expertise consistently relate to the alliance.

Because expectations for Personal Commitment and Facilitative Conditions were not related to outcome, tests of mediation were not conducted with these factors. However, clients' pretreatment expectations for Counselor Expertise were positively related to both alliance and outcome.

Consistent with Joyce and Piper's (1998) findings, the relationship between expectations and the alliance was stronger than the relationship between expectations and outcome. A Sobel test revealed that the hypothesis that the alliance would mediate the effect of expectations on outcome was not supported. However, a small effect size was found for the indirect effect and it is possible that partial mediation could not be detected because the sample size was not large enough to detect a small mediation effect.

In sum, results of the regression analyses that were used to test for mediation revealed that clients who enter therapy with strong expectations that the therapist will be a directive expert are likely to form collaborative and productive bonds with the therapist during the early stage of therapy. Also, our results support the large body of research (e.g., Horvath et al., 2011) demonstrating that strong alliances contribute to positive clinical outcomes. Last, these results indicate that clients' pretreatment role expectations for Counselor Expertise facilitate positive clinical outcomes, but these effects on outcome do not appear to be brought about by the alliance. Although these findings advance prior research, they also leave unanswered questions as to how expectations impact outcome. Further conceptual and empirical work is needed to elucidate how expectations contribute to clinical outcome.

The present study has several implications. Most important, it appears that clients' pretreatment role expectations reflect a client characteristic and common factor of therapy that influence the relational process of therapy, as well as therapy outcome. Thus, role expectations represent one of the few client variables (e.g., pretreatment level of perfectionism in the treatment of depression; Blatt, Shahar, & Zuroff, 2002) that have been identified as affecting both the alliance and outcome. Based on the timing of the assessment of the variables in the present study, there are implied causal links between expectations (pretreatment), alliance (Session 3), and outcome (symptoms at pretreatment and termination). However, it is important to note that other constructs or processes may be responsible for the relationships found among expectations, alliance, and outcome. For example, it may be that another pretreatment client characteristic (e.g., attachment style) can better explain the relationships among expectations, alliance, and outcome. A major tenet of attachment theory is that a client's early attachments are repeated throughout life, largely based on *expectations* that are relational in nature. There is substantial theory suggesting that the quality of the therapeutic relationship may also be linked to the client's attachment style (e.g., Farber, Lippert, & Nevas, 1995). Alternatively, it could be that clients' expectations influence a therapist variable such as empathy, and empathy influences both the alliance and outcome. Clearly, future research is needed to identify how these variables may or may not influence the relationships found in this study. Also, future research should focus on more practical concerns such as understanding how shaping clients' role expectations may benefit therapy, especially because research has shown that expectations can be modified easily (e.g., Tinsley et al., 1988).

Although further research is needed to determine the best methods for addressing clients' expectations, tentative clinical recommendations are provided. Per the findings of this study that role expectations affect the alliance and that certain expectations predict outcome, we recommend that building expectations and alliance be thought of as interrelated and mutually compatible therapy processes. To facilitate a strong alliance at pretreatment or during initial therapy sessions and to enhance therapy outcome, role inductions and in-session explorations of expectations should include the following: the commitment and responsibilities of the client (e.g., express emotions during therapy), the characteristics of the therapist (e.g., trustworthy, expert), and the responsibilities of the therapist (e.g., help the client identify and solve problems). Once a client's expectations are aligned with the aforementioned therapeutic tasks and therapist roles, she or he will be more likely to form a strong alliance and enhance therapy outcome.

Although this study addressed limitations found in prior research, our study also had shortcomings. The reliance on self-report alliance and outcome measures limits the conclusions that can be drawn from this study. Future research could be strengthened by the inclusion of alliance and outcome measures with multiple raters. Additionally, future research could benefit from including alliance measurement at multiple sessions. An additional measurement issue concerns the high correlations among the EAC-B subscales. Another limitation concerns the homogeneous sample of mostly graduate student therapists. The client sample was equally homogeneous

(i.e., mostly Caucasian college students). This lack of diversity limits the generalizability of this study's results to similar clinics and clients. Last, this study controlled for pretreatment symptoms only, and it is likely that Session 3 alliance ratings were influenced by prior symptom change that should be controlled for in future work.

Conclusions

The strength and quality of the alliance relate to clients' expectations for the roles of both the client and the therapist in treatment. More specifically, clients who expect that (a) they will be committed to and responsible for the work of therapy, (b) the therapist will create facilitative therapeutic conditions (i.e., warmth, trust, and nurturance), and (c) the therapist will be knowledgeable and helpful in solving problems are more likely to form strong and collaborative therapeutic relationships. Additionally, clients who expect the therapist to be knowledgeable and helpful in solving problems will likely have better outcomes than clients who do not have these expectations, but this relationship does not appear to be mediated by the alliance.

Because clients' role expectations reflect a modifiable client characteristic, these expectations should be addressed early in treatment to facilitate the process of therapy and the resultant beneficial outcomes. The findings from this study contribute to our understanding of the relationships between a client characteristic (expectations) that is present prior to the initial therapy session, the relational processes that occur during treatment, and the final outcome of therapy. By incorporating pretreatment, process, and outcome variables in future psychotherapy studies, we will advance our understanding of the numerous variables and mechanisms responsible for the effectiveness of therapy.

References

Ægisdottier, S., Gerstein, L. H., & Gridley, B. E. (2000). The factorial structure of the Expectations About Counseling Questionnaire–Brief Form: Some serious questions. Measurement and Evaluation in Counseling and Development, 33, 3–20.

Al-Darmaki, F., & Kivlighan, D. M., Jr. (1993). Congruence in client-counselor expectations for relationship and the working alliance. Journal of Counseling Psychology, 40, 379–384.

Arnkoff, D. B., Glass, C. R., & Shapiro, S. J. (2002). Expectations and preferences. In J. C. Norcross (Ed.), Psychotherapy relationships that work (pp. 335–356). New York: Oxford University Press.

Asch, S. E. (1946). Forming impressions of personality. Journal of Abnormal and Social Psychology, 41, 258–290.

Baron, R. M., & Kenny, D. A. (1986). The moderator-mediator variable distinction in social psychological research: Conceptual, strategic, and statistical considerations. Journal of Personality and Social Psychology, 51, 1173–1182.

Blatt, S. J., Shahar, G., & Zuroff, D. C. (2002). Anaclitic/sociotropic and introjective/autonomous dimensions. In J. C. Norcross (Ed.), Psychotherapy relationships that work (pp. 315–334). New York: Oxford University Press.

Bordin, E. (1979). The generalizability of the psychoanalytic concept of the working alliance. Psychotherapy: Theory, Research and Practice, 16, 252–260.

Cohen, J. (1992). A power primer. Psychological Bulletin, 112, 155–159.

Constantino, M. J., Glass, C. R., Arnkoff, D. B., Ametrano, R. M., & Smith, J. Z. (2011). Expectations In J. Norcross (Ed.), Psychotherapy relationships that work: Evidence-based responsiveness (2nd ed., pp. 354–376). Oxford: Oxford University Press.

Dew, S. E., & Bickman, L. (2005). Client expectancies about therapy. Mental Health Services Research, 7(1), 21–33.

Farber, B. A., Lippert, R. A., & Nevas, D. B. (1995). The therapist as attachment figure. Psychotherapy: Theory, Research, Practice, Training, 32, 204–212.

Hatcher, R. L., & Gillaspy, J. A. (2006). Development and validation of a revised short version of the working alliance inventory (WAI-SR). Psychotherapy Research, 16(1), 12–25.

Hatchett, G. T., & Han, K. (2006). Development and evaluation of new factor scales for the Expectations About Counseling inventory in a college sample. Journal of Clinical Psychology, 62(10), 1303–1318.

Hayes, T. J., & Tinsley, H. E. A. (1989). Identification of the latent dimensions of instruments that measure perceptions of and expectations about counseling. Journal of Counseling Psychology, 36(4), 492–500.

Horvath, A. O., Del Re, A. C., Flückiger, C., & Symonds, D. (2011). Alliance in individual psychotherapy. In J. Norcross (Ed.), Psychotherapy relationships that work: Evidence-based responsiveness (2nd ed., pp. 25–69). Oxford: Oxford University Press.

Joyce, A. S., & Piper, W. E. (1998). Expectancy, the therapeutic alliance, and treatment outcome in short-term individual psychotherapy. Journal of Psychotherapy Practice and Research, 7, 236–247.

Lambert, M., Lunnen, K., Umphres, V., Hansen, N., & Burlingame, G. (1994). Administration and Scoring Manual of the Outcomes Questionnaire (OQ-45.1). Salt Lake City, UT: IHC Center for Behavioral Healthcare Efficacy.

Nock, M. K., & Kazdin, A. E. (2001). Parent expectancies for child therapy: Assessment and relation to participation in treatment. Journal of Child and Family Studies, 10, 155–180.

Patterson, C. L., Uhlin, B., & Anderson, T. (2008). Clients' pretreatment counseling expectations as predictors of the working alliance. Journal of Counseling Psychology, 55(4), 528–534.

Sobel, M. E. (1982). Asymptomatic confidence intervals for indirect effects in structural equation models. In S. Leinhart (Ed.), Sociological methodology (pp. 290–312). San Francisco: Jossey-Bass.

Tinsley, D. J., Holt, M. S., Hinson, J. A., & Tinsley, H. E. A. (1991). A construct validation study of the Expectations About Counseling-Brief Form: Factorial validity. Measurement and Evaluation in Counseling and Development, 24(3), 101–110.

Tinsley, H. E. A. (1982). Expectations about counseling. Unpublished test manual. Southern Illinois University at Carbondale, Department of Psychology.

Tinsley, H. E. A., Bowman, S. L., & Ray, S. B. (1988). Manipulation of expectancies about counseling and psychotherapy: Review and analysis of expectancy manipulation strategies and results. Journal of Counseling Psychology, 35(1), 99–108.

Tokar, D. M., Hardin, S. I., Adams, E. M., & Brandel, I. W. (1996). Clients' expectations about counseling and perceptions of the working alliance. Journal of College Student Therapy, 11, 9–26.