

CLIENT AND THERAPIST PERSPECTIVES ON THE IMPORTANCE OF THE
PHYSICAL ENVIRONMENT OF THE THERAPY ROOM: A MIXED METHODS
STUDY

A DISSERTATION
SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR THE
DEGREE OF DOCTOR OF PHILOSOPHY
IN THE GRADUATE SCHOOL OF THE
TEXAS WOMAN'S UNIVERSITY

COLLEGE OF PROFESSIONAL EDUCATION

BY
KELLY LYNN BACKHAUS, M.S.

DENTON, TEXAS

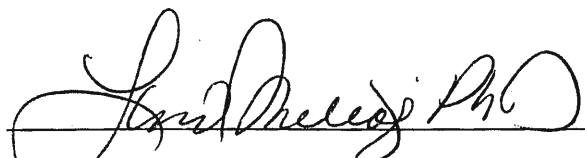
DECEMBER 2008

TEXAS WOMAN'S UNIVERSITY
DENTON, TEXAS

November 5, 2008

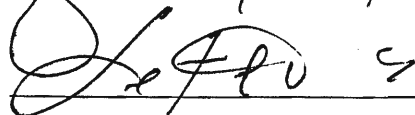
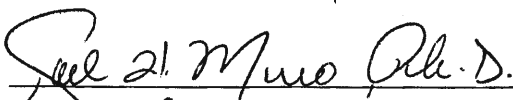
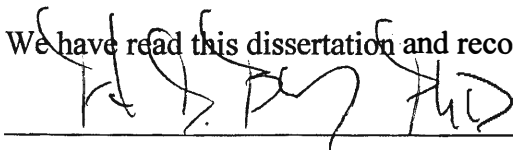
To the Dean of the Graduate School:

I am submitting herewith a dissertation written by Kelly Lynn Backhaus entitled "Client and Therapist Perspectives on the Importance of the Physical Environment of the Therapy Room." I have examined this dissertation for form and content and recommend that it be accepted in partial fulfillment of the requirements for the degree of Doctor of Philosophy with a major in Family Therapy.



Linda Metcalf, Ph.D., Major Professor

We have read this dissertation and recommend its acceptance:



Department Chair

Accepted:



Dean of the Graduate School

DEDICATION

I would like to dedicate this work to my father, who passed away shortly after I moved to Texas to begin my graduate work. I know he had a hand in supporting me along this journey, and I am sure he is smiling down on me now.

ACKNOWLEDGMENTS

First and foremost, I want to thank my family and friends for supporting me, encouraging me, and waiting patiently on me as I repeatedly told them, “I promise, I’m almost done with school.” Without their support and occasional reminders that I had come too far to quit, I am not sure I would be where I am today.

I would also like to thank each of my professors for the impact they have had on my personal and professional development. I wish to thank Dr. Ladd for her constant enthusiasm and for always challenging me to go a step further. Dr. Brock, thank you for all your advice, warmth and guidance. Dr. Jennings, aside from your humor and energy, I can never thank you enough for initially agreeing to meet with me that warm summer day in 2003!

To my committee, Dr. Metcalf, Dr. Bradley, and Dr. Muro, I am so grateful for your advice, support, time and most of all enthusiasm for this project. You have taught me the importance of finding and following your passion. Dr. Bradley, thank you for always challenging me to think outside of the box or to consider different realities. Dr. Muro thank you for your support and kindness, it has been a pleasure learning from/with you...the Wiz... Most importantly, thank you Dr. Metcalf for your endless enthusiasm and dedication to helping me to be the best that I can be.

ABSTRACT

KELLY LYNN BACKHAUS

CLIENT AND THERAPIST PERSPECTIVES ON THE IMPORTANCE OF THE PHYSICAL ENVIRONMENT OF THE THERAPY ROOM: A MIXED METHODS STUDY

DECEMBER 2008

The present study sought to explore both client and therapist perspectives on the importance of the physical environment of the therapy room. More specifically, the researcher sought to uncover the level of importance that clients and therapists place on accessories, color, room design, furnishings, lighting, temperature and sound. Additionally, this study examined the relationship between client retention and the physical environment of the therapy room.

The total sample was comprised of 226 participants, 73 therapists and 153 clients. Therapists' ages ranged from 24-65, with an average of 45 years of age. Clients ranged in age from 18-69, with an average of 31 years of age. All participants were asked to complete an online survey consisting of a demographic questionnaire, 4-8 open-ended interview questions, and a Physical Environment Attributes Scale. Clients were also asked to complete a 12-item Counselor Rating Form, Short Version in order to determine if their perceptions of the therapist were associated with the overall environment of the therapy room.

Results from the qualitative analysis revealed that the physical environment of the therapy room is associated with a clients overall level of comfort. The qualitative results also suggested that the physical environment has a significant impact upon the ability of the client and therapist to establish a therapeutic relationship. Findings from the quantitative data analysis revealed that accessories and color were rated as the least important attributes and that sound was rated as the most important attribute. In addition, room design was rated as more important than furnishings and lighting. Amongst therapists, lighting was rated more important than both accessories and furnishings; however, clients rated furnishings as more important than lighting and accessories.

Furthermore, the findings also revealed that lighting is significantly correlated with the clients' perception of the therapist's perceived attractiveness, expertness, and trustworthiness. The results indicated that as clients ratings on the overall importance of lighting increased, so did their perceptions of the overall attractiveness, expertness, and trustworthiness of the therapist.

TABLE OF CONTENTS

	Page
COPYRIGHT	iii
DEDICATION	iv
ACKNOWLEDGMENTS	v
ABSTRACT	vi
LIST OF TABLES	xii
 Chapter	
I. INTRODUCTION	1
Statement of the Problem	2
Statement of Purpose	4
Theoretical Framework	4
General Systems Theory	4
Environmental Psychology	5
Ecological Perceptions Theory	6
Hypotheses/Research Questions	8
Quantitative Component	8
Qualitative Component	9
Definition of Terms	10
Assumptions	12
Delimitations	13
Summary	13
II. REVIEW OF THE LITERATURE	15
Theoretical Framework	15
Importance of the Physical Environment	16
Aspects of the Physical Environment of the Therapy Room	18
Accessories	18
Color	20
Furnishings/Room Design	21

Lighting/Temperature	23
Sound	24
Deficiencies.....	25
Statement of Purpose	25
Conclusions.....	26
Summary	26
 III. METHODOLOGY	 27
Participants.....	27
Recruitment.....	28
Therapists	28
Clients	29
Protection of Human Participants	30
Reflexivity.....	32
Instrumentation	33
Quantitative Component	33
Qualitative Component	35
Procedure	36
Data Collection	36
Online Survey	36
Paper/Pencil Survey	38
Analyses.....	39
Treatment of Data	40
Quantitative Data Analysis	40
Qualitative Data Analysis	42
Trustworthiness.....	42
Summary	42
 IV. RESULTS	 44
Quantitative Findings.....	44
Demographics	44
Preliminary Analyses.....	52
Therapist Demographics	53
Client Demographics	68
Instrument Correlations	87
Therapist Gender.....	98
Therapist Education Level	100
Therapist License	105
Therapist Socio-Economic Level.....	107
Therapist Office Location.....	113
Therapist Shared Office	118

Therapist Office Décor	122
Therapist Years in Practice	125
Therapist Age	129
Client Gender	131
Client Education Level	136
Therapist License (Recalled by Clients)	142
Client Socio-Economic Level	146
Therapist Office (Rated by Clients)	152
Client Therapy Type	154
Client Length of Time in Therapy	161
Client Age	168
Primary Analysis: Physical Environment Attributes	171
Accessories	172
Furnishings	174
Room Design	176
Lighting	177
Sound	178
Temperature	180
Color	180
Physical Environment Attribute Measures	182
Primary Analysis: CRF-S and Physical Environment Attributes	186
Attractiveness	187
Expertness	187
Trustworthiness	188
Qualitative Findings	190
Description of Environment	191
Design/Arrangement of Therapy Room	194
Prominent Aspects of Therapy Room	198
Motivation to Return	202
Feelings Associated with the Therapy Room	206
Additional Findings	210
Summary	212
 V. SUMMARY, DISCUSSION, AND IMPLICATIONS	 213
Discussion	213
Quantitative Findings	214
Physical Environment Attributes Scale	214
Counselor Rating Form (CRF-S)	219
Qualitative Findings	222
Important Aspects of the Environment	223
Aspects that Influence Client Retention	224
Conclusions	226
Limitations	229

Implications.....	230
Suggestions for Future Research	231
Summary	232
REFERENCES	234
APPENDICES	
A. Institutional Review Board Approval	240
B. Recruitment Request Flyers and Emails	242
C. Listing of Recruitment Efforts	247
D. Welcome Page	249
E. Information/Consent Page	251
F. Demographic Information.....	254
G. Counselor Rating Form, Short Version	257
H. Physical Environment Attributes Scale	260
I. Research Questions and Hypotheses	265

LIST OF TABLES

Table	Page
1. Descriptive Statistics for Therapist and Client Age.....	45
2. Frequencies and Percentages for Therapist and Client Gender, Education Level, Therapist License, Socio-Economic Level	48
3. Frequencies and Percentages for Therapist and Client State	49
4. Frequencies and Percentages for Therapist and Client Office Location, Shared Office, Office Décor	50
5. Frequencies and Percentages for Therapist and Client Years in Practice, Type of Therapy, and Time in Therapy	51
6. Frequencies and Percentages for Education Level, Licenses Held, Socio-Economic Level, Office Location, Shared Office, Office Décor, Years in Practice by Gender	54
7. Frequencies and Percentages for Education Level, Licenses Held, Socio-Economic Level, Office Location, Shared Office, Years in Practice by Office Décor.....	57
8. Frequencies and Percentages for Education Level, Licenses Held, Socio-Economic Level, Office Location, Years in Practice by Shared Office.....	59
9. Frequencies and Percentages for Licenses Held, Socio-Economic Level, Office Location, Years in Practice by Education Level.....	60
10. Frequencies and Percentages for Licenses Held, Socio-Economic Level, Years in Practice by Office Location	63
11. Frequencies and Percentages for Socio-Economic Level and Years in Practice by Licenses Held.....	66
12. Frequencies and Percentages for Socio-Economic Level by Years in Practice.....	67

13.	Means and Standard Deviations for Age by Gender, Education Level, Licenses Held, Socio-Economic Level, Office Location, Shared Office, Office Décor, Years in Practice	69
14.	Frequencies and Percentages for Education Level, Therapist License, Socio-Economic Level, Office Location, Therapy Type, Time in Therapy by Gender.....	71
15.	Frequencies and Percentages for Education Level, Therapist License, Socio-Economic Level, Therapy Type, Time in Therapy by Office Location.....	73
16.	Frequencies and Percentages for Education Level, Socio-Economic Level, Therapy Type, Time in Therapy by Therapist License.....	76
17.	Frequencies and Percentages for Education Level, Socio-Economic Level, Time in Therapy by Therapy Type	80
18.	Frequencies and Percentages for Socio-Economic Level and Time in Therapy by Education Level	84
19.	Frequencies and Percentages for Socio-Economic Level by Time in Therapy	85
20.	Means and Standard Deviations for Age by Gender, Education Level, Therapist License, Socio-Economic Level, Office Location, Therapy Type, Time in Therapy	86
21.	Pearson's Product Moment Correlations for Accessories Items.....	89
22.	Pearson's Product Moment Correlations for Furnishings Items.....	91
23.	Pearson's Product Moment Correlations for Room Design Items.....	92
24.	Pearson's Product Moment Correlations for Lighting Items	93
25.	Pearson's Product Moment Correlations for Sound Items	94
26.	Pearson's Product Moment Correlations for Physical Environment Attribute Subscale Mean Scores.....	95
27.	Pearson's Product Moment Correlations for Physical Environment Attribute Overall Items.....	97

28.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Gender	99
29.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Gender	101
30.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Education Level	102
31.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Education Level	103
32.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Licenses Held	105
33.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Licenses Held	108
34.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Socio-Economic Level	110
35.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Socio-Economic Level	112
36.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Office Location	114
37.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Office Location	116
38.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Shared Office	119
39.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Shared Office	121
40.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Office Décor	123
41.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Office Décor	124

42.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Years in Practice	126
43.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Years in Practice	128
44.	Pearson's Product Moment Correlations for Therapist Age and Physical Environment Attribute Subscale Mean Scores	130
45.	Pearson's Product Moment Correlations for Therapist Age and Physical Environment Attribute Overall Items	131
46.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Gender	132
47.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Gender	134
48.	Means and Standard Deviations for CRF-S Subscales by Gender	135
49.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Education Level	137
50.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Education Level	139
51.	Means and Standard Deviations for CRF-S Subscales by Education Level.....	141
52.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Therapist License	143
53.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Therapist License	144
54.	Means and Standard Deviations for CRF-S Subscales by Therapist License	146
55.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Socio-Economic Level	147
56.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Socio-Economic Level.....	149

57.	Means and Standard Deviations for CRF-S Subscales by Socio-Economic Level	151
58.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Office Location	153
59.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Office Location	155
60.	Means and Standard Deviations for CRF-S Subscales by Office Location.....	158
61.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Therapy Type	159
62.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Therapy Type	160
63.	Means and Standard Deviations for CRF-S Subscales by Therapy Type	162
64.	Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Time in Therapy	163
65.	Means and Standard Deviations for Physical Environment Attribute Overall Items by Time in Therapy	165
66.	Means and Standard Deviations for Physical Environment by CRF-S Subscales by Time in Therapy.....	167
67.	Pearson's Product Moment Correlations for Age and Physical Environment Attribute Subscale Mean Scores	169
68.	Pearson's Product Moment Correlations for Age and Physical Environment Attribute Overall Items	170
69.	Pearson's Product Moment Correlations for Age and CRF-S Subscales	171
70.	Means and Standard Deviations for Accessories Items by Respondent Type.....	173
71.	Means and Standard Deviations for Furnishings Items by Respondent Type	175
72.	Means and Standard Deviations for Room Design Items by Respondent Type..	177
73.	Means and Standard Deviations for Lighting Items by Respondent Type	178

74.	Means and Standard Deviations for Sound Items by Respondent Type.....	179
75.	Means and Standard Deviations for Temperature Preference by Respondent Type	180
76.	Frequencies and Percentages for Color Preferences by Respondent Type.....	181
77.	Means and Standard Deviations for Physical Attributes Overall Items by Respondent Type	183
78.	Means and Standard Deviations for Physical Attributes Subscale Mean Scores by Respondent Type	185
79.	Means and Standard Deviations for CRF-S Scores (Attractiveness, Expertness, Trustworthiness)	186
80.	Pearson's Product Moment Correlations for Physical Attribute Subscale Mean Scores and Client Ratings of Therapist Attractiveness, Expertness, and Trustworthiness.....	188
81.	Pearson's Product Moment Correlations for Overall Physical Attributes Scores and Client Ratings of Therapist Attractiveness, Expertness, and Trustworthiness.....	189

CHAPTER I

INTRODUCTION

For centuries, scientists have studied human behavior; however, it has only been in the last thirty to forty years that researchers have begun studying human behavior in relation to the environment. According to Prochansky, "The physical environment which we build is as much social as physical. The built world...a school, a hospital, a house or a highway is simply the specific expression of a social system which has a general influence upon our activities and our relations with others" (1976, p. 8). Even though the physical environment may only play a small part in influencing behavior, it is still necessary to examine those influences, in order to identify and ensure that resources are effectively utilized (Canter, Stringer, Griffiths, Boyce, Walters, & Kenny, 1976).

According to Levy-Leboyer (1982), author of *Psychology and Environment*, Paul Sivadon was a pioneer in introducing the importance of the influence of the environment upon the therapeutic process. While several studies have recognized that the environment influences the client (Anthony & Watkins, 2002; Lang, 2001; McElroy, Morrow, & Ackerman, 1983), few studies have looked at the impact the environment can have upon the therapist. Therapists spend a considerable amount of time in their office environments; Anthony & Watkins (2002) found that the office environment has the ability to significantly influence the therapist's attitude and outlook. Additionally, based upon previous research by Maslow and Mintz (1956) the effectiveness of the therapist

can be dependent upon their attitude, mood and how they interact with their clients.

Therefore, if the environment is not conducive or appealing to the therapist, it can have deleterious effects upon the therapeutic process.

While more and more studies are being conducted on the influence of the environment, the role that the physical environment plays in relation to human perception has been widely ignored in the mental health field. According to Hickson, Stacks, and Moore (2004), the communication process begins with perceptions. On a similar note, McElroy, Morrow & Ackerman (1983) suggested that office design influences visitor impressions by acting as a form of nonverbal communication. Based upon this knowledge it can be suggested that the design and layout of the office environment can provide clients with messages about the therapist. The present study sought to expand upon the existing knowledge by further exploring the influence and impact of the physical environment of the therapy room on both clients and therapists.

Statement of the Problem

In the last thirty years of environmental behavior research, the role of the physical environment on the therapeutic relationship between client and therapist has rarely been explored. Based upon several scholarly searches, it appears little has been done to explore the inherent connections between both concepts. According to Chaikin, Derlega, and Miller (1976), research that exists on the therapist/client relationship seems to fail to even consider the influence of the environment in which therapy occurs. Moreover, research examining client and therapist perspectives on the importance of the physical

environment of the therapy room is non-existent. The absence of such research is troubling considering the environment of the therapy room is often considered the one place that clients are supposed to feel safe, calm and at ease to explore and work on their most challenging emotional and relational problems (Fraser & Solovey, 2007).

An extensive search of several databases covering thousands of scholarly journals, newspapers, and popular magazines revealed that virtually no information exists on the office designs of psychotherapists, therapists, or counselors (Richards, 1998). Furthermore, a similar search for the terms therapeutic environment, physical environment, interior design, color, furniture, lighting, temperature, and sound was conducted using the databases Medline, Academic Search Premier, PsychINFO, and the Psychological and Behavioral Sciences Collection. Results from that exhaustive search yielded few studies that pertained to the overall physical environment of the therapy room. Similarly, Pressly and Heesacker (2001) noted that results from their literature review revealed that the look, sound, and feel of the therapeutic environment had been ignored as factors that influence human behavior. Based on the results obtained from each of these searches, it appears that relevant studies were only concerned with certain aspects of the environment such as seating arrangement, lighting, color, etc. In response to the current gaps in the literature, this study sought to explore both client and therapist perspectives on the importance of the overall physical environment of the therapy room.

Statement of Purpose

This researcher sought to explore client and therapist perspectives relative to the physical environment of the therapy room. More specifically, the researcher sought to uncover the level of importance that clients and therapists place on accessories, color, room design, furnishings, lighting, temperature, and sound. The researcher also sought to understand the relationship between client retention and the physical environment of the therapy room. A secondary purpose of the study was to examine if any relationships existed between the environment of the therapy room and the clients overall perceptions of the therapist. Previous studies tended to rely upon convenience samples at local universities rather than gathering data from former or current clients and therapists. The present study was unique from other works in that the sample was comprised of former and/or current clients and therapists.

Theoretical Framework

General Systems Theory

General Systems Theory can be termed as a wholes approach. Rather than studying objects in isolation, the systems theorist believes that the whole is greater than the sum of its parts. According to Hanson (1995), the importance of this mode of thinking is vividly illustrated in the environment. The researcher should look at the environment and how each object in it works in concert to produce some result. According to Bertalanffy (1962), the relationship between organizations and their environments cannot be studied in isolation without losing important aspects.

In regards to therapy and counseling, the environment provides the context for therapy and cannot be excluded from the therapeutic process. Alexander and Reuschel wrote that from, “a paper clip to a computer and from plants to people, the office is one collective entity” (2005, p.28). In other words, a relationship must exist between man and environment.

According to the principles of General Systems Theory, feedback relates to the manner in which we process and react to information (Hansen, 1995). Systems and individuals receive input from other systems and individuals, and then react by making adjustments based upon that input. According to Hansen, behavior is best understood within its context. Thus, if everything is interconnected and related to everything else then individuals and elements need to be studied according to their relationships with one another.

Environmental Psychology

The theory of environmental psychology emerged from the integration of field theory, phenomenology, and constructivism. While in principle, it has been known that the environment has an influence upon human behavior; environmental psychologists seek to discover exactly what the relationship is between humans and their environment.

In 1935, Kurt Lewin posited that human behavior is a product of personal and environmental factors. He then presented the world with the formula $B = (P \times E)$. According to this formula, behaviors (B) are a function of personal factors (P) and the

Exosystems include systems outside of the individual that affect them. An example could be a former client or the local police. The macrosystem encompasses all the surroundings of the site being investigated. According to Anthony (1996), the macro site has the ability to alter relationships between characteristics of the micro site and the behaviors of its occupants.

An additional underlying principle of ecological systems theory is the notion that interactions between person and environment results in the construction of our individual "ecological niches." These niches then become what we experience as our world. (Ornstein, 1989). According to the ecological perceptions approach, the placement of objects in a room can allow for or afford only certain types of behavior (Gibson, 1979). For instance, a receptionist's desk placed near the entrance physically blocks everyone else from entering the rest of the room. It is believed that based upon these allowances or affordances, people form impressions of an organization (Ornstein, 1989). Gibson (1979) presented one explanation for the manner in which the physical setting can come to have meaning for people. In his example, Gibson (1979), states that two chairs placed facing one another allow for greater ease of communication than chairs placed back-to-back. Consequently, the placement of the chairs can say something about the importance of communication in this setting.

In regards to the actual interactions between man and environment, studies have shown that open arrangements, where people can move freely among the furniture and where no furnishings serve as barriers, generally send messages of openness, warmth,

friendliness and comfort. (Morrow & McElroy, 1981; Ornstein, 1986). Fraser and Solovey (2007) provide another example of how accessories can influence clients. Fraser and Solovey assert that the majority of mental health professionals are required to post their licensure certifications and/or diplomas in the location where they practice. According to Fraser and Solovey, this requirement serves to demonstrate or confirm the therapist's competence; however, they also point out that some clients may not have that perception. Instead, they may perceive or assume the therapist is less approachable, or ascribe unpopular characteristics to the therapist. Regardless of the clients' perception or assumption, it is clear that accessories do have an impact upon the therapeutic process.

Hypotheses/Research Questions

To fulfill the purpose of this study several research questions were examined via the use of questionnaires and open-ended questions. This study examined the following hypotheses and research questions:

Quantitative Component

Physical Environment Attributes Scale.

RQ1: What aspects of the physical environment of the therapy room are important to both clients and therapists?

H01: There will be no statistically significant differences between therapist and client perspectives regarding the importance of the following aspects of the physical environment: accessories, color, furnishings, room design, lighting,

temperature, or sound in the physical environment of the therapy room as measured by the Physical Environment Attributes Scale.

Counselor Rating Form (CRF-S).

RQ2: Are certain aspects of the physical environment of the therapy room related to client's perceptions of the therapist?

Ho2: There will be no statistically significant relationship between aspects of the environment that were viewed as important by clients and their perceptions of the therapist's perceived attractiveness as measured by the Counselor Rating Form.

Ho3: There will be no statistically significant relationship between aspects of the environment that were viewed as important by clients and their perceptions of the therapist's perceived expertness as measured by the Counselor Rating Form.

Ho4: There will be no statistically significant relationship between aspects of the environment that were viewed as important by clients and their perceptions of the therapist's perceived trustworthiness as measured by the Counselor Rating Form.

Qualitative Component

Client.

1. What aspects of the physical environment of the therapy room do clients view as important?
2. What aspects of the physical environment of the therapy room influence client retention?

Therapist.

1. What aspects of the physical environment of the therapy room do therapists view as important?
2. What aspects of the physical environment of the therapy room influence client retention?

Therapist's perceptions of client beliefs.

1. What aspects of the physical environment of the therapy room do therapists perceive as important to clients?
2. What aspects of the physical environment of the therapy room influence client retention?

Definition of Terms

Accessories – Ching (1987) defined accessories as items that enrich and embellish a space. He added that these items may provide visual appeal, textural differences or mental stimulation. Examples of accessories include artwork, personal memorabilia and plants.

Attractiveness – Strong and Dixon (1971) defined attractiveness as a client's positive feelings about the therapist, desire to gain the therapist's approval and an overall liking and admiration for the therapist.

Client - A person(s) who has attended therapy with a licensed mental health professional (LPC, LMFT, LCSW).

Client Retention – Willingness of the client to return to therapy or to continue to receive services from the therapist.

Color – According to Ballast (1998), color is defined as a phenomenon of light that carries symbolic and associative meanings. Colors are normally separated between cool (blue, green) and warm (red, orange) hues.

Expertness – Strong and Dixon (1971) defined expertness as the client's belief that the therapist possesses information and skills that will allow the client to effectively deal with his or her problems.

Furnishings – Furnishings are defined as objects that tend to increase comfort or utility; especially an article of furniture for the interior of a building. Examples include couches, chairs, tables, and desks.

Lighting – Lighting is defined as the luminous environment. According to Ballast (1998), the luminous environment affects how we perceive space and objects.

Physical Environment of the Therapy Room – Place in which therapy occurs; location which encapsulates the therapeutic process (Canter & Canter, 1979).

Room Design – According to Ballast (1998), the room design refers to seating and helps facilitates interaction; therefore, room design can be considered the layout or plan desired for a specific function or purpose.

Sound Transmission – According to Ballast (1998), sound transmission is the carrying of sound from one space to another.

Temperature – Degree of warmth or coolness as measured by a scale; temperature effects the ability of a person to feel comfortable in the setting.

Therapeutic Process – Therapeutic process is defined as all that encompasses the therapeutic experience, including the environment, relationship with therapist, and our personal experiences, beliefs, characteristics.

Therapists – Professionals who are currently or who have practiced therapy as a licensed mental health professional such as a Licensed Professional Counselors (LPC), Licensed Clinical Social Workers (LCSW), or Licensed Marriage and Family Therapists (LMFT).

Trustworthiness – Strong and Dixon (1971) defined trustworthiness as the client's belief that the therapist is honest, reliable and sincere or worthy of their confidence.

Assumptions

The following assumptions based on general systems theory, theory of environmental psychology, and ecological perceptions theory were included in this study:

1. Therapists and clients place meaning on the physical environment of the therapy room.
2. Therapists can articulate the importance they placed on decorating/designing their office.
3. Clients are affected by the physical environment of the therapy room.
4. Participants will be honest and the sample will be normally distributed.

Delimitations

The study was delimited in the following ways:

1. Participants must live in the United States.
2. Participants must be at least 18 years of age.
3. All participants who identified as a client must have attended therapy with a licensed mental health professional in a therapy room.
4. All participants who identify as a therapist be fully licensed mental health practitioners such as a Licensed Marriage and Family Therapist (LMFT), Licensed Professional Counselor (LPC), or Licensed Clinical Social Worker (LCSW).
5. All participants will have either conducted or attended therapy in an office environment.
6. All participants will have access to the internet and/or an ability to respond in English to an anonymous survey.

Summary

Despite the available research on the environment and the therapeutic relationship between client and therapist, little has been done to explore the inherent connections between both concepts. Moreover, research examining client and therapist perspectives on the importance of the physical environment of the therapy room in the field of therapy is non-existent. The absence of such research is troubling considering therapy provides experiences that help individuals, couples, and families to resolve problems and enhance

relationships. Additionally, the environment or context in which therapy occurs plays a vital role in influencing behaviors of both the client and therapist. As a result, this study explored client and therapist perspectives on the importance of the physical environment of the therapy room.

CHAPTER II

REVIEW OF THE LITERATURE

This chapter consists of a literature review on how the physical environment influences humans. The review presents a brief overview of the theoretical framework. Second, a brief historical overview of the importance of the physical environment is discussed. Finally, various elements of the physical environment that influence the therapy process are explored.

Theoretical Framework

General systems theory, environmental psychology and ecological perceptions theory were combined to provide the theoretical background for the development of this study. General systems theory notes the importance of examining how everything is interconnected and theorists risk losing important information by only studying objects in isolation (Bertalanffy, 1962). Based upon the principles of environmental psychology, researchers should seek to discover the relationship between humans and their environment. According to McElroy, Morrow, and Ackerman (1983), researchers need to be concerned with the impact of physical stimuli on human emotions and the effect of physical stimuli on behavior. Meanwhile, ecological perceptions theory seeks to examine how our interactions with the environment aid in the construction of how we interpret or place meaning upon our individual experiences (Ornstein, 1989). In relationship to the

therapeutic process, the environment provides the context for therapy and therefore, cannot be ignored as an aspect of the therapeutic process.

Importance of the Physical Environment

According to Pressly and Heesacker (2001), few studies exist relating the design of the physical therapeutic environment to its' healing effects. Recently, the term healing environment has surfaced. According to LaTorre (2006), the healing environment relates to the process that occurs in the interactions between the therapist and client. Furthermore, according to McKahan (1993), the healing environment has been conceptualized as encompassing the therapeutic focus, as well as the sense of connection and rapport between the client and therapist. Unfortunately, this view leaves behind the larger aspect of the actual environment where therapy is conducted. According to McClellan (1998), the physical setting can have an important impact on healing. McClellan further suggested that environment may even aide in reducing or increasing stress.

In a study conducted by James Richards (1998), therapists were selected from the yellow pages in Tucson, Arizona. Richards then drove around to see what each of the therapist's offices looked like. He noted that most offices appeared to be designed for occupancy during daylight hours and that many gave the visual impression of a doctor's office. In a similar study, Penny McClellan (1998) looked at the quality of neighborhoods in which offices were located. Her results also indicated that many offices are designed for daytime use. She also found that accessibility and safety issues at night were often

overlooked. Based upon results from both McClellan and Richards it seems as though the location and design of the physical environment of the therapy room is often overlooked.

Although the design of the therapeutic environment is often overlooked in the counseling literature, many studies have noted how important the environment is on initial impression formation. For example, in their landmark study Maslow and Mintz (1956) examined the effects of beautiful and ugly environments on people. Beautiful environments were described as having two large windows, indirect lighting, soft armchairs, straight backed chairs, bookcases, drapes, paintings, and some art objects on the desk. Ugly rooms were described as having two half windows, gray walls, an overhead bulb with torn lampshade, two straight backed chairs, a small table, and dirty torn window shades. The average room had three windows, gray walls, indirect lighting, two desk/chair combinations, a metal bookcase, and file cabinet. Maslow and Mintz showed participants identical photographs of each of the three rooms and asked them to rate the photos based on their perception of the person's mood. Results indicated that people in the ugly and average rooms were perceived as "fatigued and displeased." People in the beautiful room, on the other hand, were perceived as "having energy" and "being healthy." The results indicated that the environment could affect the development of rapport and relationship between counselors and counselees.

Anthony and Watkins (2002) consider the therapeutic setting an intriguing area of overlap between environmental and clinical psychology. Based on their mutual interest in the therapeutic setting, Anthony and Watkins informally interviewed therapists regarding

the importance of design in the counseling setting. Analysis of their interviews revealed 12 areas that therapists regarded as important to the counseling setting. They were as follows: location, image, privacy, degree of visibility, proximity of rest rooms, easy-to-read clocks, separate entrances and exits, furniture, lighting, views, plants, and artwork (Anthony & Watkins, 2002).

While the literature on therapy and the physical environment of the therapy room has been sparse, it appears that interest in the field is growing. As noted previously, a number of publications on creating the healing environment are beginning to surface. Additionally, Restivo-Levitt and LaCapra (2007), interior design professors at Kean University, are currently studying the similarities and differences among mental health practitioner's offices. They hope to discover what types of changes practitioners make to their offices. Based upon those responses, they want to uncover what interior design elements practitioners see as important to enhancing the therapeutic relationship.

Aspects of the Physical Environment of the Therapy Room

Accessories

Ching (1987) defined accessories as items that enrich and embellish a space. He added that these items may provide visual appeal, textural differences, or mental stimulation. Shertzer and Stone (1974) suggest that accessories should make "the room comfortable and attractive" and that "counseling facilities should be designed for comfort and relaxation" (p. 254). Examples of accessories include artwork, personal memorabilia, and plants. McElroy, Morrow, and Ackerman (1983), stated that personal

items were a form of therapist self-disclosure. They noted that the therapist was subtly providing information about their interests, hobbies, and interpersonal relationships. According to McElroy, Morrow, and Ackerman self-disclosure is a reciprocal process whereby the client discloses more if the therapist discloses some. Ching later added that personal meaningful objects often reflect the therapist's personality. Several researchers have found that accessories such as plants, artwork, posters, magazines, and pictures have provided visitors with the impression that the environment is warm, comfortable, and friendly (Ornstein, 1986; 1989; Shertzer & Stone, 1974).

For example, in 2002, Miwa and Hanyu studied the office decor of seventy-four counseling rooms in Japan. From their observations, they found that counselors paid more attention to atmosphere, plants, and sounds in their environments. Similarly, in 1996, Anthony presented her work on the analysis of behavior issues in the design of psychotherapist's offices at the American Psychological Association Convention in San Francisco, California. In her study, Anthony reviewed images of therapist's offices from American films such as *Husbands and Wives* and *Good Will Hunting*. In the film *Good Will Hunting*, Anthony (1996) noted that the character Will went to two separate therapists before finding Dr. McGuire, played by Robin Williams. According to her observations, Anthony found the first two therapist's offices to be very dark and formal, while Dr. McGuire's office was more comfortable and personal. Anthony described Dr. McGuire's office as being very personalized with plants, pictures, opaque windows, and coat racks.

Although the impression of the physical environment is based upon many accessories, plants are perhaps the most studied accessory in the physical environment. According to Larsen, Adams, Deal, Byoung, and Tyler (1998), the presence of plants in offices significantly influenced participants' assessments of the office's attractiveness. According to Ching (1987) and Pressly and Heesacker (2001) plants are signs of nature and they represent life, growth, and renewal.

In addition to studying the actual objects that comprise the environment, studies have also been conducted on the impression formation of the therapist based on office décor. For example, Gass (1984) reported that therapists who dressed casually and were not seated behind a desk were rated more favorably. In regards to comfort, McElroy, Morrow, & Ackerman (1983) found that students felt more comfortable and welcome if seated in a generally clean environment. In a similar study, Maslow and Mintz (1956) reported that clients felt more positive about professionals in attractively decorated rooms versus unattractively decorated rooms.

Color

According to Ballast (1998), color carries symbolic and associative meanings and most people distinguish between cool and warm colors. Cool colors are considered to be greens and blues; warm colors are considered to be red, yellow, and orange. Ballast (1998), McKahan (1993), and Wexner (1954) agree that cool colors are more often described as calming while warm colors are considered stimulating.

For instance, in 1954, Wexner conducted a study to determine to what degree colors are associated with moods. He began by handing out a list of adjectives to each participant. He then revealed a large board with 8 x11 sheets of colored paper attached. Wexner asked each participant to select which adjectives they felt best represented each of the eight colors. Results from his data analysis revealed that blue was associated with being secure and comfortable, as well as tender and soothing. Black and brown were associated with being dejected, despondent, unhappy, distressed, disturbed, and upset. Red was associated with being exciting and stimulating. Although the results appear to be consistent with other findings, it is important to note that the variation of color (shades) was not taken into account during the data analysis.

On a similar note, Shertzer and Stone (1974) assert that light colors often elicit feelings of friendliness, while warmth results from the use of red, yellow, and orange colors. Shertzer and Stone suggested that the development of the relationship between therapist and client can be aided by the use of color. They note that colors can ease tensions, engender warmth and comfort and encourage rapport and communication. McKahan (1993) echoed this sentiment by stating that design elements have a significant impact on individuals and are an important piece of the therapeutic process.

Furnishings/Room Design

A major task that all therapists must undertake when setting up their offices is the selection and arrangement of furniture. According to Shertzer and Stone (1974), furnishings in therapeutic environments should be comfortable and the décor should be

subdued, but not depressing. For example, Ornstein (1992) showed slides of office reception areas to students and executives and found that furnishings with softer edges, and upholstered couches sent messages of flexibility, warmth, and comfort. Additionally, several researchers have suggested that the comfort level of the therapeutic environment would be enhanced by appropriately sized tables and soft, comfortable upholstered chairs. (Gladding, 1992; Gysbers & Henderson, 1994; Shertzer & Stone, 1974).

The seating arrangement in the therapeutic environment is perhaps the most controversial aspect of the physical environment of the therapy room. Based on results from several studies, there does not appear to be one recommended method for seating arrangement. Broeckmann and Moller (1973) found that therapists and clients differ in preferences for seating arrangements. Clients preferred to have more protection than did therapists. In a similar study conducted by Gass (1984), findings suggested the opposite. Based on initial impressions of attire and seating arrangements, Gass found that participants were more willing to see the therapist for consultation if they were dressed casually and did not have a desk in their office.

According to Sommer (1969), people prefer different seating arrangements based upon type of relationship and content of conversation. Booher (2001) suggested offering clients several seating options including chairs that can be easily moved. According to Ballast (1998), seating facilitates interaction; therefore, according to Park (2005), the arrangement of chairs may imply something about the importance of communication in the setting.

Informal seating arrangements generally facilitate social interaction; whereas, formal seating arrangements generally discourage social interaction (Becker, Guild, & Froggatt, 1983). In intimate situations, both parties often sit next to each other versus across the room from one another. According to Ballast (1998), an intimate distance between two people is 6-18 inches; and personal distance between people is normally 18 inches to 4 feet. In order to enhance the intimacy of the therapeutic setting, therapists should consider room space and seating arrangements in their design decisions.

Lighting/Temperature

Two additional important aspects of the physical environment of the therapy room are lighting and temperature. Lighting is often referred to as the luminous environment. According to Ballast (1998), the luminous environment affects how we perceive space and objects. In an interesting study, Flynn, Spencer, Martyniuk, and Henrick (1973) found that upon entering a room with different lighting, participants' impressions of spaciousness, friendliness and pleasantness were affected. More specifically, they noted that respondents reported more positive impressions of spaciousness, friendliness, and pleasantness when rooms were illuminated by peripheral wall lighting versus overhead lighting.

Ballast (1998) has also stated that lighting has a psychological and emotional effect on people. Miwa and Hanyu (2002) found that lower lighting calms patients and increases communication. This is inline with findings by Pressly and Heesacker (2001)

that indicated general communication is more common in bright environments, whereas intimate communication is more common in softer environments.

Windows are another aspect of lighting frequently studied. According to Castaldi (1994), windows bring a piece of the outdoors, inside. Castaldi also notes that natural lighting creates a feeling of warmth and comfort. Similarly, Lang (2001) found that humans, regardless of ethnicity, culture, or education, recover from stress in shorter periods of time when exposed to views of natural scenes. Based on these findings, it could be inferred that therapy offices with windows are more pleasant to clients and assist in establishing the therapist-client relationship.

According to Ballast (1998), human comfort is based on temperature, humidity, and air movement. He states that for each variable there are certain limits within which people are comfortable and can function most effectively. Based on their review of literature, Pressly and Heesacker (2001) found that individuals feel the most comfortable in temperatures ranging from 69 degrees to 80 degrees. Thus, the temperature of the room should be regulated, in order to facilitate the most comfortable atmosphere so that clients are actively engaged in the therapeutic process.

Sound

The ability to safeguard what happens in the counseling environment is paramount in protecting the confidentiality of clients. Therefore, the protection of sound transmission is an important aspect of the physical environment. According to Ballast (1998), sound transmission is the carrying of sounds from one space to another. From a

counseling perspective, sound needs to be controlled to the extent that privacy can be maintained when speaking at a normal level. One way to control for noise in the therapeutic environment is to position furniture and other noise-producing objects away from any walls that adjoin with other therapy rooms (Ballast, 1998). Lang (2001) suggested the use of carpeting to aid in noise reduction. Noise machines have also been utilized to help control for sound transmission in the therapeutic environment.

Deficiencies

An exhaustive search and review of the literature revealed that virtually no information exists regarding the physical environment of the therapy room or the design of the therapeutic environment. According to Pressly and Heesacker (2001), research that exists on the therapeutic process fails to even consider the environment in which therapy occurs. Moreover, research examining client and therapist perspectives on the importance of the physical environment of the therapy room are non-existent.

Of the few studies that are related to the therapeutic environment, none appeared to be concerned with the overall physical environment of the therapy room. Instead, all relevant studies were only concerned with certain aspects of the environment such as seating arrangement, lighting, color, etc.

Statement of Purpose

In response to the current gaps in the literature, this researcher explored both client and therapist perspectives on the importance of the overall physical environment of the therapy room. More specifically, the researcher sought to uncover the level of

importance that clients and therapists place on accessories, color, room design, furnishings, lighting, temperature and sound. Additionally, the researcher sought to understand the relationship between client retention and the physical environment of the therapy room. The researcher also examined how the physical environment of the therapy room impacts the clients overall perception of the therapist.

Conclusions

Results from the study are expected to broaden our understanding of the importance of the physical environment of the therapy room. Additionally, outcomes from the study may reveal that certain environments are more favorable to clients, or that clients perceive therapists operate more effectively in certain environments. Finally, results from the study may demonstrate that certain design styles increase client retention and facilitate a more open environment.

Summary

This chapter has provided an overview of the theoretical basis for the development of this study, documented the importance of the physical environment of the therapy room, and reviewed the various aspects of the physical environment that appear to play a significant role in the therapeutic process. In summary, this research explored the following aspects of the environment identified as playing a significant role in the environment and as having the ability to impact the therapeutic process: accessories, color, furnishings, room design, lighting, temperature and sound.

CHAPTER III

METHODOLOGY

The purpose of this study was to examine the client and therapist's perspectives on the importance of the physical environment of the therapy room. A mixed methods triangulation design was utilized to better understand the importance of the physical environment in the therapeutic process. Results from this study were compared and contrasted in order to validate and expand upon findings from the qualitative and quantitative data. More specifically, this study sought to explore what aspects of the physical environment of the therapy room were of importance to both clients and therapists as measured by the Physical Environment Attributes Scale and four to eight open-ended interview questions. Clients were also asked to complete the Counselor Rating Form. Results from the Counselor Rating Form were examined to see if certain aspects of the physical environment were related to client's perceptions of the therapist.

This chapter presents the methodology of the study, identifies the sample population, and discusses the protection of human participants. Additionally, the instruments are identified and described; finally, the procedures utilized for data collection and analysis are outlined.

Participants

The target population for this study consisted of adults, ages 18 and up, who reside in the United States and identify themselves as either a client or a therapist. More

specifically, all client participants must state they attended therapy with a licensed mental health professional in a therapy room. All therapist participants will identify as being a fully licensed mental health professional such as an LMFT, LPC, or LCSW. All participants must report that therapy was conducted in an office environment. Lastly, every participant was required to be able to read and respond to an anonymous survey in English.

Recruitment

Participants were recruited using simple random sampling techniques, voluntary sampling techniques and snowball sampling techniques. The researcher attempted to locate participants through a variety of recruitment requests to organizations, individuals, and locations. The following methods were employed in order to garner a large enough sample for the results to be representative of the larger population and so that the results would be of statistical significance.

Therapists

The researcher began recruiting therapists by sending the American Association of Marriage and Family Therapists (AAMFT), the American Counseling Association (ACA), and the National Association of Social Workers (NASW) a website recruitment request. Websites were chosen based on the criteria of relatedness to research topic, reputation, and visibility. (Dillman, 2000). The website recruitment request asked the AAMFT, ACA, and NASW to post a copy of the researcher flyer on their website. The researcher also emailed recruitment requests to executive directors, chapter presidents,

and members of the AAMFT and ACA. The researcher also sent recruitment requests to local counseling agencies, colleagues and acquaintances via email. Additionally, recruitment flyers were emailed to six different state chapters requesting their assistance in completing the survey or passing it on to other potentially interested parties. In some instances, the researcher also attached a paper version of the survey for organizations to review for acceptance. As a result of this strategy, several client and therapist participants emailed the researcher with their completed survey attached.

Clients

Initial efforts to recruit clients included emailing each of the organizations and therapists contacted, asking them to post a flyer for this study in their office or to pass on information regarding this study to their clients. The researcher also posted recruitment flyers at Cooks Children's Hospital, in Dallas, Texas, Cumberland Presbyterian Children's Home in Denton, Texas, and at Texas Woman's University Counseling and Family Therapy Clinic in Denton, Texas.

When it became apparent that the initial recruitment strategies would not garner enough participants for the results to be relevant, the researcher contacted the Director of Texas Woman's University Counseling and Family Therapy Clinic and requested permission to leave blank copies of the survey with the front desk receptionist. Three licensed mental health professionals also agreed to distribute paper versions of the survey to their current clients. The researcher also emailed the psychology department, and sociology department requesting assistance. In the email, the researcher asked potential

participants not only to take part in the study but to also send the recruitment request via email to all of their students, friends and/or acquaintances.

The last strategy employed to gather a large enough sample of clients for the results to be of practical significance included preparing a research flyer inviting TWU undergraduates in psychology to participate by taking the online survey on the environment of the therapy room in exchange for research credit in their courses. A copy of the flyer outlining their specific instructions for completion as well as all other recruitment requests are located in Appendix B. Additionally, a listing of each organization that was contacted and agreed to post the research announcement is located Appendix C.

Protection of Human Participants

The study was presented to the Institutional Review Board (IRB) of Texas Woman's University and approval was obtained. A copy of the IRB letter providing approval for conducting the study is located in Appendix A. The researcher adhered to all policies and procedures outlined by Texas Woman's University Institutional Review Board (IRB).

All participants who responded to the survey announcement were linked to the first page of an internet research website created to welcome and inform them about the nature and purpose of the study and the criteria for participation. Once participants read the welcome page, they were linked to the information/consent page, which outlined the protection of confidentiality, purpose, procedures, potential risks, and benefits of the

study. All participants were informed of their rights and given the opportunity to withdraw from the study at any time.

Participants were asked to acknowledge their informed consent by clicking on the appropriate link at the bottom of the page that states, "Clients Click Here" or "Therapists Click Here." Those who did not wish to participate in the study clicked on the link that stated "Continue," which brought them to a page thanking them for their interest in the study.

Confidentiality was maintained by using the secure survey website Psychdata, <http://www.psychdata.com>. Psychdata has a unique Secure Survey Environment (SSE), in which all survey pages are constructed so that a completed survey cannot be viewed by pressing the "back" button. Additionally, all survey pages are downloaded directly from their server and database-generated. No information from the survey can be stored on a personal computer or saved as a cached item. Finally, upon completion of the survey, the window closes thereby eliminating temporary history files associated with the survey. The survey website became inactive 30 days after completion of the study.

The researcher also ensured confidentiality of information by placing all transcripts, survey results, and documentation in a locked file cabinet in the researcher's home office. Additionally, the researcher will destroy all hardcopy data one year after completion of the study.

At the conclusion of the study, participants were given an opportunity to email the primary researcher to request the findings. Participants were also given the researcher and advisor's contact information in case they had any questions or concerns.

Reflexivity

The researcher is an integral part of the data collection and analysis process. Rubin and Rubin (2005) indicated that the researcher's philosophies impacted how the data was collected. Rubin and Rubin's statement indicates that the researcher's values and experiences can influence the research and subsequent results. Creswell (2003) suggested that the best way to deal with the influence of the researcher on the research is to clarify it and put it aside.

This researcher is a middle-class, Caucasian, female doctoral candidate at Texas Woman's University. She has studied family therapy for the past five years and has practiced in the field of individual and family therapy for the past three years. The researcher herself is a licensed marriage and family therapist and a licensed professional counselor. The researcher is currently in the process of designing a counseling center where she is employed and has an active interest in the overall design process of the therapeutic environment.

In order to refrain from interjecting her own biases into the data collection process, the researcher chose to conduct an online study. Furthermore, by explicitly recognizing and acknowledging her personal interest and biases, the researcher practiced

reflexivity through the research process and adhered to the standards of accuracy in reporting (Creswell, 2003).

Instrumentation

All participants were asked to report demographic information such as age, gender, state of residency, education level, and socio-economic level. Therapists were specifically asked to indicate type of licensure, location of office, and number of years in practice; whereas clients were asked to report on location of office, length of time they attended therapy, type of therapy received, and type of license the therapist held. A copy of the demographic questionnaire is located in Appendix F.

Quantitative Component

Physical Environment Attributes Scale. The Physical Environment Attributes Scale consists of 27 questions designed to examine the importance of seven different aspects of the physical environment of the therapy room. Each question consisted of a seven point likert scale that asked participants to rate the level of importance they placed upon the seven different aspects of the physical environment. The seven aspects identified were accessories, furnishings, room design, temperature, sound, lighting, and color. All aspects were selected based upon the results and findings obtained in the literature review. A copy of the Physical Environment Attributes Scale is located in Appendix H.

Counselor Rating Form, Short Version (CRF-S). The Counselor Rating Form, Short Version was utilized to examine if certain aspects of the physical environment are related to client's perceptions of the therapist. The Counselor Rating Form Short Version (CRF-S) is an abbreviated 12-item version of Barak and LaCrosse's (1975) Counselor Rating Form. The original Counselor Rating Form developed by Barak and LaCrosse rated eighty-three adjectives for their representativeness of the three dimensions: attractiveness, expertness, and trustworthiness (Corrigan & Schmidt, 1983). Of the eighty-three adjectives, only thirty-six received at least 75% agreement among the judges and were thus included on the original questionnaire. Corrigan and Schmidt, created a shorter version of the CRF by using 12 of the 36 adjectives from the original CRF.

The CRF-S is self-administered and suitable for persons with an eighth grade reading level or higher. The CRF-S asks clients to rate the extent to which a counselor demonstrates each of twelve characteristics. Clients rate each characteristic on a 7-point likert scale, which is anchored by the words "not very" and "very." Clients are asked to place an "X" at the point on the scale that best represents how they viewed their therapist. The CRF-S measures three attributes: perceived attractiveness, expertness, and trustworthiness. Strong and Dixon (1971) defined attractiveness as a client's positive feelings about the therapist, desire to gain the therapist's approval and an overall liking and admiration for the therapist. Strong and Dixon also defined expertness as the client's belief that the therapist possesses information and skills that will allow the client to effectively deal with his or her problems. Lastly, Strong and Dixon defined

trustworthiness as the clients belief that the therapist is honest, reliable, and sincere or worthy of their confidence.

Subscale scores for attractiveness, expertness, and trustworthiness are computed by adding ratings from the four items that comprise each scale. Subscale scores on each of the three attributes can range from 4 - 28. Reliability coefficients for the three subscales have consistently been reported to be above .85. (Corrigan & Schmidt, 1983). Additionally, the three factors have been supported through confirmatory factor analysis. When interpreting the CRF-S, researchers should consider both the total score as well as the sub-scores. A copy of the Counselor Rating Form, Short Version is located in Appendix G.

Qualitative Component

Open-ended interview questions. All participants were asked four to eight semi-structured, open-ended interview questions. The open-ended questions were designed to solicit client and therapist perceptions of the importance of the physical environment of the therapy room. Participants were instructed to set aside approximately 15-20 minutes to complete the semi-structured interviews. Following the open-ended questions, all participants were asked to complete the Physical Environment Attributes Scale; and clients were also asked to complete the Counselor Rating Form, Short Version. See Appendix I for a listing of the research questions as well as their corresponding interview questions or hypotheses.

Procedure

Prior to initiating the research, the survey was pilot-tested by five therapists and five clients. Both sets of participants in the pilot study were asked to track the time it took them to complete the survey. They were also asked to make recommendations for improvements on visual design, readability, efficiency and ease of use (Dillman, 2000). Upon completion of the pilot study, no recommendations for revisions were made and the survey was activated.

Data Collection

Upon approval from the IRB, the researcher began the recruitment process for the study. As a result of recruitment efforts, participants were given the option of completing an online survey questionnaire or a paper and pencil questionnaire. The information on both surveys was identical.

Online Survey

Participants who chose to complete the online survey logged on to <http://www.psychdata.com> and were instructed to enter in survey number 124989. Once logged into the secure research website sponsored by PsychData, participants were directed to the welcome page. The welcome page informed them about the nature and purpose of the study and the criteria for participation (see Appendix D). If participants wished to continue, they were linked to the Information/Consent page. The Information/Consent page emphasized that participation in the study was voluntary and that they could withdraw from the study at any time. The Information/Consent page also

provided all participants with the title of the study, as well as the names, business addresses, telephone numbers, and email addresses of the Investigator and Texas Woman's University Research Advisor. Furthermore, the Information/Consent page outlined the protection of confidentiality, purpose, procedures, potential risks, and benefits of the study. A copy of the Information/Consent page is located in Appendix E.

Participants acknowledged their informed consent by clicking on the link at the bottom of the page that stated "Clients Click Here" or "Therapists Click Here" to "Begin the Survey." Those who did not wish to participate in the study could click on the link that stated "Continue" to exit the survey.

After clicking on the link to begin, all participants were presented the Demographic Questionnaire and provided directions for completion. Next, each participant was asked to complete the qualitative portion of the study. Specifically clients were asked to complete four open-ended questions and therapists were asked to complete eight open ended questions. Once the open-ended questions were completed, clients were then instructed to complete the Counselor Rating Form and then the Physical Environment Attributes Scale. Therapists were only asked to complete the Physical Environment Attributes Scale. The online survey was designed take between 20 and 30 minutes to complete. At the end of the survey, there was a note thanking participants and a place where participants could send the link to others they know who might be interested in completing the survey. Participants could exit the survey at any time by closing their web browser.

Paper and Pencil Survey

The paper and pencil version of the survey was distributed by three local therapists as well as at Texas Woman's University Counseling and Family Therapy Clinic. In each location, clients were asked if they would be willing to participate in an anonymous survey regarding the environment of the therapy room. If clients declined to participate, no further action was taken. If clients stated they were interested in participating in the survey, they were handed the paper version to complete either in the waiting room or in the therapy room. The paper version of the survey was identical to the online version. The first page of the paper version provided participants with information on the study and explained the informed consent. Next, the demographic questionnaire appeared, and then clients were given four open-ended questions to answer. Following the open-ended questions, clients completed the Counselor Rating Form, Short Version and the Physical Environment Attributes Scale. Once completed, the client returned the survey to the therapist and/or the front desk receptionist. All completed surveys were placed in a large white envelope and retrieved by the researcher. The researcher then took all the completed surveys and entered in the information online; so that results could be downloaded to SPSS for statistical analysis.

At the conclusion of both the online survey and the paper and pencil version of the survey, all participants were given an opportunity to request the findings. Participants who wished to receive a copy of the results were provided the researcher and advisor's

contact information. Participants were also given the researcher and advisor's contact information in case they had any questions or concerns.

Confidentiality was maintained by using the secure survey website Psychdata, <http://www.psychdata.com>. Psychdata has a unique Secure Survey Environment (SSE), in which all survey pages are constructed so that a completed survey cannot be viewed by pressing the "back" button. Additionally, all survey pages are downloaded directly from their server and database-generated. Stated in simpler terms, no information from the survey can be stored on a personal computer or saved as a cached item. Finally, upon completion of the survey, the window closes thereby eliminating temporary history files associated with the survey. The survey website became inactive 30 days after completion of the study. While the survey was active, it was only accessed by the researcher.

The researcher also ensured confidentiality of information by placing all paper surveys, transcripts, survey results, and documentation in a locked file cabinet in the researcher's home office. All hard copy data obtained during the study will be destroyed one year after completion of the study.

Analyses

The purpose of this study was to explore clients and therapists perspectives on the importance of the physical environment of the therapy room. A mixed methods approach was utilized to compare and contrast findings from the qualitative and quantitative data. Data was collected from a valid and reliable quantitative instrument as well as from qualitative interview questions, which allowed the researcher to garner a more

comprehensive understanding of the importance of the physical environment of the therapy room to both clients and therapists.

Treatment of Data

Upon completion of each survey, all data was stored on a secure website sponsored by Psychdata. Data was stored until it was accessed by the researcher and downloaded for analysis. Any data collected and downloaded by the researcher was stored in a locked file cabinet in the researcher's home office. Only the researcher had access to the file cabinet. All data will be destroyed one year after completion of the study. Additionally, the research website was made unavailable 30 days after the data collection process ended.

Quantitative Data Analysis

Open-ended interview questions were asked first so as not to bias participants' responses. Scores on the Counselor Rating Form and Physical Environment Attributes Scale were used to supplement the qualitative data.

Quantitative data was analyzed using the Statistical Package for Social Sciences (SPSS) computer software. For demographic and professional credentials, percentages for the entire population were computed (e.g. percentage who are clients, percentage who are therapists, percentage of male clients, and percentage of female therapists). These percentages provided readers of the research report with an overview of the sociodemographics of the sample. In addition to percentages, further descriptive statistics and frequency distributions calculated for demographic information as well as from the

information obtained from the Physical Environment Attributes Scale. T-tests were run to compare means on the Physical Environment Attributes Scale.

The following hypotheses were tested for significance using repeated measures MANOVA:

Ho1: There will be no statistically significant difference between therapist and client perspectives regarding the importance of the following: accessories, color, furnishings, room design, lighting, temperature, or sound in the physical environment of the therapy room as measured by the Physical Environment Attributes Scale.

The three remaining hypotheses listed below were analyzed using Pearson's product moment correlations:

Ho2: There will be no statistically significant relationship between aspects of the environment that were rated as important by clients and their perceptions of the therapist's perceived attractiveness as measured by the Counselor Rating Form.

Ho3: There will be no statistically significant relationship between aspects of the environment that were rated as important by clients and their perceptions of the therapist's perceived expertness as rated by the Counselor Rating Form.

Ho4: There will be no statistically significant relationship between aspects of the environment that were rated as important by clients and their perceptions of the therapist's perceived trustworthiness as measured by the Counselor Rating Form.

Qualitative Data Analysis

Responses to the open-ended questions were analyzed to determine if there were distinct differences in the responses among therapists and clients. The process consisted of reading and re-reading the responses to group them according to themes. When differences were found, they were described and illustrated within quotations. Collecting qualitative data allowed the author to examine more thoroughly the thoughts and beliefs of both clients and therapists, thereby increasing the interpretive validity of the study.

Trustworthiness

In qualitative research, trustworthiness refers to the credibility and transferability of the research findings. (Marshall & Rossman, 1999). According to Creswell (2003), the credibility of the research is determined by the participants, and they must view the findings as accurate. The credibility of this study was enhanced by the participant's self-reports regarding the importance of the physical environment of the therapy room. The transferability of the research refers to the generalizability and usefulness of the findings (Marshall & Rossman, 1999). The transferability of the research is enhanced by making the study available to a wide range of participants across the United States. Additionally, the larger and more diverse the sample, the more generalizable the findings.

Summary

This chapter presented the overall research design for this study and highlighted how participants were recruited through the use of flyers posted and emailed both locally and nationally. Simple random, voluntary and snowball sampling techniques were

employed to recruit participants in order to gain a large enough sample for the results to be of practical significance. This chapter also outlined how confidentiality of participant information was protected through the use of a secure internet website.

Data analysis began by downloading a hard copy of the surveys. Quantitative data was downloaded and analyzed using SPSS. Statistical analysis, such as repeated measures MANOVA's were conducted on the quantitative data. All qualitative data was analyzed by coding responses into themes. All qualitative data continued to be analyzed until no new themes emerged.

CHAPTER IV

RESULTS

This mixed methods study was designed to examine client and therapist perspectives on the importance of the physical environment of the therapy room. The study also examined the relationship between client retention and the environment of the therapy room. The sample was comprised of both therapists and clients. All participants completed an online survey consisting of a demographic questionnaire, 4-8 open-ended questions, and the Physical Environment Attributes Scale a 27-item likert questionnaire. Clients were also asked to complete the Counselor Rating Form, Short Version. Demographic data and data collected from the Physical Environment Attributes Scale as well as the Counselor Rating Form, Short Version were analyzed using SPSS statistical software. All open-ended questions were downloaded and analyzed for themes. This chapter presents the characteristics of the sample, the discriminate and descriptive statistics gathered from the quantitative data, and the themes identified from the qualitative data. Additional findings based upon the data analysis are also presented. The chapter concludes with a summary of the findings.

Quantitative Findings

Demographics

A total of 179 clients and 128 therapists logged on to complete the online survey. Of these, 153 clients and 73 therapists responded to items beyond the demographic items.

Therefore, the final sample included a total of 226 respondents. The sample included 73 therapists and 153 clients. As shown in Table 1, the average age of therapists was 45 years ($M = 45.04$, $SD = 11.33$) and ranged from 24 to 65 years. The average age of clients was approximately 32 years ($M = 31.63$, $SD = 12.32$) and ranged from 18 to 69 years.

Table 1

Descriptive Statistics for Therapist and Client Age

	N	Mean	SD	Min	Max
Therapist age	73	45.04	11.33	24	65
Client Age	153	31.63	12.32	18	69

The majority of therapists were female (80.8%) with males comprising slightly less than one-fifth of the sample (17.8%). In addition, two-thirds of the therapist respondents held master's degrees (63.9%), one-fourth held doctorates (25%), and slightly over ten percent held 'other' degrees (11%). The majority of therapists were either licensed LPCs (37.0%) or LMFTs (23.3%), with smaller proportions having an LPC and LMFT license (13.7%) or a LCSW license (5.5%). Approximately one third of the therapists reported socio-economic levels between \$40,000 and \$89,999 (35.8%), one-third reported socio-economic levels of \$90,000 and above (27.6%), and slightly fewer than 10% reported socio-economic levels below \$40,000 (9.32%) (see Table 2).

The majority of client respondents were female (87.0%) with males comprising approximately 10% of the sample (12.3%). Less than 10% of the clients reported an education level of high school diploma/GED (8.4%), approximately 40% reported having some college (38.3%), and 10% reported having earned an associate's degree or some type of vocational/technical school training (10.4%). Further, approximately 42% of the clients held a bachelor's degree (26.0%), a master's degree (11.7%) or a doctoral degree (4.5%). When asked about the licensure of the therapist they had most recently seen, 61% of the clients could not recall the information, 18.8% had most recently seen an LPC, 12.3% had most recently seen a LCSW, and less than ten percent had recently seen an LFMT (6.5%). Finally, approximately one-third of the clients sampled reported a socio-economic level below \$20,000 (32.5%), one-fifth reported a socio-economic level of \$20,000-\$39,000 (20.8%), approximately one-third reported socio-economic levels between \$40,000 and \$89,999 (31.8%), and 13.0% reported socio-economic levels of \$90,000 and above (see Table 2).

The current sample included therapists who were practicing in 22 of the 50 United States. Of these, approximately half indicated that they were currently practicing in Texas (52.1%), followed by Arizona (9.6%), Alaska (5.5%), and Virginia (4.1%). In terms of clients, the sample included those who were currently residing in 10 of the 50 United States. The majority were residing in Texas (85.1%), followed by Wyoming (5.2%), and Virginia (2.6%) (see Table 3).

As shown in Table 4, nearly half of the therapists reported having an office in a private practice (41.4%), approximately one-third of the therapists had either a home office or an office in another location (31.5%), and slightly over one-fourth had an office in an agency setting (27.4%). Further, 52.1% of the therapists reported sharing an office with someone else and 47.9% reported not sharing an office. In addition, approximately two-thirds of the therapists sampled responded that they designed/decorated their own offices (60.3%) whereas 39.7% reported that they did not design/decorate their own offices. Finally, two-thirds of the clients reported that they attended therapy in a private practice setting (63.8%), one-fifth attended therapy in a therapist's home or other location (21.4%), and nearly 15% reported attending therapy in an agency setting (14.3%).

Table 2

*Frequencies and Percentages for Therapist and Client Gender, Education Level,
Therapist License, Socio-Economic Level*

	Therapist		Client	
	n	%	n	%
Gender				
Male	13	17.8	20	13.06
Female	59	80.8	133	86.89
Highest level of education				
High School Diploma or GED	-	-	13	8.4
Some College	-	-	59	38.3
Associates Degree or Vocational/Technical School	-	-	16	10.4
Bachelor's Degree	-	-	40	26.0
Master's Degree	46	63	18	11.7
Doctor Degree	18	24.7	7	4.5
Other (Please specify)	8	11		
Therapist License ^a				
LMFT	17	23.3	-	-
LPC	27	37	-	-
LCSW	4	5.5	-	-
LMFT & LPC	10	13.7	-	-
Other	15	20.5	-	-
Socio-Economic Level				
Below 20,000	7	2.51	50	32.5
\$20,000-\$39,999	19	6.81	32	20.8
\$40,000-\$59,999	30	10.75	26	16.9
\$60,000-\$89,999	70	25.09	23	14.9
\$90,000-\$109,999	16	5.73	8	5.2
\$110,000 and Above	64	22.94	12	7.8

Note: ^a only asked of the Therapist

Table 3

Frequencies and Percentages for Therapist and Client State

	Therapist		Client	
	n	%	n	%
State				
AK	4	5.5	0	0.0
AR	0	0.0	1	.6
AZ	7	9.6	0	0.0
CA	1	1.4	0	0.0
CO	1	1.4	0	0.0
DE	0	0.0	1	.6
GA	1	1.4	0	0.0
HI	0	0.0	1	.6
IA	1	1.4	0	0.0
IL	1	1.4	0	0.0
KS	2	2.7	0	0.0
MA	1	1.4	0	0.0
MI	3	4.1	0	0.0
MN	1	1.4	0	0.0
ND	1	1.4	1	.6
NH	1	1.4	0	0.0
NY	1	1.4	0	0.0
OH	1	1.4	0	0.0
OK	1	1.4	0	0.0
RI	0	0.0	1	.6
SD	1	1.4	0	0.0
TN	1	1.4	0	0.0
TX	38	52.1	131	85.1
VA	3	4.1	4	2.6
WI	0	0.0	1	.6
WV	1	1.4	0	0.0
WY	1	1.4	8	5.2

Table 4

Frequencies and Percentages for Therapist and Client Office Location, Shared Office, Office Décor

	Therapist		Client	
	n	%	n	%
Office Location				
Private Practice	30	41.1	97	63.0
Agency	20	27.4	22	14.3
Home or Other	23	31.5	33	21.4
Shared Office ^a				
Yes	38	52.1	-	-
No	35	47.9	-	-
Office Décor ^a				
Yes	44	60.3	-	-
No	29	39.7	-	-

Note: ^a only asked of the Therapist

As shown in Table 5, nearly 40% of the therapists reported having been in practice for 1-5 years (39.7%), 31.5% had been practicing for 6-15 years, 20.5% had been practicing for 16-20 years, and 8.2% had been in practice for 20 years or more. Nearly half of the clients indicated that they had been in therapy for 1-4 months (49.0%), one-fifth of the clients reported having attended therapy for 5-8 months, and less than 10% reported having attended therapy for 9-12 months (8.4%). Further, approximately 10% of clients sampled reported having attended therapy for 1-2 years (11.0%) and approximately 10% of clients reported having attended therapy for 2 or more years

(11.0%). Finally, slightly over half of the clients sampled reported having received individual therapy (59.1%), 10.4% received couples therapy, 11.7% received family, group or other type of therapy, and nearly 20% received more than one type of therapy.

Table 5

Frequencies and Percentages for Therapist and Client Years in Practice, Type of Therapy, and Time in Therapy

	Therapist		Client	
	n	%	n	%
Years in Practice ^a				
1-5	29	39.7	-	-
6-10	12	16.4	-	-
11-15	11	15.1	-	-
16-20	15	20.5	-	-
20 or more	6	8.2	-	-
Type of Therapy ^b				
Individual	-	-	91	59.1
Couples	-	-	16	10.4
Family, Group, Other	-	-	18	11.7
More than one	-	-	29	18.8
Time in Therapy ^b				
1-4 months	-	-	74	48.1
5-8 months	-	-	30	19.5
9-12 months	-	-	13	8.4
1-2 years	-	-	17	11.0
2-3 years	-	-	8	5.2
3 years or more	-	-	9	5.8

Note: ^a only asked of the Therapist; ^b only asked of the Client

Preliminary Analyses

A series of analyses were conducted in order to uncover potential relationships for the therapist and client demographic variables. More specifically, crosstab analyses with Pearson's chi-square (χ^2) test and Cramer's V test were conducted on the categorical demographic variables. Crosstab analyses are used to examine the relationships between categorical variables measured on nominal or ordinal scales. Pearson's chi-square (χ^2) tests are used to determine whether or not a significant relationship exists between the variables. Cramer's V tests are used to determine the strength of the relationship between the variables.

Analyses of variance (ANOVAs) were conducted to examine group differences between the categorical demographic variables on the continuous demographic variables. Analyses of variance (ANOVAs) are used to determine the differences between groups of a categorical variable on a continuous (i.e., interval or ratio scaled) variable. A significant main effect indicates that the categorical variable has a direct effect on the continuous variable. ANOVAs use F -tests in order to determine if the groups are significantly different from each other. If the test reveals that the groups are significantly different from each other (i.e., a significant F -test), and the categorical variable has more than two groups, a post hoc comparison test must be utilized in order to determine which values of the categorical variable differ from each other.

Finally, Pearson's product moment correlations were conducted to examine the relationships between continuous instrument items. Pearson's product moment

correlations are used to examine the relationships between continuous variables measured on interval or ratio scales. Correlation coefficients can range between -1.00 and +1.00. A positive correlation indicates that increases in one variable are associated with increases in the other variable. A negative correlation, on the other hand, indicates that decreases in one variable are associated with increases in the other variable. Correlation coefficients close to 0 indicate a weak relationship or a lack of a relationship between variables.

Therapists Demographics

The relationships between therapist gender and therapist education level, socioeconomic level, office location, shared office, office décor and years in practice were not significant, all *ns*. The relationship between therapist gender and license held, however, was marginally significant, $\chi^2(4) = 9.40, p = .052$, Cramer's $V = .36$. A greater proportion of male therapists held LMFT licenses (46.2%) compared to female therapists (18.6%). Further, more female therapists held LPC licenses (40.7%) than male therapists (15.4%). Finally, more female therapists held licenses other than LMFTs, LPCs or LCSWs (23.7%) compared to male therapists (7.7%) (see Table 6).

Table 6

Frequencies and Percentages for Education Level, Licenses Held, Socio-Economic Level, Office Location, Shared Office, Office Décor, Years in Practice by Gender

	Male		Female	
	n	%	n	%
Education Level^a				
Masters Degree	8	61.5	37	63.8
Doctoral Degree	3	23.1	15	25.9
Other (Please specify)	2	15.4	6	10.3
License Held^b				
LMFT	6	46.2	11	18.6
LPC	2	15.4	24	40.7
LCSW	2	15.4	2	3.4
More than one	2	15.4	8	13.6
Other	1	7.7	14	23.7
Socio-Economic Level^c				
Below \$40,000	1	7.7	8	13.6
\$40,000 - \$59,999	2	15.4	18	30.5
\$60,000 - \$89,999	5	38.5	13	22.0
\$90,000 - \$109,999	2	15.4	7	11.9
\$110,000 and Above	3	23.1	13	22.0
Office Location^d				
Private Practice	4	30.8	25	42.4
Agency	4	30.8	16	27.1
Home or Other	5	38.5	18	30.5

Note: ^a $\chi^2 (2) = .28, ns$; ^b $\chi^2 (4) = 9.40, p = .052$; ^c $\chi^2 (4) = 2.43, ns$; ^d $\chi^2 (2) = .61, ns$.

Table 6, continued

Frequencies and Percentages for Education Level, Licenses Held, Socio-Economic Level, Office Location, Shared Office, Office Décor, Years in Practice by Gender

	Male		Female	
	n	%	n	%
Shared Office ^e				
Yes	4	30.8	33	55.9
No	9	69.2	26	44.1
Office Décor ^f				
Yes	10	76.9	33	55.9
No	3	23.1	26	44.1
Years in Practice ^g				
1-5	2	15.4	27	45.8
6-10	3	23.1	8	13.6
11-15	1	7.7	10	16.9
16-20	5	38.5	10	16.9
20 or more	2	15.4	4	6.8

Note: ^e $\chi^2(1) = 2.70$; *ns*; ^f $\chi^2(1) = 1.95$, *ns*; ^g $\chi^2(4) = 6.98$, *ns*.

The variable therapist office décor served as a measure of whether or not the therapist designed/decorated his or her own office (yes, no). The relationships between therapist office décor and therapist education level, licenses held, socio-economic level, and office location were not significant, all *ns*. The relationship between therapist office décor and shared office, however, was significant, $\chi^2(1) = 10.93$, $p < .001$, Cramer's $V =$

39. A greater proportion of therapists reported having designed/decorated their offices (60.3%) than not having designed/decorated (24.1%) when they did not share an office with someone else. In addition, more therapists reported not having designed/decorated their offices (75.9%) than having designed/decorated (36.4%) when they did share an office with someone else. Further, the relationship between therapist office décor and number of years in practice was marginally significant, $\chi^2(4) = 9.16, p = .057$, Cramer's $V = .35$. A greater proportion of therapists reported having designed/decorated their offices (100%) than not having designed/decorated (0%) when they had been practicing for 20 or more years. In addition, more therapists reported not having designed/decorated their offices (51.7%) than having designed/decorated (31.8%) when they had been practicing for 1-5 years (see Table 7).

As shown in Table 8, the relationships between shared office (yes, no) and education level, licenses held, socio-economic level, and number of years in practice were not significant, all *ns*. The relationship between shared office and office location, however, was significant, $\chi^2(2) = 9.29, p < .01$, Cramer's $V = .36$. A greater proportion of therapists reported sharing an office (52.6%) than not sharing an office (28.6%) when they had offices in a private practice. In addition, the proportions of therapists who shared an office (31.6%) and did not share an office (22.9%) were nearly equal when their offices were located in an agency. Finally, more therapists did not share an office (48.6%) when they had a home office compared to those who shared an office (15.8%).

Table 7

Frequencies and Percentages for Education Level, Licenses Held, Socio-Economic Level, Office Location, Shared Office, Years in Practice by Office Décor

	Office Décor Yes		Office Décor No	
	n	%	n	%
Education Level ^a				
Master's Degree	29	67.4	17	58.6
Doctoral Degree	11	25.6	7	24.1
Other	3	7.0	5	17.2
License Held ^b				
LMFT	12	27.3	5	17.2
LPC	16	36.4	11	37.9
LCSW	1	2.3	3	10.3
More than once	7	15.9	3	10.3
Other	8	18.2	7	24.1
Socio-Economic Level ^c				
Below \$40,000	3	6.8	6	20.7
\$40,000-\$59,000	12	27.3	8	27.6
\$60,000-\$89,999	10	22.7	9	31.0
\$90,000-\$109,999	6	13.6	3	10.3
\$110,000 and Above	13	29.5	3	10.3
Office Location ^d				
Private Practice	21	47.7	9	31.0
Agency	10	22.7	10	34.5
Home or Other	13	29.5	10	34.5
Shared Office ^e				
Yes	16	36.4	22	75.9
No	28	63.6	7	24.1

Note: ^a $\chi^2 (2) = 1.87, ns$; ^b $\chi^2 (4) = 3.54, ns$; ^c $\chi^2 (4) = 6.29, ns$; ^d $\chi^2 (2) = 2.20, ns$.

Table 7, continued

Frequencies and Percentages for Education Level, Licenses Held, Socio-Economic Level, Office Location, Shared Office, Years in Practice by Office Décor

	Office Décor Yes		Office Décor No	
	n	%	n	%
Years in Practice ^f				
1-5	14	31.8	15	51.7
6-10	7	15.9	5	17.2
11-15	5	11.4	6	20.7
16-20	12	27.3	3	10.3
20 or more	6	13.6	0	.0

Note: ^e $\chi^2 (1) = 10.93, p = .001$; ^f $\chi^2 (4) = 9.16, p = .057$.

The relationship between therapist education level and license held was significant, $\chi^2 (8) = 26.76, p < .001$, Cramer's $V = .61$. More therapists with a Master's degree (23.9%) or Doctoral degree (27.8%) held LMFTs than therapists with other types of degrees (12.5%). Further, a greater proportion of therapists with Master's degrees (45.7%) compared to therapists with Doctoral degrees (27.8%) and other types of degrees (12.5%) were licensed LPCs. A greater number of therapists with Master's degrees (8.7%) than therapists with Doctoral (0%) or other types of degrees (0%) were licensed LCSWs. Finally, more therapists with Doctoral degrees (33.3%) held more than one license than therapists with master's degrees (6.5%) or other types of degrees (0%) (see Table 9).

Table 8

Frequencies and Percentages for Education Level, Licenses Held, Socio-Economic Level, Office Location, Years in Practice by Shared Office

	Shared Office Yes		Shared Office No	
	n	%	n	%
Education Level ^a				
Master's Degree	21	56.8	25	71.4
Doctoral Degree	10	27.0	8	22.9
Other	6	16.2	2	5.7
License Held ^b				
LMFT	7	18.4	10	28.6
LPC	17	44.7	10	28.6
LCSW	2	5.3	2	5.7
More than one	5	13.2	5	14.3
Other	7	18.4	8	22.9
Socio-Economic Level ^c				
Below \$40,000	4	10.5	5	14.3
\$40,000-\$59,000	8	21.1	12	34.3
\$60,000-\$89,999	13	34.2	6	17.1
\$90,000-\$109,999	5	13.2	4	11.4
\$110,000 and Above	8	21.1	8	22.9
Office Location ^d				
Private Practice	20	52.6	10	28.6
Agency	12	31.6	8	22.9
Home or Office	6	15.8	17	48.6
Years in Practice ^e				
1-5	12	31.6	17	48.6
6-10	9	23.7	3	8.6
11-15	8	21.1	3	8.6
16-20	7	18.4	8	22.9
20 or more	2	5.3	4	11.4

Note: ^a $\chi^2(2)=2.52$, ^b $\chi^2(4)=2.29$, ^c $\chi^2(4)=3.48$, all *ns*; ^d $\chi^2(2)=9.29$, $p < .01$; ^e $\chi^2(4)=6.76$, *ns*.

Table 9

Frequencies and Percentages for Licenses Held, Socio-Economic Level, Office Location, Years in Practice by Education Level

	Education Level					
	Masters Degree		Doctoral Degree		Other	
	n	%	n	%	n	%
Licenses Held ^a						
LMFT	11	23.9	5	27.8	1	12.5
LPC	21	47.5	5	27.8	1	12.5
LCSW	4	8.7	0	.0	0	.0
More than one	3	6.5	6	33.3	0	.0
Other	7	15.2	2	11.1	6	75.0
Socio-Economic Level ^b						
Below \$40,000	4	8.7	0	.0	5	62.5
\$40,000 - \$59,999	17	37.0	3	16.7	0	.0
\$60,000 - \$89,999	10	21.7	8	44.4	1	12.5
\$90,000 - \$109,999	5	10.9	3	16.7	1	12.5
\$110,000 and Above	10	21.7	4	22.2	1	12.5
Office Location ^c						
Private Practice	21	45.7	7	38.9	1	12.5
Agency	15	32.6	3	16.7	2	25.0
Home or Office	10	21.7	8	44.4	5	62.5
Years in Practice ^d						
1-5	23	50.0	1	5.6	5	62.5
6-10	10	21.7	2	11.1	0	.0
11-15	4	8.7	5	27.8	2	25.0
15-19	7	15.2	6	33.3	1	12.5
20 or more	2	4.3	4	22.2	0	.0

Note: ^a $\chi^2(8)=26.76, p<.001$; ^b $\chi^2(8)=27.06, p<.001$; ^c $\chi^2(4)=7.80, ns$; ^d $\chi^2(8)=21.58, p<.01$

The relationship between therapist education level and socio-economic level was also significant, $\chi^2(8) = 27.04, p < .001$, Cramer's $V = .61$. More therapists with degrees other than a Master's or Doctorate reported a socio-economic level below \$40,000 (62.5%) compared to therapists with a Master's degree (8.7%) or Doctoral degree (0%). A greater proportion of therapists with Master's degrees reported a socio-economic level of \$40,000 - \$59,999 (37.0%) compared to therapists with Doctorate degrees (16.7%) or other degrees (0%). A greater number of therapists with Doctoral degrees had a socio-economic level of \$60,000-\$89,999 compared to therapists with a Master's degree (21.7%) or other degrees (12.5%). Therapists with Master's degrees, Doctoral degrees or other degrees were similar in reports of socio-economic level between \$90,000 and \$109,000. However, more therapists with Doctoral (22.2%) and Master's degrees (21.7%) reported a socio-economic level of \$110,000 and above than therapists with other degrees (12.5%). The relationship between education level and office location, however, was not significant, $\chi^2(4) = 7.80, p = .099$, Cramer's $V = .33$. Finally, the relationship between education level and number of years practiced was significant, $\chi^2(8) = 21.58, p < .01$, Cramer's $V = .55$. A greater number of therapists with other types of degrees (62.5%) and Master's degrees (50.0%) had been practicing for 1-5 years than therapists with Doctoral degrees (5.6%). Further, more therapists with Doctoral degrees (22.2%) followed by therapists with Master's degrees (4.3%) and other degrees (0%) reported having been in practice for 20 years or more (see Table 9).

As shown in Table 10, the relationships between therapist office location, license held and number of years in practice were not significant, all *ns*. The relationship between therapist office location and socio-economic level, however, was significant, $\chi^2(8) = 19.89, p < .05$, Cramer's $V = .52$. A greater proportion of therapists with offices in their homes or other locations reported a socio-economic level below \$40,000 (26.1%) followed by therapists with offices in an agency (10.0%) or private practice (3.3%). A greater proportion of therapists with offices in an agency reported a socio-economic level between \$40,000 and \$59,999 (50%) followed by therapist with offices in their homes (26.1%) or a private practice (13.3%). More therapists with offices in a private practice reported a socio-economic level of \$110,000 and above (40%) followed by therapists with offices in their homes or other locations (13%) and in an agency (5.0%).

The relationships between therapist license, socio-economic level and number of years in practice are displayed in Table 11. The relationship between therapist license and socio-economic level was significant, $\chi^2(16) = 45.51, p < .001$, Cramer's $V = .76$. More therapists with no license (license other than LMFT, LPC, LCSW or more than one) reported a socio-economic level below \$40,000 (88.9%) than therapists with LMFTs (5.9%), LPCs (0%), LCSWs (0%) or more than one license (0%). A greater proportion of therapists with more than one license reported a socio-economic level of \$40,000 to \$59,999 (50%) followed by therapists with LPCs (37%), LCSWs (25%), none of the licenses (13.3%) and LMFTs (11.8%). A greater proportion of therapists with LCSWs (50%) and LMFTs (41.2%) reported a socio-economic level of \$60,000 to \$89,999

followed by therapists with LPCs (29.6%), more than one license (10%) and none of the licenses (6.7%). Finally, fewer therapists with more than one license (10%) or none of the licenses (13%) reported a socio-economic level of \$110,000 and above compared to therapists with LCSWs (25%), LPCs (25.9%) and LMFTs (29.4%).

Table 10

Frequencies and Percentages for Licenses Held, Socio-Economic Level, Years in Practice by Office Location

	Office Location					
	Private Practice		Agency		Home or Other	
	n	%	n	%	n	%
Licenses Held ^a						
LMFT	10	33.3	2	10.0	5	21.7
LPC	13	43.3	9	45.0	5	21.7
LCSW	2	6.7	1	5.0	1	4.3
More than one	2	6.7	4	20.0	4	17.4
Other	3	10.0	4	20.0	8	34.8
Socio-Economic Level ^b						
Below \$40,000	1	3.3	2	10.0	6	26.1
\$40,000 - \$59,999	4	13.3	10	50.0	6	26.1
\$60,000 - \$89,999	9	30.0	5	25.0	5	21.7
\$90,000 - \$109,999	4	13.3	2	10.0	3	13.0
\$110,000 and Above	12	40.0	1	5.0	3	13.0
Years in Practice ^c						
1-5	9	30.0	8	40.0	12	52.2
6-10	9	30.0	3	15.0	0	.0
11-15	3	10.0	5	25.0	3	13.0
16-20	6	20.0	3	15.0	6	26.1
20 or more	3	10.0	1	5.0	2	8.7

Note: ^a $\chi^2 (8) = 10.89, ns$; ^b $\chi^2 (8) = 19.89, p = .011$; ^c $\chi^2 (8) = 11.68, ns$.

The relationships between therapist license, socio-economic level and number of years in practice are displayed in Table 11. The relationship between therapist license and socio-economic level was significant, $\chi^2(16) = 45.51, p < .001$, Cramer's $V = .76$. More therapists with no license (license other than LMFT, LPC, LCSW or more than one) reported a socio-economic level below \$40,000 (53.3%) than therapists with LMFTs (5.9%), LPCs (0%), LCSWs (0%) or more than one license (0%). A greater proportion of therapists with more than one license reported a socio-economic level of \$40,000 to \$59,999 (50%) followed by therapists with LPCs (37%), LCSWs (25%), none of the licenses (13.3%) and LMFTs (11.8%). A greater proportion of therapists with LCSWs (50%) and LMFTs (41.2%) reported a socio-economic level of \$60,000 to \$89,999 followed by therapists with LPCs (29.6%), more than one license (10%) and none of the licenses (6.7%). Finally, fewer therapists with more than one license (10%) or none of the licenses (13%) reported a socio-economic level of \$110,000 and above compared to therapists with LCSWs (25%), LPCs (25.9%) and LMFTs (29.4%).

In addition, the relationship between therapist license and number of years in practice was also significant, $\chi^2(16) = 35.84, p < .01$, Cramer's $V = .70$. A greater proportion of therapists with licenses other than LMFT, LPC, LCSW reported having been in practice for 1-5 years (73.3%) followed by therapists with LPCs (40.7%), LCSWs (25.0%), LMFTs (23.5%) and more than one license (20.0%). Greater proportions of therapists with LFMTs (29.4%), LPCs (18.5%) and LCSWs (25%) reported practicing for 6-10 years compared to therapists with more than one license (0%) or none of these

licenses (6.7%). More therapists with LPCs (25.9%) and LCSWs (25%) reported practicing for 11-15 years than therapists with LMFTs (5.9%), more than one license (0%) or none of these licenses (13.3%). Greater proportions of therapists with more than one license (50.0%) and LFMTs (35.3%) reported practicing for 16-20 years followed by therapists with LPCs (14.8%), more LCSWs (0%) and none of these licenses (0%). Finally, a greater proportion of therapists with more than one license (30.0%) and LCSWs (25.0%) reported having been in practice for 20 or more years compared to therapists with none of these licenses (6.7%), LFMTs (5.9%), and LPCs (0%) (see Table 11).

As shown in Table 12, the relationship between number of years in practice and therapist socio-economic level was significant, $\chi^2(16) = 30.17$ $p < .05$, Cramer's $V = .64$. A greater proportion of therapists practicing for 1-5 years reported a socio-economic level of below \$40,000 (27.6%) compared to therapists practicing for 6-10 years (0%), 11-15 years (9.1%), 16-20 years (0%) and 20 or more years (0%). Further, a greater proportion of therapists practicing for over 20 years reported a socio-economic level of \$90,000 – \$109,000 (33.3%) compared to therapists practicing for 16- 20 years (26.7%), 11-15 years (0%), 6-10 years (16.7%), and 1-5 years (3.4%). Finally, fewer therapists practicing for over 20 years reported a socio-economic level of \$110,000 or more (0%) compared to therapists practicing for 1-5 years (20.7%), 6-10 years (16.7%), 11-15 years (36.4%), and 16-20 years (26.7%).

Table 11

Frequencies and Percentages for Socio-Economic Level and Years in Practice by Licenses Held

		Licenses Held									
		LMFT		LPC		LCSW		More than one		None	
		n	%	n	%	n	%	n	%	n	%
Socio-Economic Level ^a											
S	Below \$40,000	1	5.9	0	.0	0	.0	0	.0	8	53.3
	\$40,000 - \$59,999	2	11.8	10	37.0	1	25.0	5	50.0	2	13.3
	\$60,000 - \$89,999	7	41.2	8	29.6	2	50.0	1	10.0	1	6.7
	\$90,000 - \$109,999	2	11.8	2	7.4	0	.0	3	30.0	2	13.3
	\$110,000 and Above	5	29.4	7	25.9	1	25.0	1	10.0	2	13.3
Years in Practice ^b											
	1-5	4	23.5	11	40.7	1	25.0	2	20.0	11	73.3
	6-10	5	29.4	5	18.5	1	25.0	0	.0	1	6.7
	11-15	1	5.9	7	25.9	1	25.0	0	.0	2	13.3
	16-20	6	35.3	4	14.8	0	.0	5	50.0	0	.0
	20 or more	1	5.9	0	.0	1	25.0	3	30.0	1	6.7

Note: ^a $\chi^2 (16) = 42.51, p > .001$; ^b $\chi^2 (16) = 35.84, p = .003$.

Table 12

Frequencies and Percentages for Socio-Economic Level by Years in Practice

		Number of Years in Practice									
		1-5		6-10		11-15		16-20		20 or more	
		n	%	n	%	n	%	n	%	n	%
Socio-Economic Level ^a											
67	Below \$40,000	8	27.6	0	.0	1	9.1	0	.0	0	.0
	\$40,000 - \$59,999	11	37.9	3	25.0	1	9.1	4	26.7	1	16.7
	\$60,000 - \$89,999	3	10.3	5	41.7	5	45.5	3	20.0	3	50.0
	\$90,000 - \$109,999	1	3.4	2	16.7	0	.0	4	26.7	2	33.3
	\$110,000 and Above	6	20.7	2	16.7	4	36.4	4	26.7	0	.0

Note: ^a $\chi^2 (16) = 30.17, p = .017$

One-way Analyses of Variance (ANOVAs) were conducted on therapist age using the therapist demographics (gender, education level, licenses held, socio-economic level, office location, shared office, office décor and years in practice) as between subjects effects (see Table 13). The results failed to reveal significant effects for gender, education level, licenses held, socio-economic level, office location and shared office, all *ns*. The effect for office décor on therapist age, however, was significant, $F(1, 71) = 16.42, p < .001$. On average, therapists who designed/decorated their offices were older ($M = 49.00, SD = 9.74$) than therapists who did not design/decorate their offices ($M = 39.03, SD = 11.06$). Further, the effect for number of years in practice on age was also significant, $F(3, 69) = 9.53, p < .001$. Post hoc comparisons using Tukey's test revealed that therapists in practice for 1-5 years were significantly younger ($M = 38.76, SD = 11.00$) than therapists in practice for 16 or more years ($M = 53.67, SD = 6.28, p < .05$).

Client Demographics

The relationships between client gender and therapist license, client socio-economic level, therapy type, and time in therapy were not significant, all *ns*. The relationship between client gender and education level, however, was significant, $\chi^2(5) = 13.70, p < .05$, Cramer's $V = .30$. Although very few clients had the education level of high school or GED, more were females (9.8%) than males (0%). In addition, more males had some college (57.9%) than females (35.3%). Further, more males had an associate's degree or vocational/technical school degree (26.3%) than females (8.3%). Finally, more female clients held bachelor's degrees (27.8%) than males (15.8%) and more females

held master's degrees (13.5%) and doctoral degrees (5.3%) than males (0%). The relationship between client gender and therapist office location was also significant, $\chi^2(2) = 8.66, p < .05$, Cramer's $V = .24$. More females received therapy from therapists with offices in a private practice (65.9%) than males (47.4%). In addition, a slightly greater proportion of female clients received therapy from therapists with offices in an agency setting (15.9%) compared to male clients (5.3%). More male clients, however, received therapy from therapists with offices in their homes or other locations (47.4%) than females (18.2%) (see Table 14).

Table 13

Means and Standard Deviations for Age by Gender, Education Level, Licenses Held, Socio-Economic Level, Office Location, Shared Office, Office Décor, Years in Practice

	n	Mean	SD	F	p
Age by Gender				2.303	.134
Male	13	49.00	7.88		
Female	59	43.85	11.63		
Age by Education Level				2.927	.060
Masters Degree	46	43.98	11.19		
Doctoral Degree	18	49.89	9.77		
Other	8	44.96	13.27		

Table 13, continued

Means and Standard Deviations for Age by Gender, Education Level, Licenses Held, Socio-Economic Level, Office Location, Shared Office, Office Décor, Years in Practice

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Age by Licenses Held				1.762	.163
LMFT	17	48.24	6.22		
LPC	27	45.52	12.63		
More than one	10	48.30	10.46		
LCSW or Other	16	40.44	11.34		
Age by Socio-economic Level				1.983	.107
Below \$40,000	9	37.67	13.67		
\$40,000 - \$59,999	20	42.60	12.13		
\$60,000 - \$89,999	19	47.63	9.77		
\$90,000 - \$109,999	9	49.67	10.78		
\$110,000 and Above	16	46.56	9.46		
Age by Office Location				0.946	.393
Private Practice	30	47.17	10.48		
Agency	20	44.15	12.34		
Home or Other	23	43.04	11.53		
Age by Shared Office				0.370	.545
Yes	38	44.26	12.63		
No	35	45.89	9.85		
Age by Office décor				16.418	.000
Yes	44	49.00	9.74		
No	29	39.03	11.06		
Age by Years in Practice				9.53	.000
1-5	29	38.76	11.00		
6-10	12	45.25	10.63		
11-15	11	44.91	10.57		
16 or more	21	53.67	6.28		

Table 14

Frequencies and Percentages for Education Level, Therapist License, Socio-Economic Level, Office Location, Therapy Type, Time in Therapy by Gender

	Gender			
	Male		Female	
	n	%	n	%
Education Level ^a				
High School Diploma or GED	0	.0	13	9.8
Some College	11	57.9	47	35.3
Associates Degree or Vocational/Technical School	5	26.3	11	8.3
Bachelor's Degree	3	15.8	37	27.8
Masters Degree	0	.0	18	13.5
Doctoral Degree	0	.0	7	5.3
License Type ^b				
LMFT	1	5.3	9	6.8
LPC	0	.0	29	22.0
LCSW	3	15.8	16	12.1
Unknown	15	78.9	78	59.1
Socio-Economic Level ^c				
Below \$20,000	4	22.2	46	34.8
\$20,000-\$39,999	5	27.8	27	20.5
\$40,000 - \$59,999	5	27.8	20	15.2
\$60,000 - \$89,999	2	11.1	21	15.9
\$90,000 – and Above	2	11.1	18	13.6

Note: ^a $\chi^2 (5) = 13.702, p = .018$; ^b $\chi^2 (3) = 5.48, ns$; ^c $\chi^2 (4) = 2.98, ns$; ^d $\chi^2 (2) = 8.66, p = .013$.

Table 14, continued

Frequencies and Percentages for Education Level, Therapist License, Socio-Economic Level, Office Location, Therapy Type, Time in Therapy by Gender

	Gender			
	Male		Female	
	n	%	n	%
Office Location ^d				
Private Practice	9	47.4	87	65.9
Agency	1	5.3	21	15.9
Home or Other	9	47.4	24	18.2
Therapy Type ^e				
Individual	12	63.2	79	59.0
Couples	4	21.1	12	9.0
Family, Group, Other	2	10.5	15	11.2
More than one	1	5.3	28	20.9
Time in Therapy ^f				
1-4 months	11	68.8	62	46.3
5-8 months	2	12.5	28	20.9
9-12 months	1	6.3	12	9.0
1-2 years	1	6.3	16	11.9
2-3 years	0	.0	8	6.0
3 years or more	1	6.3	8	6.0

Note: ^e $\chi^2 (3) = 4.53, ns$; ^f $\chi^2 (5) = 3.47, ns$.

As shown in Table 15, the relationships between client education level, socio-economic level, type of therapy and therapist office location were not significant, all *ns*. The relationship between office location and client report of therapist license, however, was significant, $\chi^2 (6) = 15.63, p < .05$, Cramer's $V = .32$. A greater proportion of clients who attended therapy in a private practice reported having seen an LMFT (9.4%) than

clients who attended therapy in an agency (4.8%) or therapist home or other location (0%). In addition, a more clients who attended therapy in a private practice reported having seen an LPC (24.0%) than clients who attended therapy in an agency (14.3%) or therapist home or other location (9.1%). Further, more clients who attended therapy in a private practice setting reported having seen an LCSW (16.7%) than clients who attended therapy in an agency (4.8%) or therapist home or other location (6.1%). More clients who attended therapy in a therapist's home or other location (84.8%) or agency (76.2%), however, were unable to recall the therapist licensure information compared to clients who had seen therapists in a private practice setting (50.0%).

Table 15

Frequencies and Percentages for Education Level, Therapist License, Socio-Economic Level, Therapy Type, Time in Therapy by Office Location

	Office Location					
	Private Practice		Agency		Home or Other Office	
	n	%	n	%	n	%
Education Level ^a						
High School Diploma or GED	8	8.2	3	13.6	2	6.3
Some College	33	34.0	10	45.5	15	46.9
Associates Degree or Vocational/Technical School	9	9.3	2	9.1	5	15.6
Bachelor's Degree	28	28.9	5	22.7	6	18.8
Masters Degree	13	13.4	2	9.1	3	9.4
Doctoral Degree	6	6.2	0	.0	1	3.1

Table 15, continued

Frequencies and Percentages for Education Level, Therapist License, Socio-Economic Level, Therapy Type, Time in Therapy by Office Location

	Office Location					
	Private Practice		Agency		Home or Other Office	
	n	%	n	%	n	%
License Type ^b						
LMFT	9	9.4	1	4.8	0	.0
LPC	23	24.0	3	14.3	3	9.1
LCSW	16	16.7	1	4.8	2	6.1
Unknown	48	50.0	16	76.2	28	84.8
Socio-Economic Level ^c						
Below \$20,000	27	28.1	11	50.0	12	37.5
\$20,000-\$39,999	18	18.8	5	22.7	9	28.1
\$40,000 - \$59,999	18	18.8	2	9.1	6	18.8
\$60,000 - \$89,999	15	15.6	4	18.2	4	12.5
\$90,000 – and Above	18	18.8	0	.0	1	3.1
Therapy Type ^d						
Individual	56	57.7	14	63.6	19	57.6
Couples	13	13.4	1	4.5	2	6.1
Family, Group, Other	7	7.2	4	18.2	7	21.2
More than one	21	21.6	3	13.6	5	15.2
Time in Therapy ^e						
1-4 months	37	38.5	13	61.9	22	68.8
5-8 months	21	21.9	4	19.0	5	15.6
9-12 months	11	11.5	2	9.5	0	.0
1-2 years	16	16.7	0	.0	1	3.1
2-3 years	5	5.2	2	9.5	1	3.1
3 years or more	6	6.3	0	.0	3	9.4

Note: ^a $\chi^2 (10) = 6.43, ns$; ^b $\chi^2 (6) = 15.63, p = .016$; ^c $\chi^2 (8) = 12.99, ns$; ^d $\chi^2 (6) = 8.14, ns$; ^e $\chi^2 (10) = 19.07, p = .039$.

The relationships between the client reports of therapist license, client education level, socio-economic level, type of therapy received and time in therapy are shown in Table 16. The relationship between client reports of therapist license and client education level was significant, $\chi^2(15) = 47.94, p < .001$, Cramer's $V = .33$. More clients reported having seen an LPC (6.9%) or were not able to recall therapist licensure (10.8%) when they had an education level of high school diploma or GED. A greater number of clients were unable to recall therapist licensure (51.6%) followed by clients who reported having seen an LCSW (31.6%), LFMT (20.0%) or LPC (10.4%) when they reported having had some college.

Further, more clients were unable to recall therapist licensure (14.0%) or reported seeing an LFMT (10.0%) than clients who reported having seen an LCSW (5.3%) or LPC (3.4%) when they held an Associate's degree or a Vocational degree in some type of technical training. However, more clients reported having received therapy from LPCs (44.8%), LCSWs (36.8%) and LFMTs (30.0%) than clients who could not recall therapist licensure (18.3%) when they held Bachelor degrees. Further, more clients reported having seen LFMTs (40.0%), followed by LCSWs (21.1%), and LPCs (20.7%) than clients who could not recall therapist licensure (4.3%) when they held a master's degree. Finally, a greater proportion of clients reported having seen an LPC (13.8%) or LCSWs (5.3%) than clients who could not recall therapist licensure (1.1%) or reported having seen an LFMT (0%) when they held doctoral degrees(see Table 16).

Table 16

Frequencies and Percentages for Education Level, Socio-Economic Level, Therapy Type, Time in Therapy by Therapist

License

	LMFT		LPC		LCSW		Unknown	
	n	%	n	%	n	%	n	%
Education Level ^a								
High School Diploma or GED	0	.0	2	6.9	0	.0	10	10.8
Some College	2	20.0	3	10.3	6	31.6	48	51.6
Associates Degree or Vocational/Technical School	1	10.0	1	3.4	1	5.3	13	14.0
Bachelor's Degree	3	30.0	13	44.8	7	36.8	17	18.3
Masters Degree	4	40.0	6	20.7	4	21.1	4	4.3
Doctoral Degree	0	.0	4	13.8	1	5.3	1	1.1
Socio-Economic Level ^b								
Below \$20,000	1	10.0	8	27.6	2	10.5	39	42.9
\$20,000 - 39,999	3	30.0	4	13.8	6	31.6	18	19.8
\$40,000 - \$59,999	1	10.0	7	24.1	4	21.1	13	14.3
\$60,000 - \$89,999	2	20.0	5	17.2	4	21.1	12	13.2
\$90,000 and Above	3	30.0	5	17.2	3	15.8	9	9.9

Note: ^a $\chi^2 (15) = 47.94, p < .001$; ^b $\chi^2 (12) = 15.43, ns$; ^c $\chi^2 (9) = 16.54, p = .056$; ^d $\chi^2 (15) = 24.78, p = .053$.

Table 16 continued

Frequencies and Percentages for Education Level, Socio-Economic Level, Therapy Type, Time in Therapy by Therapist

License

		Licenses Held							
		LMFT		LPC		LCSW		Unknown	
		n	%	n	%	n	%	n	%
77	Therapy Type ^c								
	Individual	4	40.0	19	65.5	11	57.9	56	59.6
	Couples	2	20.0	3	10.3	4	21.1	6	6.4
	Family, Group, Other	0	.0	1	3.4	0	.0	17	18.1
	More than one	4	40.0	6	20.7	4	21.1	15	16.0
Time in Therapy ^d									
	1-4 months	2	20.0	11	37.9	6	33.3	54	58.7
	5-8 months	3	30.0	6	20.7	3	16.7	18	19.6
	9-12 months	1	10.0	3	10.3	1	5.6	8	8.7
	1-2 years	3	30.0	3	10.3	4	22.2	6	6.5
	2-3 years	1	10.0	1	3.4	2	11.1	4	4.3
	3 years or more	0	.0	5	17.2	2	11.1	2	2.2

Note: ^a $\chi^2 (15) = 47.94, p < .001$; ^b $\chi^2 (12) = 15.43, ns$; ^c $\chi^2 (9) = 16.54, p = .056$; ^d $\chi^2 (15) = 24.78, p = .053$.

The relationship between client reports of therapist license and type of therapy received was marginally significant, $\chi^2(9) = 16.54, p = .056$, Cramer's $V = .19$. More clients reported having seen an LPC (65.5%) an LCSW (57.9%), or were unable to recall therapist licensure (59.6%) than clients who reported having seen an LFMT (40.0%) for individual therapy. However, greater number of clients reported having seen LFMTs (20.0%) and LCSWs (21.1%) than clients who saw LPCs (10.3%) or were unable to recall therapist licensure (6.4%) for couples therapy. In addition, more clients were unable to recall therapist licensure (18.1%) than clients who recalled having seen LPCs (3.4%), LFMTs (0%) and LCSWs (0%) for family, group or other type of therapy. Finally, a greater number of clients reported having seen LFMTs (40.0%) than clients who saw LPCs (20.7%), LCSWs (21.1%) or were unable to recall therapist licensure (16.0%) for more than one type of therapy (see Table 16).

Also shown in Table 16, the relationship between client reports of therapist license and time in therapy was also marginally significant, $\chi^2(15) = 24.78, p = .053$, Cramer's $V = .24$. A greater proportion of clients could not recall the license of their most recent therapist (58.7%), followed by clients seeing LPCs (37.9%), LCSWs (33.3%), and LMFTs (20%) when they had been in therapy for 1-4 months. However, a greater proportion of clients reported that their therapists held LFMTs (30%), followed by clients seeing LCSWs (22.2%), LPCs (10.3%), or could not recall therapist licensure (6.5%) when they had been attending therapy for 1-2 years. Further, more clients reported having seen therapists with LCSWs (11.1%) and LFMTs (10.0%) than clients

unable to recall therapist licensure (4.3%) or LPC s (3.4%) when they had been in therapy for 2-3 years.

As shown in Table 17, the relationship between type of therapy received and client education level was not significant, $\chi^2(15) = 8.75, p = .890$, Cramer's $V = .14$. Further, the relationship between type of therapy received and client socio-economic level was also not significant, $\chi^2(12) = 16.50, p = .169$, Cramer's $V = .19$. The relationship between type of therapy received and time in therapy, however, was significant, $\chi^2(15) = 46.69, p < .001$, Cramer's $V = .32$. A greater proportion of clients who received family, group or other type of therapy attended therapy for 1-4 months (68.8%) followed by clients who received individual therapy (56.0%), couples therapy (46.7%), or more than one type of therapy (17.2%).

Further, a greater proportion of clients who received couples therapy attended therapy for 5-8 months (40.0%) followed by clients who received individual therapy (20.9%), family, group or other therapy (18.8%) or more than one type of therapy (6.9%). Finally, a greater number of clients who received more than one type of therapy reported having attended therapy for longer time periods (for 9-12 months, 1-2 years and more than 3 years) compared to clients who attended all other types of therapy. A greater number of clients who received more than one type of therapy, for example, reported having attended therapy for 1-2 years (20.7%) compared to clients who received individual therapy (2.2%), couples therapy (0.0%) or family, group or other type of therapy (0%).

Table 17

Frequencies and Percentages for Education Level, Socio-Economic Level, Time in Therapy by Therapy Type

		Therapy Type							
		Individual		Couples		Family, Group, Other		More than one	
		n	%	n	%	n	%	n	%
Education Level ^a									
80	High School Diploma or GED	7	7.7	1	6.3	3	17.6	2	6.9
	Some College	31	34.1	6	37.5	9	52.9	13	44.8
	Associates Degree	9	9.9	2	12.5	2	11.8	3	10.3
	Bachelor's Degree	27	29.7	4	25.0	3	17.6	6	20.7
	Masters Degree	13	14.3	2	12.5	0	.0	3	10.3
	Doctoral Degree	4	4.4	1	6.3	0	.0	2	6.9
Socio-Economic Level ^b									
80	Below \$20,000	35	39.3	1	6.3	4	23.5	10	34.5
	\$20,000 - 39,999	16	18.0	7	43.8	5	29.4	4	13.8
	\$40,000 - \$59,999	15	16.9	3	18.8	1	5.9	7	24.1
	\$60,000 - \$89,999	13	14.6	2	12.5	5	29.4	3	10.3
	\$90,000 and Above	10	11.2	3	18.8	2	11.8	5	17.2

Note: ^a $\chi^2 (15) = 8.75, ns$; ^b $\chi^2 (12) = 16.50, ns$; ^c $\chi^2 (15) = 46.69, p < .001$.

Table 17, continued

Frequencies and Percentages for Education Level, Socio-Economic Level, Time in Therapy by Therapy Type

		Therapy Type							
		Individual		Couples		Family, Group, Other		More than one	
		n	%	n	%	n	%	n	%
Time in Therapy ^c									
81	1-4 months	51	56.0	7	46.7	11	68.8	5	17.2
	5-8 months	19	20.9	6	40.0	3	18.8	2	6.9
	9-12 months	5	5.5	1	6.7	2	12.5	5	17.2
	1-2 years	10	11.0	1	6.7	0	.0	6	20.7
	2-3 years	2	2.2	0	.0	0	.0	6	20.7
	3 years or more	4	4.4	0	.0	0	.0	5	17.2

Note: ^a $\chi^2 (15) = 8.75, ns$; ^b $\chi^2 (12) = 16.50, ns$; ^c $\chi^2 (15) = 46.69, p < .001$.

The relationship between client education level and socio-economic level was significant, $\chi^2(20) = 39.72, p < .01$, Cramer's $V = .26$. More clients with a high school diploma/GED (46.2%) or some college (52.6%) reported a socio-economic level of below \$20,000 than clients with bachelor's degrees (22.5%), associates or vocational/technical school (18.8%), master's (11.1%) and doctoral (0%) degrees. More clients with doctoral degrees, however, reported a socio-economic level of \$90,000 and above followed by clients with a high school diploma or GED (15.4%), bachelor degrees (15.0%), associates or vocational/technical school (12.5%), master's degrees (11.1%) and some college (8.8%). The relationship between client education level and time in therapy, however, was not significant, $\chi^2(25) = 26.45, p = .384$, Cramer's $V = .19$ (see Table 18). In addition, the relationship between time in therapy and client socio-economic level was not significant, $\chi^2(20) = 22.31, p = .324$, Cramer's $V = .19$ (see table 19).

One-way Analyses of Variance (ANOVAs) were conducted on client age using the client demographics (gender, education level, therapist license, socio-economic level, office location, therapy type and time in therapy) as between subjects effects (see Table 20). The results failed to reveal significant effects for office location, therapy type, and time in therapy, all *ns*. The effect of gender on age, however, was significant, $F(1, 150) = 5.63, p < .05$. On average, male clients were older ($M = 37.89, SD = 30.83$) than female clients ($M = 30.83, SD = 11.45$). The effect of education level on age was also significant, $F(4, 148) = 9.16, p < .001$. Post hoc comparisons using Tukey's test

revealed that clients with a high school diploma or GED were significantly younger ($M = 25.54$, $SD = 10.90$) than clients that held an associates or vocational/technical degree ($M = 39.31$, $SD = 14.08$, $p < .05$) and those who held masters or doctoral degrees ($M = 38.60$, $SD = 11.20$, $p < .05$). In addition, clients who had some college were significantly younger ($M = 26.27$, $SD = 11.18$) than clients with an associates or vocational/technical school degree ($M = 39.31$, $SD = 14.08$, $p < .01$), bachelor's degree ($M = 34.10$, $SD = 9.91$, $p < .01$), and masters or doctoral degrees ($M = 38.60$, $SD = 11.20$, $p < .001$). The effect of therapist license on age was also significant, $F(1, 147) = 6.70$, $p < .001$. Post hoc comparisons using Tukey's test revealed that clients who could not recall the licensure of their most recent therapist were significantly younger ($M = 28.77$, $SD = 11.22$) than clients who had most recently received therapy from LFMTs ($M = 42.60$, $SD = 14.32$) and LCSWs ($M = 37.95$, $SD = 12.83$) but not LPCs ($M = 32.00$, $SD = 11.20$), $p < .05$. Finally, the effect of socio-economic level on client age was also significant, $F(4, 146) = 11.24$, $p < .001$. According to post hoc comparisons using Tukey's test, clients with a socio-economic level below \$20,000 were significantly younger ($M = 23.48$, $SD = 8.40$) than clients with socio-economic levels of \$20,000 - \$39,999 ($M = 35.28$, $SD = 12.61$), \$40,000 - \$59,000 ($M = 34.07$, $SD = 10.15$), \$60,000 - \$89,000 ($M = 34.26$, $SD = 10.98$) and \$90,000 and above ($M = 39.05$, $SD = 12.87$), $p < .05$.

Table 18

Frequencies and Percentages for Socio-Economic Level and Time in Therapy by Education Level

		Education Level											
		High School Diploma or GED		Some College		Associates Degree		Bachelor's Degree		Master's Degree		Doctor's Degree	
		n	%	n	%	n	%	n	%	n	%	n	%
Socio-Economic Level ^a													
84	Below \$20,000	6	42.2	30	52.6	3	18.8	9	22.5	2	11.1	0	.0
	\$20,000 - \$39,999	4	30.8	13	22.8	4	25.0	7	17.5	4	22.2	0	.0
	\$40,000 - \$59,999	0	.0	5	8.8	5	31.3	10	25.0	4	22.2	2	28.6
	\$60,000 - \$89,999	1	7.7	4	7.0	2	12.5	8	20.0	6	33.3	2	28.6
	\$90,000 and Above	2	15.4	5	8.8	2	12.5	6	15.0	2	11.1	3	42.9
Length of Therapy ^b													
	1-4 months	8	61.5	32	56.1	11	68.8	16	41.0	5	27.8	2	28.6
	5-8 months	1	7.7	11	19.3	0	.0	11	28.2	4	22.2	2	28.6
	9-12 months	1	7.7	6	10.5	2	12.5	1	2.6	3	16.7	0	.0
	1-2 years	1	7.7	5	8.8	0	.0	6	15.4	3	16.7	2	28.6
	2-3 years	1	7.7	1	1.8	2	12.5	2	5.1	2	11.1	0	.0
	3 years or more	1	7.7	2	3.5	1	6.3	3	7.7	1	5.6	1	14.3

Note: ^a $\chi^2 (20) = 39.72, p = .005$; ^b $\chi^2 (25) = 26.45, ns$.

Table 19

Frequencies and Percentages for Socio-Economic Level by Time in Therapy

	1-4 months		5-8 months		9-12 months		1-2 years		2-3 years		3 or more years	
	n	%	n	%	n	%	n	%	n	%	n	%
Socio-Economic Level ^a												
Below \$20,000	27	37.0	10	35.7	5	38.5	5	29.4	1	12.5	2	22.2
\$20,000 - \$39,999	21	28.8	3	10.7	2	15.4	2	11.8	3	37.5	0	.0
\$40,000 - \$59,999	12	16.4	6	21.4	1	7.7	3	17.6	2	25.0	1	11.1
\$60,000 - \$89,999	8	11.0	4	14.3	2	15.4	3	17.6	1	12.5	4	44.4
\$90,000 and Above	5	6.8	5	17.9	3	23.1	4	23.5	1	12.5	2	22.2

Note: ^a $\chi^2 (20) = 22.31, ns$

Table 20

Means and Standard Deviations for Age by Gender, Education Level, Therapist License, Socio-Economic Level, Office Location, Therapy Type, Time in Therapy

	N	Mean	SD	F	p
Age by Gender				5.63	.019
Male	19	37.89	16.28		
Female	133	30.83	11.45		
Age by Education Level				9.16	.000
High School Diploma/GED	13	25.54 ^{ab}	10.90		
Some College	59	26.27 ^b	11.18		
Associates Degree	16	39.31 ^c	14.08		
Bachelor's Degree	40	34.10 ^{ac}	9.91		
Masters or Doctorate	25	38.60 ^c	11.20		
Age by Therapist License				6.70	.000
LMFT	10	42.60 ^d	14.32		
LPC	29	32.00 ^{de}	11.20		
LCSW	19	37.95 ^d	12.83		
Unknown	93	28.77 ^e	11.22		
Age by Socio-economic Level				11.24	.000
Below \$20,000	50	23.48 ^f	8.40		
\$20,000 - \$39,999	32	35.28 ^g	12.61		
\$40,000 - \$59,999	26	34.08 ^g	10.15		
\$60,000 - \$89,999	23	34.26 ^g	10.98		
\$90,000 and Above	20	39.05 ^g	12.87		

Note: Column means with differing superscripts differed significantly by pairwise comparisons using Tukey's *HSD*, $p < .05$.

Table 20, continued

Means and Standard Deviations for Age by Gender, Education Level, Therapist License, Socio-Economic Level, Office Location, Therapy Type, Time in Therapy

	<i>N</i>	<i>Mean</i>	<i>SD</i>	<i>F</i>	<i>p</i>
Age by Office Location				.83	.438
Private Practice	97	32.59	13.06		
Agency	22	28.95	10.92		
Home or Other	32	31.09	11.01		
Age by Therapy Type				2.33	.077
Individual	91	30.04	11.82		
Couples	16	36.06	8.08		
Family, Group, Other	17	29.53	13.26		
More than one	29	35.41	14.26		
Age by Time in Therapy				2.02	.080
1-4 months	74	29.39	10.34		
5-8 months	29	30.41	11.36		
9-12 months	13	35.08	16.44		
1-2 years	17	34.65	15.72		
2-3 years	8	40.38	12.79		
3 years or more	9	35.89	14.27		

Instrument Correlations

Pearson's product moment correlations were conducted to examine the relationships between the individual items and mean subscale scores of the physical environment measure. Pearson's product moment correlations are used to examine relationships between continuous variables measured on interval or ratio scales.

Correlation coefficients can range between -1.00 and +1.00. A positive correlation indicates that increases in one variable are associated with increases in the other variable. A negative correlation, on the other hand, indicates that decreases in one variable are associated with increases in the other variable. Correlation coefficients close to 0 indicate a weak relationship or a lack of a relationship between variables. In addition, inter-item reliability analyses were performed to examine the consistency between survey items. These tests are reported using the Cronbach's α statistic. A Cronbach's α is interpreted such that a value of .70 or higher is considered an adequate level of consistency/reliability between items.

As shown in Table 21, Pearson's product moment correlations were conducted to examine the relationship between ratings on the individual accessories items of the physical environment measure. Results showed positive and significant relationships between ratings for the importance of artwork and ratings for importance of plants $r(226) = .546, p < .01$, personal memorabilia, $r(226) = .171, p < .01$, magazines and books, $r(224) = .159, p < .01$, and overall accessories, $r(226) = .362, p < .01$. Positive and significant relationships were also revealed for ratings of the importance of plants and the importance of a clock, $r(225) = .138, p < .05$, and overall accessories, $r(225) = .304, p < .01$. Further, there were positive and significant relationships between ratings for importance of clocks and personal memorabilia, $r(225) = .138, p < .05$, magazines and books, $r(223) = .145, p < .05$ and overall accessories, $r(225) = .181, p < .01$. The relationships between the importance of personal memorabilia and the importance of

magazines/books, $r(223) = .261, p < .01$, and overall accessories, $r(225) = .263, p < .01$, were also positive and significant. In addition, there was a positive and significant relationship between magazines/books and overall accessories, $r(223) = .333, p < .01$. Finally, an inter-item reliability analysis was conducted on the accessories items in order to test the consistency between the survey items. Results revealed the accessories items of the physical environment measure were adequate in reliability, Cronbach's $\alpha = .62$.

Table 21

Pearson's Product Moment Correlations for Accessories Items

	Artwork	Plants	Clock	Personal Memorabilia	Magazines, Books
Plants	.546**				
Clock	.099	.138*			
Personal Memorabilia	.171**	.070	.138*		
Magazines, Books	.159*	.130	.145*	.261**	
Overall Accessories	.362**	.304**	.181**	.263**	.333**

Note: ** $p < .01$, * $p < .05$

Pearson's product moment correlations were conducted to examine the relationship between ratings on the individual furnishings items of the physical environment measure (see Table 22). Results revealed positive and significant

relationships between the importance of chairs and the importance of a desk, $r(221) = .177, p < .01$, and overall furnishings, $r(224) = .319, p < .01$, in a therapy room. There were also positive and significant relationships between the importance of a couch and the importance of a coffee table, $r(227) = .298, p < .01$, and overall furnishings, $r(226) = .287, p < .01$ in a therapy room. Further, there were significant positive relationships between the importance of a desk and the importance of a table, $r(220) = .374, p < .01$, and a coffee table, $r(222) = .226, p < .01$, in the therapy room. There were also significant positive relationships between the importance of a table and the importance of a coffee table, $r(225) = .459, p < .01$, and overall furnishings, $r(224) = .178, p < .01$ in a therapy room. Finally, there was a significant and positive relationship between having a coffee table in the therapy room and overall furnishings, $r(226) = .194, p < .01$. An inter-item reliability analysis was conducted on the furnishing items in order to test the consistency between the survey items. The results revealed that the items were slightly low in reliability, Cronbach's $\alpha = .59$.

Table 22

Pearson's Product Moment Correlations for Furnishing Items

	Chairs	Couch	Desk	Table	Coffee Table
Couch	.117				
Desk	.177**	.076			
Table	.114	.057	.374**		
Coffee Table	.095	.298**	.226**	.459**	
Overall Furnishings	.319**	.287**	.081	.178**	.194**

Note: ** $p < .01$

As shown in Table 23, Pearson's product moment correlations were conducted to examine the relationships between ratings on the individual room design items of the physical environment measure. Results showed that comfort of therapy room was significantly and positively correlated with mobility of furniture, $r(227) = .717, p < .01$, proximity/distance of therapist, $r(227) = .575, p < .01$ and overall room design, $r(226) = .736, p < .01$. Results also revealed a significant and positive relationship between the mobility of furniture and the proximity/distance from therapist, $r(227) = .155, p < .05$, and the overall room design, $r(226) = .256, p < .01$, indicating that higher importance ratings for mobility of furniture were associated with higher importance ratings for

proximity/distance from therapist and overall room design. Finally proximity/distance from therapist was significantly positively correlated with overall room design, $r(226) = .291, p < .01$, indicating that higher importance ratings for proximity/distance from therapist were associated with higher importance ratings for the overall room design. An inter-item reliability analysis was conducted on the room design items in order to test the consistency between the survey items. The results showed that the items were rather low in reliability, Cronbach's $\alpha = .51$.

Table 23

Pearson's Product Moment Correlations for Room Design Items

	Comfort	Mobility of Furniture	Proximity from Therapist
Mobility of Furniture	.136*		
Proximity from Therapist	.123	.155*	
Overall Room Design	.425**	.256**	.291**

Note: ** $p < .01$, * $p < .05$

Pearson's product moment correlations were performed to examine the relationships between ratings on the individual lighting items of the physical environment measure (see Table 24). The results showed significant and positive relationships between ratings of the importance of soft light and ratings of the importance natural light, $r(225) = .247, p < .01$, and overall lighting, $r(225) = .469, p < .01$, in the therapy room. In addition, there were positive and significant relationships between the importance of natural light and the importance of bright light, $r(225) = .137, p < .05$, and overall lighting, $r(223) = .417, p < .01$, in the therapy room. In addition, an inter-item reliability analysis was performed on the lighting items of the physical environment measure in order to evaluate the consistency between the survey items. The results revealed that the items had low reliability, Cronbach's $\alpha = .45$.

Table 24

Pearson's Product Moment Correlations for Lighting Items

	Soft	Natural	Bright
Natural	.247**		
Bright	-.014	.137*	
Overall Lighting	.469**	.417**	.047

Note: * $p < .05$, ** $p < .01$

As shown in Table 25, relationships between the individual sound items of the physical environment measure were evaluated using Pearson's product moment correlations. The results showed a positive and significant relationship between the importance of the transmission of sound and the importance of a sense of privacy in the therapy room, $r(225) = .296, p < .01$. In addition, results also showed a significant and positive relationship between the transmission of sound and the overall importance of sound in the therapy room, $r(225) = .851, p < .01$. These results indicate that higher ratings of importance of the transmission of sound in the therapy room are associated with higher ratings for the importance of a sense of privacy and overall importance of sound in the therapy room. Finally, an inter-item reliability analysis was performed on the sound items of the physical environment measure in order to evaluate the consistency between the survey items. The results revealed that the items had low reliability, Cronbach's $\alpha = .54$.

Table 25

Pearson's Product Moment Correlations for Sound Items

	Transmission of Sound	Sense of Privacy
Sense of Privacy	.073	
Overall Importance of Sound	.544**	.093

Note: ** $p < .01$

As shown in Table 26, Pearson's product moment correlations were performed to examine the relationships between mean scores for the subscales of the physical environment measure (accessories, furnishings, room design, lighting and sound). There were positive and significant relationships between the accessories subscale and the furnishings subscale, $r(227) = .407, p < .01$, the room design subscale, $r(227) = .398, p < .01$, and the lighting subscale, $r(227) = .389, p < .01$. There were also positive and significant relationships between the furnishings subscale and the room design, $r(227) = .434, p < .01$, and lighting, $r(227) = .401, p < .01$ subscales. Further, results revealed positive and significant relationships between mean ratings on the room design subscale and the lighting, $r(227) = .424, p < .01$ and sound, $r(226) = .246, p < .01$, subscales. Finally, results also showed a significant and positive relationship between the lighting subscale and the sound subscale, $r(226) = .245, p < .01$.

Table 26

Pearson's Product Moment Correlations for Physical Environment Attribute Subscale Mean Scores

Subscale	Accessories	Furnishings	Room Design	Lighting
Furnishings	.407**			
Room Design	.398**	.434**		
Lighting	.389**	.401**	.424**	
Sound	.116	.110	.246**	.245**

Note: ** $p < .01$

Pearson's product moment correlations were conducted to examine the relationships between the attribute overall items of the physical environment measure (overall accessories, furnishings, room design, lighting, importance of sound, temperature and color of therapy room). The results revealed many positive and significant associations between the attribute overall items (see Table 27). There were positive and significant relationships between ratings on the overall accessories item and overall furnishings, $r(225) = .483, p < .01$, overall room design, $r(225) = .262, p < .01$, overall lighting, $r(223) = .227, p < .01$, overall temperature, $r(224) = .188, p < .01$, and overall color of the therapy room, $r(224) = .282, p < .01$. Further, the results revealed significant and positive relationships between the overall furnishings item and overall room design, $r(225) = .468, p < .01$, lighting, $r(223) = .262, p < .01$, importance of sound, $r(224) = .187, p < .01$, temperature, $r(224) = .202, p < .01$, and color of the therapy room, $r(224) = .395, p < .01$. The results also revealed significant and positive relationships between the overall room design item and overall lighting, $r(223) = .439, p < .01$, importance of sound, $r(224) = .230, p < .01$, temperature, $r(224) = .262, p < .01$, and color of therapy room, $r(224) = .330, p < .01$. Further, the overall lighting item was significantly and positively related to overall temperature, $r(223) = .313, p < .01$, and overall color of therapy room, $r(223) = .154, p < .05$. Finally, results revealed a positive and significant relationship between overall temperature and overall color of therapy room, $r(223) = .344, p < .01$.

Table 27

Pearson's Product Moment Correlations for Physical Environment Attribute Overall Items

	Overall Accessories	Overall Furnishings	Overall Room Design	Overall Lighting	Overall Importance of Sound	Overall Temperature
Overall Furnishings	.483**					
Overall Room Design	.262**	.468**				
Overall Lighting	.227**	.262**	.439**			
Overall Importance of Sound	.124	.187**	.230**	.317**		
Overall Temperature	.188**	.202**	.262**	.394**	.313**	
Overall Color	.282**	.395**	.330**	.346**	.154*	.344**

Note: ** $p < .01$, * $p < .05$

Multivariate Analyses of variance (MANOVAs) were conducted to examine group differences between the categorical demographic variables on the continuous dependent variables measuring the physical environment attributes of the therapy room. Multivariate Analyses of variance (MANOVAs) are used to determine the differences between groups of a categorical independent variable on multiple continuous (i.e., interval or ratio scaled) variables. A significant multivariate effect indicates that the independent variable has a direct effect on one or more continuous dependent variables. In addition, MANOVAs use univariate F -tests in order to determine if the groups are significantly different from each other for each of the dependent variables. If the test reveals that the groups of one of the independent variables are significantly different from each other (i.e., a significant F -test), and the categorical independent variable has more than two groups, a post hoc comparison test must be utilized in order to determine which values of the independent variable differ from each other.

Therapist Gender

Attribute subscale scores. A one-way (therapist gender: male, female) MANOVA was conducted to examine group differences in therapist gender on therapist physical environment attribute subscales scores (accessories, furnishings, room design, lighting and sound subscales). Means and standard deviations are shown in Table 28. The overall multivariate effect was not significant, $F(5, 65) = .87, p = .508$. Similarly, the results failed to reveal any significant univariate effects for therapist gender on therapist scores for the accessories, furnishings, room design, lighting, and sound subscales, all *ns*.

Table 28

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Gender

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				0.755	.388
Male	12	3.88	0.36		
Female	59	3.71	0.63		
Furnishings Subscale				0.903	.345
Male	12	3.58	0.44		
Female	59	3.76	0.61		
Room Design Subscale				0.164	.687
Male	12	4.50	0.26		
Female	59	4.55	0.42		
Lighting Subscale				0.335	.564
Male	12	4.00	0.81		
Female	59	3.89	0.53		
Sound Subscale				2.173	.145
Male	12	4.89	0.22		
Female	59	4.75	0.31		

Overall attribute importance ratings. A one-way (therapist gender: male, female) MANOVA was conducted to evaluate the data for potential gender effects on the items assessing overall physical environment attribute importance (overall accessories, furnishings, room design, lighting, importance of sound, temperature and color of therapy room) as rated by therapists. Means and standard deviations are shown in Table 29. The overall multivariate effect was not significant, $F(7, 58) = .66, p = .709$. In addition, the results failed to reveal any significant univariate effects for therapist gender on ratings for the overall importance of accessories, furnishings, room design, lighting, sound, temperature, and color of therapy room items, all *ns*.

Therapist Education Level

Attribute subscale scores. A one-way (therapist education level: masters, doctoral, other) MANOVA was conducted to examine group differences in therapist education level on therapist physical environment attribute subscales scores (accessories, furnishings, room design, lighting and sound subscales). Means and standard deviations are shown in Table 30. The overall multivariate effect was not significant, $F(5, 57) = .712, p = .617$. In addition, the results failed to show any significant univariate effects for therapist education level on therapist scores for the accessories, furnishings, room design, lighting, and sound subscales, all *ns*.

Table 29

Means and Standard Deviations for Physical Environment Attribute Overall Items by Gender

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				0.555	.459
Male	10	4.10	0.57		
Female	56	3.86	1.00		
Overall Furnishings				0.225	.637
Male	10	4.30	0.95		
Female	56	4.43	0.76		
Overall Room Design				0.839	.363
Male	10	4.40	0.97		
Female	56	4.61	0.59		
Overall Lighting				0.901	.346
Male	10	4.30	0.95		
Female	56	4.50	0.54		
Overall Importance of Sound				0.119	.732
Male	10	4.70	0.48		
Female	56	4.64	0.48		
Overall Temperature				0.061	.805
Male	10	4.30	0.48		
Female	56	4.36	0.70		
Overall Color				1.476	.229
Male	10	3.90	0.74		
Female	56	4.21	0.76		

Table 30

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Educations Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				1.016	.317
Masters Degree	46	3.76	0.60		
Doctoral Degree	17	3.60	0.54		
Furnishings Subscale				2.785	.100
Masters Degree	46	3.82	0.62		
Doctoral Degree	17	3.54	0.49		
Room Design Subscale				.450	.505
Masters Degree	46	4.57	0.43		
Doctoral Degree	17	4.49	0.40		
Lighting Subscale				1.453	.233
Masters Degree	46	3.95	0.59		
Doctoral Degree	17	3.75	0.58		
Sound Subscale				.623	.433
Masters Degree	46	4.81	0.29		
Doctoral Degree	17	4.75	0.32		

Overall attribute importance ratings. A one-way (therapist education level: masters, doctoral) MANOVA was conducted to evaluate the data for potential education level effects on the items assessing overall physical environment attribute importance (overall accessories, furnishings, room design, lighting, importance of sound, temperature

and color of therapy room) as rated by therapists. Means and standard deviations are shown in Table 31. The overall multivariate effect was not significant, $F(7, 50) = 1.33, p = .255$. The univariate analyses revealed a significant effect for therapist education level on room design, $F(1, 56) = 4.168, p < .05$ and color, $F(1, 56) = 4.568, p < .05$.

Therapists with masters degrees rated the overall room design as more important ($M = 4.68, SD = .47$) than those with doctorate degrees ($M = 4.29, SD = .99$). Similarly, therapists with master's degrees rated the color of the therapy room as more important ($M = 4.24, SD = .58$) than those with doctorate degrees ($M = 3.82, SD = .88$).

Table 31

Means and Standard Deviations for Physical Environment Attribute Overall Items by Education Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				1.352	.250
Masters Degree	41	4.02	0.88		
Doctoral Degree	17	3.71	1.10		
Overall Furnishings				1.938	.169
Masters Degree	41	4.44	0.63		
Doctoral Degree	17	4.12	1.11		

Table 31, continued

Means and Standard Deviations for Physical Environment Attribute Overall Items by Education Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Room Design				4.168	.046
Masters Degree	41	4.68	0.47		
Doctoral Degree	17	4.29	0.99		
Overall Lighting				.030	.863
Masters Degree	41	4.44	0.63		
Doctoral Degree	17	4.47	0.62		
Overall Importance of Sound				.068	.795
Masters Degree	41	4.68	0.47		
Doctoral Degree	17	4.65	0.49		
Overall Temperature				.020	.889
Masters Degree	41	4.39	0.54		
Doctoral Degree	17	4.41	0.51		
Overall Color				4.568	.037
Masters Degree	41	4.24	0.58		
Doctoral Degree	17	3.82	0.88		

Therapist License

Attribute subscale scores. A one-way (therapist license: LMFT, LPC, LCSW, more than one these, none of these) MANOVA was conducted to evaluate the data for potential effects of therapist license on the items assessing physical environment attribute subscales (accessories, furnishings, room design, lighting and sound subscales) as rated by therapists. Means and standard deviations are shown in Table 32. The overall multivariate effect was not significant, $F(15, 169) = .47, p = .954$. Further, the results did not reveal any significant univariate effects for therapist license on ratings for the accessories, furnishings, room design, lighting, and sound subscales, all *ns*.

Table 32

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Licenses Held

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				0.547	.652
LMFT	16	3.84	0.52		
LPC	27	3.64	0.72		
More than one	10	3.65	0.31		
LCSW or Other	16	3.81	0.57		

Table 32, continued

*Means and Standard Deviations for Physical Environment Attribute Subscale Mean**Scores by Licenses Held*

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Furnishings Subscale				.712	.548
LMFT	16	3.85	0.60		
LPC	27	3.72	0.62		
More than one	10	3.50	0.51		
LCSW or Other	16	3.74	0.57		
Room Design Subscale				.394	.757
LMFT	16	4.47	0.49		
LPC	27	4.55	0.41		
More than one	10	4.45	0.40		
LCSW or Other	16	4.59	0.29		
Lighting Subscale				.692	.560
LMFT	16	3.97	0.55		
LPC	27	3.83	0.55		
More than one	10	3.75	0.57		
LCSW or Other	16	4.03	0.63		
Sound Subscale				.162	.922
LMFT	16	4.77	0.29		
LPC	27	4.78	0.31		
More than one	10	4.83	0.28		
LCSW or Other	16	4.75	0.31		

Overall attribute importance ratings. A one-way (therapist license: LMFT, LPC, more than one these, LCSW or other) MANOVA was conducted to examine group differences in therapist license on therapist ratings of items assessing overall physical environment attribute importance (overall accessories, furnishings, room design, lighting, importance of sound, temperature and color of therapy room). The overall multivariate effect was not significant, $F(21, 156) = .62, p = .898$. Means and standard deviations from this MANOVA are displayed in Table 33. Similarly, the results failed to show any significant univariate effects for therapist license on therapist ratings for the overall importance of accessories, furnishings, room design, lighting, sound, temperature, and color of therapy room items, all *ns*.

Therapist Socio-Economic Level

Attribute subscale scores. A one-way (therapist socio-economic level: below \$40,000, \$40,000-\$59,999, \$60,000-\$89,999, \$90,000-\$109,999, and \$110,000 and above) was conducted to evaluate potential group differences in therapist socio-economic level on attribute subscales of the physical environment measure (accessories, furnishings, room design, lighting and sound subscales) as rated by therapists. The means and standard deviations are presented in Table 34. The overall multivariate effect of therapist socio-economic level was not significant, $F(20, 210) = 1.31, p = .178$. However, due to the exploratory nature of the current study, univariate effects were examined.

Table 33

Means and Standard Deviations for Physical Environment Attribute Overall Items by Licenses Held

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				0.132	.940
LMFT	15	3.87	0.99		
LPC	24	3.79	1.14		
More than one	10	4.00	0.47		
LCSW or Other	15	3.93	0.88		
Overall Furnishings				2.323	.084
LMFT	15	4.20	1.01		
LPC	24	4.50	0.51		
More than one	10	4.00	1.15		
LCSW or Other	15	4.73	.46		
Overall Room Design				0.816	.490
LMFT	15	4.33	1.05		
LPC	24	4.67	0.48		
More than one	10	4.50	0.53		
LCSW or Other	15	4.60	0.51		
Overall Lighting				0.284	.837
LMFT	15	4.33	0.62		
LPC	24	4.46	0.51		
More than one	10	4.50	0.53		
LCSW or Other	15	4.53	0.83		

Table 33, continued

Means and Standard Deviations for Physical Environment Attribute Overall Items by Licenses Held

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Importance of Sound				0.251	.860
LMFT	15	4.60	0.51		
LPC	24	4.71	0.46		
More than one	10	4.70	0.48		
LCSW or Other	15	4.60	0.51		
Overall Temperature				0.632	.597
LMFT	15	4.40	0.51		
LPC	24	4.33	0.56		
More than one	10	4.10	0.88		
LCSW or Other	15	4.47	0.83		
Overall Color				0.175	.913
LMFT	15	4.20	0.77		
LPC	24	4.13	0.68		
More than one	10	4.00	0.82		
LCSW or Other	15	4.20	0.86		

The results failed to show any significant effects for therapist socio-economic level on therapists scores for the accessories, furnishings, room design, and lighting subscales, all *ns*. However, the results revealed a significant effect for therapist socio-economic level on therapist ratings for the sound subscale, $F(4, 67) = 3.17, p < .05$. Post hoc tests using LSD pairwise comparisons revealed that therapists with a socio-economic

level below \$40,000 placed less importance on the sound in a therapy room ($M = 4.50$, $SD = .32$) than therapists with socio-economic levels of \$90,000-\$109,000 ($M = 4.89$, $SD = .24$) and \$110,000 and above ($M = 4.93$, $SD = .19$), $p < .05$. In addition, therapists with a socio-economic level of \$60,000-\$89,999 rated the sound of a therapy room significantly less important ($M = 4.67$, $SD = .31$) than therapists with a socio-economic level of \$110,000 and above ($M = 4.93$, $SD = .19$), $p < .05$ (see Table 34).

Table 34

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Socio-Economic Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				1.346	.262
Below \$40,000	9	3.96	0.63		
\$40,000 - \$59,999	20	3.54	0.66		
\$60,000 - \$89,999	19	3.66	0.52		
\$90,000 - \$109,999	9	3.91	0.55		
\$110,000 and Above	15	3.86	0.56		
Furnishings Subscale				1.350	.261
Below \$40,000	9	4.02	0.62		
\$40,000 - \$59,999	20	3.78	0.67		
\$60,000 - \$89,999	19	3.51	0.45		
\$90,000 - \$109,999	9	3.83	0.57		
\$110,000 and Above	15	3.71	0.58		

Table 34, continued

*Means and Standard Deviations for Physical Environment Attribute Subscale Mean**Scores by Socio-Economic Level*

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Room Design Subscale				1.239	.303
Below \$40,000	9	4.64	0.25		
\$40,000 - \$59,999	20	4.61	0.41		
\$60,000 - \$89,999	19	4.37	0.42		
\$90,000 - \$109,999	9	4.58	0.33		
\$110,000 and Above	15	4.55	0.44		
Lighting Subscale				0.823	.515
Below \$40,000	9	4.06	0.61		
\$40,000 - \$59,999	20	3.83	0.49		
\$60,000 - \$89,999	19	3.80	0.65		
\$90,000 - \$109,999	9	4.16	0.65		
\$110,000 and Above	15	3.93	0.53		
Sound Subscale				3.173	.019
Below \$40,000	9	4.59	0.32		
\$40,000 - \$59,999	20	4.77	0.31		
\$60,000 - \$89,999	19	4.67	0.31		
\$90,000 - \$109,999	9	4.89	0.24		
\$110,000 and Above	15	4.93	0.19		

Overall attribute importance ratings. A one-way (therapist socio-economic level: below \$40,000, \$40,000-\$59,999, \$60,000-\$89,999, \$90,000-\$109,999, and \$110,000 and above) MANOVA was performed to evaluate the data for potential socio-economic level effects on the items assessing overall physical environment attribute importance (overall accessories, furnishings, room design, lighting, importance of sound, temperature

and color of therapy room) as rated by therapists. Means and standard deviations are displayed in Table 35. The overall multivariate effect of socio-economic level was not significant, $F(28, 203) = .77, p = .792$. Further, the results did not reveal any significant univariate effects for therapist socio-economic level on ratings for the overall importance of accessories, furnishings, room design, lighting, sound, temperature, and color of therapy room items, all *ns*.

Table 35

Means and Standard Deviations for Physical Environment Attribute Overall Items by Socio-Economic Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				1.083	.345
Private Practice	27	3.70	1.17		
Agency	18	4.11	0.32		
Home or Other	22	3.95	0.95		
Overall Furnishings				7.486	.001
Private Practice	27	4.37	0.69		
Agency	18	3.94	1.00		
Home or Other	22	4.82	0.39		
Overall Room Design				1.864	.163
Private Practice	27	4.52	0.70		
Agency	18	4.39	0.78		
Home or Other	22	4.77	0.43		

Table 35, continued

Means and Standard Deviations for Physical Environment Attribute Overall Items by Socio-Economic Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Lighting				1.525	.225
Private Practice	27	4.33	0.68		
Agency	18	4.44	0.51		
Home or Other	22	4.64	0.58		
Overall Importance of Sound				0.391	.678
Private Practice	27	4.67	0.48		
Agency	18	4.56	0.51		
Home or Other	22	4.68	0.48		
Overall Temperature				0.604	.550
Private Practice	27	4.33	0.68		
Agency	18	4.22	0.55		
Home or Other	22	4.45	0.74		
Overall Color				0.125	.882
Private Practice	27	4.15	0.82		
Agency	18	4.11	0.68		
Home or Other	22	4.23	0.75		

Therapist Office Location

Attribute subscale scores. A one-way (therapist office location: private practice, agency, home or other) MANOVA was conducted to examine group differences in therapist office location on therapist physical environment attribute subscales scores (accessories, furnishings, room design, lighting and sound subscales). Means and

standard deviations are shown in Table 36. The overall multivariate effect was not significant, $F(10, 130) = 1.10, p = .364$. In addition, the results failed to show any significant univariate effects for therapist office location on therapist scores for the accessories, furnishings, room design, lighting, and sound subscales, all *ns*.

Table 36

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Office Location

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				0.179	.836
Private Practice	30	3.72	0.70		
Agency	20	3.69	0.48		
Home or Other	22	3.80	0.54		
Furnishings Subscale				0.370	.692
Private Practice	30	3.70	0.66		
Agency	20	3.68	0.62		
Home or Other	22	3.82	0.45		
Room Design Subscale				2.918	.061
Private Practice	30	4.43	0.47		
Agency	20	4.51	0.35		
Home or Other	22	4.69	0.28		

Table 36, continued

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Office Location

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Lighting Subscale				1.118	.333
Private Practice	30	3.83	0.66		
Agency	20	3.86	0.52		
Home or Other	22	4.06	0.51		
Sound Subscale				1.322	.273
Private Practice	30	4.83	0.26		
Agency	20	4.70	0.32		
Home or Other	22	4.74	0.32		

Attribute subscale scores. A one-way (therapist office location: private practice, agency, home or other) was conducted to potential office location effects on the items assessing overall physical environment attribute importance (overall accessories, furnishings, room design, lighting, importance of sound, temperature and color of therapy room) as rated by therapists. Means and standard deviations are displayed in Table 37. The overall multivariate effect was not significant, $F(14, 116) = 1.46, p = .138$. However, due to the exploratory nature of the current study, univariate effects were examined. The results did not reveal any significant univariate effects for therapist office location on ratings for the overall importance of accessories, room design, lighting, sound, temperature, and color of therapy room items, all *ns*. However, the results did

show a significant univariate effect for therapist office location on ratings for the overall importance of furnishings in the therapy room, $F(2, 64) = 7.49, p < .001$. Post hoc tests using LSD pairwise comparisons revealed that therapists with offices in their homes or other locations placed more importance on overall furnishings ($M = 4.82, SD = .39$) than therapists with offices in a private practice ($M = 4.37, SD = .69$) or agency setting ($M = 3.94, SD = 1.00$), $p < .05$.

Table 37

Means and Standard Deviations for Physical Environment Attribute Overall Items by Office Location

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				1.083	.345
Private Practice	27	3.70	1.17		
Agency	18	4.11	0.32		
Home or Other	22	3.95	0.95		
Overall Furnishings				7.486	.001
Private Practice	27	4.37	0.69		
Agency	18	3.94	1.00		
Home or Other	22	4.82	0.39		
Overall Room Design				1.864	.163
Private Practice	27	4.52	0.70		
Agency	18	4.39	0.78		
Home or Other	22	4.77	0.43		

Table 37, continued

Means and Standard Deviations for Physical Environment Attribute Overall Items by Office Location

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Lighting				1.525	.225
Private Practice	27	4.33	0.68		
Agency	18	4.44	0.51		
Home or Other	22	4.64	0.58		
Overall Importance of Sound				0.391	.678
Private Practice	27	4.67	0.48		
Agency	18	4.56	0.51		
Home or Other	22	4.68	0.48		
Overall Temperature				0.604	.550
Private Practice	27	4.33	0.68		
Agency	18	4.22	0.55		
Home or Other	22	4.45	0.74		
Overall Color				0.125	.882
Private Practice	27	4.15	0.82		
Agency	18	4.11	0.68		
Home or Other	22	4.23	0.75		

Therapist Shared Office

Attribute subscale scores. A one-way (therapist shared office: yes, no) MANOVA was conducted to examine group differences between therapists who shared and did not share an office and therapist scores on the physical environment attribute subscales (accessories, furnishings, room design, lighting and sound subscales). Means and standard deviations from this MANOVA are displayed in Table 38. The overall multivariate effect of shared office was significant, $F(5, 66) = 3.32, p < .01$. In addition, the results showed a significant univariate effect for therapist shared office on therapists' scores for the accessories subscale, $F(1, 70) = 11.48, p < .001$. Therapists who did not share an office placed more importance on accessories ($M = 3.97, SD = .52$) than therapists who did share an office ($M = 3.53, SD = .57$). The univariate effect for shared office on therapists' room design subscale scores was also significant, $F(1, 70) = 6.31, p < .05$. Therapists who did not share an office placed more importance on room design ($M = 4.65, SD = .35$) than therapists who did share an office ($M = 4.43, SD = .41$). Further, the univariate effect of shared office on therapists' lighting subscale scores was also significant, $F(1, 70) = 5.68, p < .05$. Therapists who did not share an office placed higher importance on lighting ($M = 4.08, SD = .57$) than therapists who did share an office ($M = 3.76, SD = .55$). Finally, the results failed to reveal significant univariate effects for therapist shared office on therapists' scores for the furnishings and sound subscales, both *ns*.

Table 38

Means and Standard Deviations for Physical Environment Attribute Subscale Mean

Scores by Shared Office

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				11.482	.001
Yes	38	3.53	0.57		
No	34	3.97	0.53		
Furnishings Subscale				2.713	.104
Yes	38	3.62	0.53		
No	34	3.85	0.62		
Room Design Subscale				6.308	.014
Yes	38	4.43	0.41		
No	34	4.65	0.35		
Lighting Subscale				5.681	.020
Yes	38	3.76	0.55		
No	34	4.08	0.57		
Sound Subscale				1.479	.228
Yes	38	4.73	0.30		
No	34	4.81	0.30		

Overall attribute importance ratings. A one-way (therapist shared office: yes, no) MANOVA was conducted to evaluate the data for potential shared office effects on the items assessing overall physical environment attribute importance (overall accessories, furnishings, room design, lighting, importance of sound, temperature and color of therapy

room) as rated by therapists. Means and standard deviations are shown in Table 39. The overall multivariate effect was significant, $F(7, 59) = 2.86, p < .05$. Further, the results revealed a significant univariate effect for therapist shared office (yes, no) on ratings for the overall importance of accessories, $F(1, 65) = 6.15, p < .05$. Therapists who did not share an office had higher ratings for the overall importance of accessories ($M = 4.20, SD = .81$) than therapists who did share an office ($M = 3.65, SD = .98$). The results also revealed a significant univariate effect for therapist shared office on ratings for the overall importance of room design, $F(1, 65) = 13.44, p < .001$. Therapists who did not share an office had higher ratings for the overall importance of room design ($M = 4.87, SD = .35$), than therapists who shared an office ($M = 4.32, SD = .75$). Further, results showed a significant univariate effect for therapist shared office on ratings for the overall importance of lighting, $F(1, 65) = 6.56, p < .05$. Therapists who did not share an office also gave higher ratings for the overall importance of lighting in a therapy room ($M = 4.67, SD = .55$) than therapists who shared an office ($M = 4.30, SD = .62$). The univariate effect of shared office on therapists' ratings for overall importance of temperature was also significant, $F(1, 65) = 4.70, p < .05$. Results showed that therapists who did not share an office had higher ratings for the overall importance of temperature ($M = 4.53, SD = .51$) than therapists who did share an office ($M = 4.19, SD = .74$). Finally, the univariate effects of shared office on therapists' ratings for the overall importance of furnishings, sound and color of the therapy room were not significant, all *ns*.

Table 39

Means and Standard Deviations for Physical Environment Attribute Overall Items by Shared Office

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				6.150	.016
Yes	37	3.65	0.98		
No	30	4.20	0.81		
Overall Furnishings				1.531	.220
Yes	37	4.30	0.85		
No	30	4.53	0.68		
Overall Room Design				13.436	.000
Yes	37	4.32	0.75		
No	30	4.87	0.35		
Overall Lighting				6.560	.013
Yes	37	4.30	0.62		
No	30	4.67	0.55		
Overall Importance of Sound				0.786	.379
Yes	37	4.59	0.50		
No	30	4.70	0.47		
Overall Temperature				4.699	.034
Yes	37	4.19	0.74		
No	30	4.53	0.51		
Overall Color				1.013	.318
Yes	37	4.08	0.83		
No	30	4.27	0.64		

Therapist Office Décor

Attribute subscale scores. A one-way (therapist office décor (designed/decorated office: yes, no) MANOVA was conducted to evaluate the data for potential office décor effects on the items assessing physical environment attribute subscales (accessories, furnishings, room design, lighting and sound subscales) as rated by therapists. Means and standard deviations are shown in Table 40. The overall multivariate effect was not significant, $F(5, 66) = 1.59, p = .175$. Further, the results did not reveal any significant univariate effects for therapist office décor on ratings for the accessories, furnishings, room design, lighting, and sound subscales, all *ns*.

Overall attribute importance ratings. A one-way (therapist office décor (designed/decorated office: yes, no) MANOVA was conducted to examine group differences in therapist office décor on therapist ratings of items assessing overall physical environment attribute importance (overall accessories, furnishings, room design, lighting, importance of sound, temperature and color of therapy room) Means and standard deviations are shown in Table 41. The overall multivariate effect was not significant, $F(7, 59) = 1.07, p = .396$. However, due to the exploratory nature of the current study, univariate effects were examined. The results failed to reveal significant univariate effects for therapist office décor on therapist ratings for the overall importance of accessories, furnishings, lighting, sound, temperature, and color of therapy room items, all *ns*. However, the results did reveal a significant univariate effect for therapist office décor on therapist ratings for the overall importance of room design, $F(1, 65) = 5.24, p < .05$. Therapists who designed/decorated their own offices placed higher overall

importance on room design ($M = 4.72$, $SD = .46$) than therapists who had not designed/decorated their own offices ($M = 4.36$, $SD = .83$).

Table 40

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Office Décor

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				0.000	.993
Designed own office	43	3.74	0.67		
No, did not design office	29	3.73	0.47		
Furnishings Subscale				0.018	.894
Designed own office	43	3.74	0.62		
No, did not design office	29	3.72	0.53		
Room Design Subscale				1.118	.294
Designed own office	43	4.49	0.42		
No, did not design office	29	4.59	0.36		
Lighting Subscale				2.407	.125
Designed own office	43	4.00	0.60		
No, did not design office	29	3.78	0.53		
Sound Subscale				3.487	.066
Designed own office	43	4.82	0.28		
No, did not design office	29	4.69	0.31		

Table 41

Means and Standard Deviations for Physical Environment Attribute Overall Items by Office Décor

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				0.079	.779
Designed own office	39	3.92	0.98		
No, did not design office	28	3.86	0.89		
Overall Furnishings				0.164	.687
Designed own office	39	4.44	0.64		
No, did not design office	28	4.36	0.95		
Overall Room Design				5.239	.025
Designed own office	39	4.72	0.46		
No, did not design office	28	4.36	0.83		
Overall Lighting				2.633	.110
Designed own office	39	4.56	0.50		
No, did not design office	28	4.32	0.72		
Overall Importance of Sound				1.021	.316
Designed own office	39	4.69	0.47		
No, did not design office	28	4.57	0.50		
Overall Temperature				0.948	.334
Designed own office	39	4.41	0.68		
No, did not design office	28	4.25	0.65		
Overall Color				0.017	.895
Designed own office	39	4.15	0.71		
No, did not design office	28	4.18	0.82		

Therapist Years in Practice

Attribute subscale scores. A one-way (therapist years in practice: 1-5, 6-10, 11-15, 16 or more) MANOVA was conducted to examine group differences in therapist years in practice on therapist physical environment attribute subscales scores (accessories, furnishings, room design, lighting and sound subscales). Means and standard deviations are displayed in Table 42. The overall multivariate effect was not significant, $F(15, 177) = 1.24, p = .244$. However, due to the exploratory nature of the current study, univariate effects were investigated. The results failed to show significant univariate effects for therapist number of years in practice on therapist scores for the accessories, furnishings, and sound subscales, all *ns*. The univariate effect for number of years in practice on therapist scores for the room design subscale, however, was significant, $F(3, 68) = 3.45, p < .05$. According to post hoc comparisons using Tukey's test, therapists who had been practicing for 1-5 years placed greater importance on room design ($M = 4.66, SD = .36$) than therapists who had been practicing for 6-10 years ($M = 4.25, SD = .50, p < .05$).

Overall attribute importance ratings. A one-way (therapist years in practice: 1-5, 6-10, 11-15, 16 or more) MANOVA was conducted to evaluate the data for potential number of years in practice effects on the items assessing overall physical environment attribute importance (overall accessories, furnishings, room design, lighting, importance of sound, temperature and color of therapy room) as rated by therapists. Means and standard deviations are shown in Table 43. The overall multivariate effect was not significant, $F(21, 164) = 1.35, p = .153$. However, due to the exploratory nature of the

current study, the data was still examined for univariate effects. The results did not reveal significant univariate effects for therapist number of years in practice on ratings for the overall importance of accessories, furnishings, room design, sound, temperature, and color of therapy room items, all *ns*.

Table 42

Means and Standard Deviations for Physical Environment Subscale Mean Scores by Years in Practice

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				0.834	.480
1-5 years	29	3.85	0.56		
6-10 years	12	3.57	0.69		
11-15 years	11	3.62	0.75		
16 or more years	20	3.73	0.49		
Furnishings Subscale				1.856	.145
1-5 years	29	3.88	0.63		
6-10 years	12	3.54	0.60		
11-15 years	11	3.47	0.46		
16 or more years	20	3.77	0.52		
Room Design Subscale				3.436	.022
1-5 years	29	4.66	0.36		
6-10 years	12	4.25	0.50		
11-15 years	11	4.50	0.30		
16 or more years	20	4.54	0.36		

Table 42, continued

Means and Standard Deviations for Physical Environment Subscale Mean Scores by Years in Practice

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Lighting Subscale				2.336	.081
1-5 years	29	4.01	0.49		
6-10 years	12	3.60	0.71		
11-15 years	11	3.73	0.52		
16 or more years	20	4.06	0.58		
Sound Subscale				0.803	.497
1-5 years	29	4.76	0.32		
6-10 years	12	4.72	0.31		
11-15 years	11	4.70	0.31		
16 or more years	20	4.85	0.25		

The results did, however, show a significant univariate effect for number of years in practice on ratings for the overall importance of lighting, $F(3, 63) = 5.89, p < .01$ (see Table 42). Post hoc comparisons using Tukey's test revealed that therapists who had been in practice for 6-10 years placed significantly less overall importance on lighting ($M = 3.80, SD = .63$) than therapists who had been in practice for 1-5 years ($M = 4.63, SD = .49, p < .01$), 11-15 years ($M = 4.45, SD = .69, p < .05$), and 16 or more years ($M = 4.58, SD = .51, p < .01$).

Table 43

*Means and Standard Deviations for Physical Environment Attribute Overall Items
by Years in Practice*

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				1.116	.350
1-5 years	27	4.11	0.89		
6-10 years	10	3.50	1.08		
11-15 years	11	3.82	1.08		
16 or more years	19	3.84	0.83		
Overall Furnishings				1.585	.202
1-5 years	27	4.59	0.69		
6-10 years	10	4.10	0.88		
11-15 years	11	4.55	0.52		
16 or more years	19	4.21	0.92		
Overall Room Design				2.550	.064
1-5 years	27	4.74	0.45		
6-10 years	10	4.10	0.88		
11-15 years	11	4.64	0.50		
16 or more years	19	4.53	0.77		
Overall Lighting				5.891	.001
1-5 years	27	4.63	0.49		
6-10 years	10	3.80	0.63		
11-15 years	11	4.45	0.69		
16 or more years	19	4.58	0.51		
Overall Importance of Sound				.731	.537
1-5 years	27	4.59	0.50		
6-10 years	10	4.50	0.53		
11-15 years	11	4.73	0.47		
16 or more years	19	4.74	0.45		

Table 43, continued

Means and Standard Deviations for Physical Environment Attribute Overall Items by Years in Practice

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Temperature				.326	.807
1-5 years	27	4.41	0.69		
6-10 years	10	4.40	0.52		
11-15 years	11	4.18	0.60		
16 or more years	19	4.32	0.75		
Overall Color				.327	.806
1-5 years	27	4.22	0.80		
6-10 years	10	4.30	0.48		
11-15 years	11	4.09	0.70		
16 or more years	19	4.05	0.85		

Therapist Age

Attribute subscale scores. Pearson's product moment correlations were conducted to examine the relationships between therapist age and therapist ratings on the items assessing the physical environment attribute subscales (accessories, furnishings, room design, lighting and sound). As shown in Table 44, none of the relationships between therapist age and therapist physical environment attribute subscale scores (accessories, furnishings, room design, lighting and sound) were significant, all *ns*.

Table 44

*Pearson's Product Moment Correlations for Therapist Age and Physical Environment**Attribute Subscale Mean Scores*

	Age
Accessories Subscale	-.005
Furnishings Subscale	-.131
Room Design Subscale	-.053
Lighting Subscale	.205
Sound Subscale	.223

Overall attribute importance ratings. Pearson's product moment correlations were conducted to examine the relationships between therapist age and therapist ratings for items assessing overall physical environment attribute importance (overall accessories, furnishings, room design, lighting, importance of sound, temperature and color of therapy room). The correlations are displayed in Table 45. Further, the results failed to reveal any significant relationships between therapist age and therapist ratings for the items assessing the overall importance of physical environment attributes (overall accessories, furnishings, room design, lighting, importance of sound, temperature and color of therapy room), all *ns*.

Table 45

Pearson's Product Moment Correlations for Therapist Age and Physical Environment Attribute Overall Items

	Age
Overall Accessories	.051
Overall Furnishings	-.156
Overall Room Design	.006
Overall Lighting	.176
Overall Importance of Sound	.166
Overall Temperature	.199
Overall Color	.014

Client Gender

Attribute subscale scores. A one-way (client gender: male vs. female) MANOVA was conducted to examine group differences in gender on the physical environment attribute subscale scores (accessories, furnishings, room design, lighting, and sound). The overall multivariate effect was significant, $F(5, 147) = 2.997, p < .05$, indicating that males and females differed on the at least one of the physical environment attributes. As shown in Table 46, an examination of the univariate effects revealed a significant effect for gender on the sound subscale, $F(1, 151) = 4.291, p < .05$, indicating that females (M

= 4.55, $SD = .49$) placed a higher importance on sound issues than males ($M = 4.30$, $SD = .58$). The results also revealed a marginally significant univariate effect for gender on the accessories subscale, $F(1, 151) = 3.505$, $p = .063$, indicating that males ($M = 3.71$, $SD = .53$) placed a marginally higher importance on accessories than females ($M = 3.39$, $SD = .73$). The results failed to reveal significant univariate effects for gender on the furnishings subscale, room design subscale, and lighting subscale (all *ns*).

Table 46

Means and Standard Deviations for Physical Environment Attribute Subscale Mean

Scores by Gender

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				3.505	.063
Male	19	3.71	0.53		
Female	134	3.39	0.73		
Furnishings Subscale				0.032	.858
Male	19	3.75	0.59		
Female	134	3.78	0.69		
Room Design Subscale				0.736	.392
Male	19	4.14	0.55		
Female	134	4.26	0.59		

Table 46, continued

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Gender

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Lighting Subscale				2.267	.134
Male	19	3.87	0.55		
Female	134	3.64	0.64		
Sound Subscale				4.291	.040
Male	19	4.30	0.58		
Female	134	4.55	0.49		

Overall attribute importance ratings. A one-way (client gender: male vs. female) MANOVA was conducted to examine group differences in gender on the physical environment attribute overall scores (accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room). The overall multivariate effect was not significant, $F(7, 139) = 1.502, p = .172$, indicating that males and females did not differ on the physical environment attributes overall. However, as shown in Table 47, an examination of the univariate effects revealed a significant effect for gender on the overall importance of sound, $F(1, 145) = 5.678, p < .05$, indicating that females ($M = 4.44, SD = .80$) placed a higher importance on sound than males ($M = 3.94, SD = .74$). The results failed to reveal significant univariate effects for gender on the

overall scores for accessories, furnishings, room design, and lighting, importance of sound, temperature, and color of therapy room (all *ns*).

Table 47

Means and Standard Deviations for Physical Environment Attribute Overall Items by Gender

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				0.471	.494
Male	17	3.76	0.90		
Female	130	3.56	1.17		
Overall Furnishings				0.021	.886
Male	17	4.24	0.66		
Female	130	4.20	0.98		
Overall Room Design				0.068	.795
Male	17	4.18	0.64		
Female	130	4.24	0.95		
Overall Lighting				0.160	.690
Male	17	4.12	0.70		
Female	130	4.20	0.81		
Overall Importance of Sound				5.678	.018
Male	17	3.94	1.25		
Female	130	4.44	0.74		
Overall Temperature				0.003	.957
Male	17	4.24	0.56		
Female	130	4.25	0.80		
Overall Color				2.619	.108
Male	17	4.29	0.59		
Female	130	3.93	0.90		

CRF-S subscales. A one-way (client gender: male vs. female) MANOVA was conducted to examine group differences in gender on the CRF-S subscales (attractiveness, expertness, trustworthiness). The overall multivariate effect was marginally significant, $F(3, 149) = 2.315, p = .078$, indicating that males and females differed marginally on the CRF-S subscales overall. As shown in Table 48, the results failed to reveal significant univariate effects for gender on the attractiveness, expertness, trustworthiness subscales (all *ns*).

Table 48

Means and Standard Deviations for CRF-S Subscales by Gender

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Attractiveness				0.011	.917
Male	19	5.97	1.05		
Female	134	6.00	1.22		
Expertness				0.989	.321
Male	19	5.53	1.18		
Female	134	5.83	1.25		
Trustworthiness				2.169	.143
Male	19	5.70	1.22		
Female	134	6.12	1.17		

Client Education Level

Attribute subscale scores. A one-way (client education level: high school diploma/GED vs. some college vs. associates degree or vocational/technical school vs. bachelor's degree vs. master's or doctoral degree) MANOVA was conducted to examine group differences in education level on the physical environment attribute subscale scores (accessories, furnishings, room design, lighting, and sound). The overall multivariate effect was marginally significant, $F(20, 479) = 1.577, p = .054$. An examination of the univariate effects revealed a significant effect for education level on the room design subscale, $F(4, 148) = 2.83, p < .05$ (see Table 49). Post hoc comparisons using Tukey's HSD revealed that clients with a Bachelor's degree ($M = 4.43, SD = .47$) placed a higher importance on room design than those with a master's or doctorate degree ($M = 4.01, SD = .66, p < .05$). The results failed to reveal significant univariate effects for education level on the accessories, furnishings, lighting, and sound subscales (all *ns*).

Overall attribute importance ratings. A one-way (client education level: high school diploma/GED vs. some college vs. associates degree or vocational/technical school vs. Bachelor's degree vs. Master's or Doctoral Degree) MANOVA was conducted to examine group differences in education level on physical environment attribute overall scores (accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room). The overall multivariate effect was not significant, $F(28, 492) = 1.219, p = .205$, indicating that, overall, clients with various levels of education did not differ on the physical environment attributes overall scores. As shown in Table 50, the results failed to reveal significant univariate effects for education level on the

overall scores for accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room (all *ns*).

Table 49

Means and Standard Deviations for Physical Environment Attribute Subscale

Mean Scores by Education Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				1.842	.124
High School/GED	13	3.71	0.59		
Some College	59	3.45	0.74		
Associates Degree	16	3.65	0.45		
Bachelor's Degree	40	3.40	0.75		
Master's or Doctorate	25	3.15	0.74		
Furnishings Subscale				0.454	.770
High School/GED	13	3.91	0.80		
Some College	59	3.83	0.68		
Associates Degree	16	3.72	0.56		
Bachelor's Degree	40	3.83	0.70		
Master's or Doctorate	25	3.66	0.67		
Room Design Subscale				2.830	.027
High School/GED	13	4.44	0.46		
Some College	59	4.21	0.63		
Associates Degree	16	4.09	0.50		
Bachelor's Degree	40	4.43	0.47		
Master's or Doctorate	25	4.01	0.66		

Table 49, continued

Means and Standard Deviations for Physical Environment Attribute Subscale

Mean Scores by Education Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Lighting Subscale				1.757	.141
High School/GED	13	4.08	0.61		
Some College	59	3.69	0.73		
Associates Degree	16	3.67	0.61		
Bachelor's Degree	40	3.56	0.44		
Master's or Doctorate	25	3.61	0.63		
Sound Subscale				0.691	.599
High School/GED	13	4.46	0.62		
Some College	59	4.45	0.51		
Associates Degree	16	4.46	0.42		
Bachelor's Degree	40	4.58	0.50		
Master's or Doctorate	25	4.61	0.52		

CRF-S subscales. A one-way (client education level: high school diploma/GED vs. some college vs. associates degree or vocational/technical school vs. Bachelor's degree vs. Master's Degree vs. Doctoral Degree) MANOVA was conducted to examine group differences in education level on the CRF-S subscales (attractiveness, expertness, trustworthiness). The overall multivariate effect was not significant, $F(15, 401) = .905$, $p = .474$, indicating that, overall, clients with various levels of education did not differ on the CRF-S subscales overall. As shown in Table 51, the results failed to reveal significant

univariate effects for education level on the CRF-S subscale scores of attractiveness, expertness, and trustworthiness (all *ns*).

Table 50

Means and Standard Deviations for Physical Environment Attribute Overall Items by Education Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				2.143	.079
High School/GED	13	4.08	0.95		
Some College	54	3.70	1.06		
Associates Degree	15	3.93	0.59		
Bachelor's Degree	40	3.35	1.29		
Master's or Doctorate	25	3.24	1.30		
Overall Furnishings				0.524	.719
High School/GED	13	4.54	0.66		
Some College	54	4.22	1.02		
Associates Degree	15	4.07	0.70		
Bachelor's Degree	40	4.20	0.91		
Master's or Doctorate	25	4.12	1.13		
Overall Room Design				1.176	.324
High School/GED	13	4.62	0.51		
Some College	54	4.13	0.91		
Associates Degree	15	4.00	0.93		
Bachelor's Degree	40	4.35	0.83		
Master's or Doctorate	25	4.16	1.18		

Table 50, continued

Means and Standard Deviations for Physical Environment Attribute Overall Items by Education Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Lighting				1.363	.250
High School/GED	13	4.54	0.52		
Some College	54	4.04	0.97		
Associates Degree	15	4.13	0.52		
Bachelor's Degree	40	4.25	0.59		
Master's or Doctorate	25	4.32	0.90		
Overall Importance of Sound				0.409	.802
High School/GED	13	4.38	0.96		
Some College	54	4.39	0.74		
Associates Degree	15	4.13	1.06		
Bachelor's Degree	40	4.45	0.75		
Master's or Doctorate	25	4.40	0.92		
Overall Temperature				1.696	.154
High School/GED	13	4.46	0.52		
Some College	54	4.11	0.79		
Associates Degree	15	4.40	0.51		
Bachelor's Degree	40	4.43	0.68		
Master's or Doctorate	25	4.08	1.00		
Overall Color				1.092	.363
High School/GED	13	3.92	0.64		
Some College	54	3.91	0.98		
Associates Degree	15	4.27	0.59		
Bachelor's Degree	40	4.10	0.74		
Master's or Doctorate	25	3.76	1.05		

Table 51

Means and Standard Deviations for CRF-S Subscales by Education Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Attractiveness				0.898	.485
High School/GED	13	6.46	0.55		
Some College	59	6.03	1.16		
Associates Degree	16	6.14	1.26		
Bachelor's Degree	40	5.72	1.45		
Master's Degree	18	6.00	0.90		
Doctoral Degree	7	6.14	1.26		
Expertness				0.379	.863
High School/GED	13	6.02	0.75		
Some College	59	5.76	1.35		
Associates Degree	16	5.98	1.23		
Bachelor's Degree	40	5.69	1.36		
Master's Degree	18	5.68	1.00		
Doctoral Degree	7	6.18	1.26		
Trustworthiness				0.815	.541
High School/GED	13	6.52	0.46		
Some College	59	5.96	1.30		
Associates Degree	16	6.09	1.39		
Bachelor's Degree	40	5.96	1.22		
Master's Degree	18	6.14	0.87		
Doctoral Degree	7	6.57	1.03		

Therapist License (Recalled by Clients)

Attribute subscale scores. A one-way (client's memory of licensure of therapist: LFMT vs. LPC vs. LCSW vs. unknown) MANOVA was conducted to examine group differences in licensure of therapist on the physical environment attribute subscale scores (accessories, furnishings, room design, lighting, and sound). The overall multivariate effect was not significant, $F(15, 398) = .878, p = .590$, indicating that clients with memory of different therapist licensures did not differ on the physical environment attribute subscale scores. As shown in Table 52, the results failed to reveal significant univariate effects for client's memory of therapist licensure on the accessories, furnishings, room design, lighting, and sound subscales (all *ns*).

Overall attribute importance ratings. A one-way (client's memory of licensure of therapist: LFMT vs. LPC vs. LCSW vs. unknown) MANOVA was conducted to examine group differences in licensure of therapist on the physical environment attribute overall scores (accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room). The overall multivariate effect was not significant, $F(21, 391) = .549, p = .949$, indicating that, overall, clients with memory of different therapist licensures did not differ on the physical environment attribute overall scores. As shown in Table 53, the results failed to reveal significant univariate effects for client's memory of therapist licensure on the accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room overall scores (all *ns*).

Table 52

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Therapist License

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				0.399	.754
LFMT	10	3.58	0.64		
LPC	29	3.33	0.75		
LCSW	19	3.44	0.72		
Unknown	94	3.46	0.72		
Furnishings Subscale				0.972	.408
LFMT	10	3.58	0.62		
LPC	29	3.86	0.72		
LCSW	19	3.61	0.55		
Unknown	94	3.84	0.70		
Room Design Subscale				0.875	.456
LFMT	10	4.13	0.88		
LPC	29	4.34	0.50		
LCSW	19	4.08	0.59		
Unknown	94	4.26	0.58		
Lighting Subscale				0.782	.506
LFMT	10	3.63	0.34		
LPC	29	3.53	0.55		
LCSW	19	3.61	0.56		
Unknown	94	3.72	0.68		
Sound Subscale				0.269	.848
LFMT	10	4.53	0.65		
LPC	29	4.44	0.57		
LCSW	19	4.56	0.54		
Unknown	94	4.52	0.47		

Table 53

Means and Standard Deviations for Physical Environment Attribute Overall Items by Therapist License

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				0.414	.743
LFMT	9	3.56	1.33		
LPC	27	3.37	1.24		
LCSW	18	3.61	1.14		
Unknown	92	3.65	1.12		
Overall Furnishings				0.122	.947
LFMT	9	4.11	1.36		
LPC	27	4.30	0.87		
LCSW	18	4.17	0.86		
Unknown	92	4.20	0.96		
Overall Room Design				0.896	.445
LFMT	9	4.22	1.39		
LPC	27	4.44	0.85		
LCSW	18	4.00	1.08		
Unknown	92	4.20	0.85		
Overall Lighting				0.585	.626
LFMT	9	4.44	0.53		
LPC	27	4.30	0.67		
LCSW	18	4.11	0.83		
Unknown	92	4.15	0.85		
Overall Importance of Sound				0.561	.641
LFMT	9	4.44	1.01		
LPC	27	4.19	0.88		
LCSW	18	4.39	0.85		
Unknown	92	4.41	0.79		

Table 53, continued

Means and Standard Deviations for Physical Environment Attribute Overall Items by Therapist License

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Temperature				0.163	.921
LFMT	9	4.11	1.27		
LPC	27	4.26	0.90		
LCSW	18	4.17	0.51		
Unknown	92	4.26	0.72		
Overall Color				0.061	.980
LFMT	9	3.89	1.27		
LPC	27	3.96	0.90		
LCSW	18	3.94	0.64		
Unknown	92	4.00	0.88		

CRF-S subscales. A one-way (client's memory of licensure of therapist: LFMT vs. LPC vs. LCSW vs. unknown) MANOVA was conducted to examine group differences in licensure of therapist on the CRF-S subscales (attractiveness, expertness, trustworthiness). The overall multivariate effect was not significant, $F(9, 355) = .828$, $p = .591$, indicating that, overall, clients with memory of different therapist licensures did not differ on the CRF-S subscales scores. As shown in Table 54, the results failed to reveal significant univariate effects for client's memory of therapist licensure on the CRF-S subscales of attractiveness, expertness, and trustworthiness (all *ns*).

Table 54

Means and Standard Deviations for CRF-S Subscales by Therapist License

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Attractiveness				0.292	.831
LFMT	10	6.13	0.92		
LPC	29	6.00	1.20		
LCSW	19	6.21	0.80		
Unknown	94	5.95	1.29		
Expertness				0.938	.424
LFMT	10	6.23	0.89		
LPC	29	5.73	1.03		
LCSW	19	6.08	1.17		
Unknown	94	5.70	1.35		
Trustworthiness				1.364	.256
LFMT	10	6.35	0.78		
LPC	29	6.07	1.18		
LCSW	19	6.49	0.92		
Unknown	94	5.94	1.25		

Client Socio-Economic Level

Attribute subscale scores. A one-way (client socio-economic level: below \$20,000 vs. \$20,000-\$39,999 vs. \$40,000-\$59,999 vs. \$60,000-\$89,999 vs. \$90,000 and above) MANOVA was conducted to examine group differences in socio-economic level on the physical environment attribute subscale scores (accessories, furnishings, room design, lighting, and sound). The overall multivariate effect was not significant, $F(20,$

472) = .750, $p = .774$, indicating that clients with different socio-economic levels did not differ on the physical environment attribute subscale scores. As shown in Table 55, the results failed to reveal significant univariate effects for clients socio-economic level on the accessories, furnishings, room design, lighting, and sound subscale scores (all *ns*).

Table 55

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Socio-Economic Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				0.918	.455
Below \$20,000	50	3.53	0.77		
\$20,000 - \$39,999	32	3.46	0.65		
\$40,000 - \$59,999	26	3.20	0.82		
\$60,000 - \$89,999	23	3.44	0.62		
\$90,000 and Above	20	3.44	0.67		
Furnishings Subscale				1.995	.098
Below \$20,000	50	4.01	0.67		
\$20,000 - \$39,999	32	3.70	0.67		
\$40,000 - \$59,999	26	3.65	0.63		
\$60,000 - \$89,999	23	3.66	0.61		
\$90,000 and Above	20	3.84	0.76		
Room Design Subscale				0.545	.703
Below \$20,000	50	4.32	0.61		
\$20,000 - \$39,999	32	4.23	0.66		
\$40,000 - \$59,999	26	4.21	0.58		
\$60,000 - \$89,999	23	4.11	0.62		
\$90,000 and Above	20	4.28	0.37		

Table 55, continued

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Socio-Economic Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Lighting Subscale				1.398	.237
Below \$20,000	50	3.85	0.70		
\$20,000 - \$39,999	32	3.67	0.61		
\$40,000 - \$59,999	26	3.58	0.60		
\$60,000 - \$89,999	23	3.58	0.48		
\$90,000 and Above	20	3.55	0.65		
Sound Subscale				0.256	.906
Below \$20,000	50	4.56	0.45		
\$20,000 - \$39,999	32	4.48	0.55		
\$40,000 - \$59,999	26	4.56	0.54		
\$60,000 - \$89,999	23	4.51	0.59		
\$90,000 and Above	20	4.45	0.47		

Overall attribute importance ratings. A one-way (client socio-economic level: below \$20,000 vs. \$20,000-\$39,999 vs. \$40,000-\$59,999 vs. \$60,000-\$89,999 vs. \$90,000 and above) MANOVA was conducted to examine group differences in socio-economic level on the physical environment attribute overall scores (accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room). The overall multivariate effect was not significant, $F(28, 485) = 1.223$, $p = .202$, indicating that, overall, clients with different socio-economic levels did not differ on the physical environment attribute overall scores. As shown in Table 56, the results

failed to reveal significant univariate effects for clients socio-economic level on the accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room overall scores (all *ns*).

Table 56

Means and Standard Deviations for Physical Environment Attribute Overall Items by Socio-Economic Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				1.424	.229
Below \$20,000	48	3.69	1.13		
\$20,000 - \$39,999	30	3.77	0.94		
\$40,000 - \$59,999	25	3.12	1.36		
\$60,000 - \$89,999	22	3.55	1.22		
\$90,000 and Above	20	3.75	1.07		
Overall Furnishings				0.775	.543
Below \$20,000	48	4.23	1.13		
\$20,000 - \$39,999	30	4.13	0.90		
\$40,000 - \$59,999	25	4.24	0.60		
\$60,000 - \$89,999	22	4.00	1.23		
\$90,000 and Above	20	4.50	0.51		
Overall Room Design				0.704	.591
Below \$20,000	48	4.17	1.02		
\$20,000 - \$39,999	30	4.17	0.87		
\$40,000 - \$59,999	25	4.20	1.00		
\$60,000 - \$89,999	22	4.18	1.01		
\$90,000 and Above	20	4.55	0.51		

Table 56, continued

Means and Standard Deviations for Physical Environment Attribute Overall Items by Socio-Economic Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Lighting				0.940	.443
Below \$20,000	48	4.35	0.91		
\$20,000 - \$39,999	30	4.00	0.74		
\$40,000 - \$59,999	25	4.20	0.65		
\$60,000 - \$89,999	22	4.23	0.61		
\$90,000 and Above	20	4.15	0.93		
Overall Importance of Sound				0.861	.489
Below \$20,000	48	4.52	0.74		
\$20,000 - \$39,999	30	4.27	0.91		
\$40,000 - \$59,999	25	4.48	0.71		
\$60,000 - \$89,999	22	4.32	0.99		
\$90,000 and Above	20	4.20	0.77		
Overall Temperature				0.887	.473
Below \$20,000	48	4.27	0.89		
\$20,000 - \$39,999	30	4.30	0.60		
\$40,000 - \$59,999	25	4.44	0.58		
\$60,000 - \$89,999	22	4.05	0.95		
\$90,000 and Above	20	4.15	0.67		
Overall Color				0.612	.655
Below \$20,000	48	3.88	1.06		
\$20,000 - \$39,999	30	3.97	0.76		
\$40,000 - \$59,999	25	4.16	0.62		
\$60,000 - \$89,999	22	3.86	0.89		
\$90,000 and Above	20	4.10	0.85		

CRF-S subscales. A one-way (client socio-economic level: below \$20,000 vs. \$20,000-\$39,999 vs. \$40,000-\$59,999 vs. \$60,000-\$89,999 vs. \$90,000 and above) MANOVA was conducted to examine group differences in socio-economic level on the CRF-S subscales (attractiveness, expertness, trustworthiness). The overall multivariate effect was not significant, $F(12, 381) = 1.170, p = .303$, indicating that clients with different socioeconomic levels did not differ on the CRF-S subscales scores overall. As shown in Table 57, the results failed to reveal significant univariate effects for client's socio-economic level on the CRF-S subscales of attractiveness, expertness, and trustworthiness (all *ns*).

Table 57

Means and Standard Deviations for CRF-S Subscales by Socio-Economic Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Attractiveness				0.200	.938
Below \$20,000	50	6.04	1.23		
\$20,000 - \$39,999	32	5.83	1.24		
\$40,000 - \$59,999	26	6.08	1.13		
\$60,000 - \$89,999	23	6.01	1.02		
\$90,000 and Above	20	6.03	1.43		
Expertness				0.730	.573
Below \$20,000	50	5.80	1.50		
\$20,000 - \$39,999	32	5.56	1.11		
\$40,000 - \$59,999	26	5.88	1.15		
\$60,000 - \$89,999	23	5.71	1.16		
\$90,000 and Above	20	6.15	1.04		

Table 57, continued

Means and Standard Deviations for CRF-S Subscales by Socio-Economic Level

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Trustworthiness				0.480	.751
Below \$20,000	50	6.05	1.29		
\$20,000 - \$39,999	32	5.98	1.15		
\$40,000 - \$59,999	26	5.90	1.23		
\$60,000 - \$89,999	23	6.18	0.95		
\$90,000 and Above	20	6.34	1.25		

Therapist Office (Rated by Clients)

Attribute subscale scores. A one-way (office: private practice vs. agency vs. home/other) MANOVA was conducted to examine group differences in therapists office type on the physical environment attribute subscale scores (accessories, furnishings, room design, lighting, and sound). The overall multivariate effect was not significant, $F(10, 290) = 1.503, p = .138$, indicating that clients with different therapist office types did not differ on the physical environment attributes subscales overall. However, as shown in Table 58, an examination of the univariate effects revealed a significant effect for office on the furnishing subscale, $F(2, 149) = 4.151, p < .05$. Post hoc comparisons using Tukey's HSD revealed that clients who see a therapist at home/other ($M = 3.50, SD = .71$) placed less importance on furnishings than those who see a therapist at an agency ($M = 3.97, SD = .51, p < .05$) or at a private practice ($M = 3.84, SD = .69, p < .05$). The

results failed to reveal significant univariate effects for therapist office type on the accessories, room-design, lighting, and sound subscales (all *ns*).

Table 58

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Office Location

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				2.160	.119
Private Practice	97	3.44	0.69		
Agency	22	3.67	0.53		
Home or Other	33	3.27	0.86		
Furnishings Subscale				4.151	.018
Private Practice	97	3.84	0.69		
Agency	22	3.97	0.51		
Home or Other	33	3.50	0.71		
Room Design Subscale				1.488	.229
Private Practice	97	4.26	0.58		
Agency	22	4.38	0.55		
Home or Other	33	4.11	0.63		
Lighting Subscale				1.104	.334
Private Practice	97	3.65	0.63		
Agency	22	3.86	0.50		
Home or Other	33	3.64	0.71		
Sound Subscale				1.647	.196
Private Practice	97	4.58	0.53		
Agency	22	4.42	0.45		
Home or Other	33	4.42	0.47		

Overall attribute importance ratings. A one-way (office: private practice vs. agency vs. home/other) MANOVA was conducted to examine group differences in therapists office type on the physical environment attribute overall scores (accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room). The overall multivariate effect was not significant, $F(14, 274) = .818, p = .649$, indicating that, overall, clients with different therapist office types did not differ on the physical environment overall scores. As shown in Table 59, the results failed to reveal significant univariate effects for therapist office type on the accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room overall scores (all *ns*).

CRF-S subscales. A one-way (office: private practice vs. agency vs. home/other) MANOVA was conducted to examine group differences in therapists office type on the CRF-S subscales (attractiveness, expertness, trustworthiness). The overall multivariate effect was significant, $F(6, 294) = 2.973, p < .01$. The univariate analyses, however, failed to reveal any significant effects for therapist office type on the CRF-S subscales of attractiveness, expertness, and trustworthiness, all *ns* (see Table 60).

Client Therapy Type

Attribute subscale scores. A one-way (client therapy type: individual vs. couples vs. family/group/other vs. more than one type) MANOVA was conducted to examine group differences in client therapy type on the physical environment attribute subscale scores (accessories, furnishings, room design, lighting, and sound). The overall multivariate effect was not significant, $F(15, 403) = .926, p = .535$, indicating that clients

with different therapy types did not differ on the physical environment attribute subscale scores. As shown in Table 61, the results failed to reveal significant univariate effects for clients therapy type on the accessories, furnishings, room design, lighting, and sound subscale scores (all *ns*).

Table 59

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Office Location

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				0.255	.775
Private Practice	93	3.60	1.20		
Agency	20	3.75	0.91		
Home or Other	33	3.52	1.18		
Overall Furnishings				1.263	.286
Private Practice	93	4.30	0.91		
Agency	20	4.15	0.93		
Home or Other	33	4.00	1.09		
Overall Room Design				1.949	.146
Private Practice	93	4.34	0.85		
Agency	20	4.10	1.02		
Home or Other	33	4.00	1.03		
Overall Lighting				1.871	.158
Private Practice	93	4.25	0.79		
Agency	20	4.40	0.50		
Home or Other	33	4.00	0.90		

Table 59, continued

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Office Location

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Importance of Sound				1.398	.250
Private Practice	93	4.45	0.79		
Agency	20	4.45	0.76		
Home or Other	33	4.18	0.92		
Overall Temperature				0.507	.604
Private Practice	93	4.25	0.83		
Agency	20	4.40	0.60		
Home or Other	33	4.18	0.68		
Overall Color				0.136	.873
Private Practice	93	4.00	0.91		
Agency	20	3.95	0.76		
Home or Other	33	3.91	0.88		

Overall attribute importance ratings. A one-way (client therapy type: individual vs. couples vs. family/group/other vs. more than one type) MANOVA was conducted to examine group differences in client therapy type on the physical environment attribute overall scores (accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room). The overall multivariate effect was not significant, $F(21, 397) = .880, p = .640$, indicating that, overall, clients with different therapy types did not differ on the physical environment overall scores. However, as shown in Table 62, an examination of the univariate effects revealed a significant effect

for client therapy type on the overall accessories subscale, $F(3, 144) = 3.697, p < .05$. Post hoc comparisons using Tukey's HSD revealed no significant differences. However, the pairwise comparisons using Fishers Least Significant Difference (LSD) revealed that clients who see a therapist individually ($M = 3.46, SD = 1.20$) placed less importance on accessories than those who see a therapist as a family/group/other ($M = 4.06, SD = .81, p < .05$) or go to more than one type of therapy ($M = 3.96, SD = 1.04, p < .05$). Pairwise comparisons also revealed that clients who see a therapist as a couple ($M = 3.21, SD = 1.12$) placed less importance on accessories than those who see a therapist as a family/group/other ($M = 4.06, SD = .81, p < .05$) or go to more than one type of therapy ($M = 3.96, SD = 1.04, p < .05$). The results failed to reveal significant univariate effects for client therapy type on the furnishings, room design, lighting, importance of sound, temperature, and color of therapy room overall scores (all *ns*).

CRF-S subscales. A one-way (client therapy type: individual vs. couples vs. family/group/other vs. more than one type) MANOVA was conducted to examine group differences in client therapy type on the CRF-S subscales (attractiveness, expertness, trustworthiness). The overall multivariate effect was not significant, $F(9, 360) = .934, p = .329$, indicating that clients with different therapy types did not differ on the CRF-S subscales. However, as shown in Table 63, an examination of the univariate effects revealed a significant effect for client therapy type on the CRF-S expertness subscale, $F(3, 154) = 2.887, p < .05$. Post hoc comparisons using Tukey's HSD failed to reveal any significant differences. Pairwise comparisons using Fisher's LSD, however, revealed that that clients who go to more than one type of therapy ($M = 6.80, SD = .76$) perceived

their therapist as more trustworthy than clients who went to individual therapy ($M = 5.72$, $SD = 1.67$, $p < .05$), couples therapy ($M = 5.44$, $SD = 1.22$, $p < .05$), or family, group, or other therapy ($M = 5.58$, $SD = 1.22$, $p < .05$). The results failed to reveal significant univariate effects for client therapy type on the CRF-S attractiveness and trustworthiness subscales (all *ns*).

Table 60

Means and Standard Deviations for CRF-S Subscales by Office Location

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Attractiveness				0.438	.646
Private Practice	97	5.97	1.29		
Agency	22	6.00	1.05		
Home or Other	33	6.19	0.93		
Expertness				1.553	.215
Private Practice	97	5.84	1.31		
Agency	22	6.07	1.08		
Home or Other	33	5.49	1.15		
Trustworthiness				0.087	.917
Private Practice	97	6.11	1.23		
Agency	22	6.03	1.38		
Home or Other	33	6.02	0.92		

Table 61

Means and Standard Deviations for Physical Environment Attribute Overall Items by Therapy Type

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				0.853	.467
Individual	91	3.39	0.75		
Couples	16	3.31	0.53		
Family, Others	18	3.61	0.55		
More than one	29	3.54	0.77		
Furnishings Subscale				1.981	.119
Individual	91	3.82	0.67		
Couples	16	3.40	0.66		
Family, Others	18	3.86	0.88		
More than one	29	3.84	0.56		
Room Design Subscale				0.805	.493
Individual	91	4.25	0.62		
Couples	16	4.04	0.59		
Family, Others	18	4.27	0.61		
More than one	29	4.32	0.48		
Lighting Subscale				0.173	.915
Individual	91	3.65	0.66		
Couples	16	3.67	0.64		
Family, Others	18	3.76	0.62		
More than one	29	3.69	0.54		
Sound Subscale				1.129	.339
Individual	91	4.51	0.44		
Couples	16	4.42	0.64		
Family, Others	18	4.40	0.58		
More than one	29	4.64	0.59		

Table 62

Means and Standard Deviations for Physical Environment Attribute Overall Items by Therapy Type

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				2.916	.036
Individual	90	3.46	1.20		
Couples	14	3.21	1.12		
Family, Others	18	4.06	0.80		
More than one	26	3.96	1.04		
Overall Furnishings				1.114	.346
Individual	90	4.17	0.99		
Couples	14	3.93	0.62		
Family, Others	18	4.28	1.02		
More than one	26	4.46	0.90		
Overall Room Design				0.390	.761
Individual	90	4.20	0.95		
Couples	14	4.29	0.61		
Family, Others	18	4.11	1.08		
More than one	26	4.38	0.85		
Overall Lighting				1.113	.346
Individual	90	4.17	0.81		
Couples	14	4.21	0.70		
Family, Others	18	4.00	0.91		
More than one	26	4.42	0.70		
Overall Importance of Sound				1.323	.269
Individual	90	4.40	0.76		
Couples	14	4.14	0.86		
Family, Others	18	4.17	0.99		
More than one	26	4.58	0.86		

Table 62, continued

Means and Standard Deviations for Physical Environment Attribute Overall Items by Therapy Type

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Temperature				0.859	.464
Individual	90	4.22	0.79		
Couples	14	4.00	1.11		
Family, Others	18	4.33	0.59		
More than one	26	4.38	0.57		
Overall Color				1.105	.349
Individual	90	3.90	0.87		
Couples	14	3.86	1.03		
Family, Others	18	4.06	0.87		
More than one	26	4.23	0.76		

Client Length of Time in Therapy

Attribute subscale scores. A one-way (length of time in therapy: 1-4 months vs. 5-8 months vs. 9-12 months vs. 1-2 years vs. 2 years or more) MANOVA was conducted to examine group differences in length of therapy on the physical environment attribute subscale scores (accessories, furnishings, room design, lighting, and sound). The overall multivariate effect was not significant, $F(20, 472) = .723, p = .804$, indicating that clients with different lengths of therapy did not differ on the physical environment attribute subscale scores. As shown in Table 64, the results failed to reveal significant univariate

effects for length of therapy on the accessories, furnishings, room design, lighting, and sound subscale scores (all *ns*).

Table 63

Means and Standard Deviations for CRF-S Subscales by Therapy Type

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Attractiveness				1.147	.332
Individual	91	6.00	1.19		
Couples	16	5.71	1.22		
Family, Others	18	5.79	1.67		
More than one	29	6.31	0.76		
Expertness				2.887	.038
Individual	91	5.72	1.29		
Couples	16	5.44	1.29		
Family, Others	18	5.58	1.37		
More than one	29	6.37	0.82		
Trustworthiness				1.939	.126
Individual	91	6.03	1.17		
Couples	16	5.84	1.43		
Family, Others	18	5.79	1.51		
More than one	29	6.51	0.67		

Overall attribute importance ratings. A one-way (length of time in therapy: 1-4 months vs. 5-8 months vs. 9-12 months vs. 1-2 years vs. 2 years or more) MANOVA was conducted to examine group differences in length of therapy on the physical environment attribute overall scores (accessories, furnishings, room design, lighting, importance of

sound, temperature, and color of therapy room). The overall multivariate effect was not significant, $F(28, 488) = .805, p = .763$, indicating that clients with different lengths of therapy did not differ on the physical environment attribute overall scores. As shown in Table 65, the results failed to reveal significant univariate effects for length of therapy on the overall scores for accessories, furnishings, room design, lighting, importance of sound, temperature, and color of therapy room (all *ns*).

Table 64

Means and Standard Deviations for Physical Environment Attribute Subscale Mean Scores by Time in Therapy

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Accessories Subscale				0.815	.517
1-4 months	74	3.45	0.69		
5-8 months	30	3.23	0.80		
9-12 months	13	3.45	0.51		
1-2 years	17	3.46	0.88		
2 or more years	17	3.58	0.60		
Furnishings Subscale				0.256	.906
1-4 months	74	3.84	0.69		
5-8 months	30	3.71	0.70		
9-12 months	13	3.78	0.72		
1-2 years	17	3.75	0.87		
2 or more years	17	3.72	0.40		

Table 64, continued

*Means and Standard Deviations for Physical Environment Attribute Subscale Mean**Scores by Time in Therapy*

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Room Design Subscale				0.518	.722
1-4 months	74	4.23	0.66		
5-8 months	30	4.21	0.48		
9-12 months	13	4.42	0.54		
1-2 years	17	4.34	0.56		
2 or more years	17	4.18	0.43		
Lighting Subscale				0.297	.880
1-4 months	74	3.71	0.73		
5-8 months	30	3.65	0.37		
9-12 months	13	3.61	0.47		
1-2 years	17	3.53	0.76		
2 or more years	17	3.66	0.51		
Sound Subscale				0.905	.463
1-4 months	74	4.48	0.48		
5-8 months	30	4.49	0.53		
9-12 months	13	4.74	0.24		
1-2 years	17	4.49	0.64		
2 or more years	17	4.61	0.54		

Table 65

Means and Standard Deviations for Physical Environment Attribute Overall Items by Time in Therapy

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Accessories				1.904	.113
1-4 months	72	3.61	1.06		
5-8 months	30	3.20	1.37		
9-12 months	11	3.91	1.04		
1-2 years	16	3.44	1.41		
2 or more years	17	4.06	0.66		
Overall Furnishings				1.360	.251
1-4 months	72	4.18	0.95		
5-8 months	30	3.93	1.14		
9-12 months	11	4.27	0.90		
1-2 years	16	4.50	0.82		
2 or more years	17	4.47	0.62		
Overall Room Design				0.684	.604
1-4 months	72	4.13	0.99		
5-8 months	30	4.30	0.70		
9-12 months	11	4.36	1.21		
1-2 years	16	4.50	0.82		
2 or more years	17	4.18	0.88		
Overall Lighting				0.562	.691
1-4 months	72	4.11	0.88		
5-8 months	30	4.20	0.55		
9-12 months	11	4.36	0.92		
1-2 years	16	4.31	1.01		
2 or more years	17	4.35	0.49		

Table 65, continued

Means and Standard Deviations for Physical Environment Attribute Overall Items by Time in Therapy

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Overall Importance of Sound				0.405	.804
1-4 months	72	4.40	0.74		
5-8 months	30	4.43	0.77		
9-12 months	11	4.64	0.50		
1-2 years	16	4.25	1.06		
2 or more years	17	4.41	0.80		
Overall Temperature				0.080	.988
1-4 months	72	4.22	0.77		
5-8 months	30	4.23	0.94		
9-12 months	11	4.18	0.98		
1-2 years	16	4.31	0.60		
2 or more years	17	4.29	0.47		
Overall Color				0.780	.540
1-4 months	72	3.97	0.92		
5-8 months	30	3.77	0.97		
9-12 months	11	4.27	0.65		
1-2 years	16	4.06	0.85		
2 or more years	17	4.00	0.61		

CRF-S subscales. A one-way (length of time in therapy: 1-4 months vs. 5-8 months vs. 9-12 months vs. 1-2 years vs. 2 years or more) MANOVA was conducted to examine group differences in length of therapy on the CRF-S subscales (attractiveness, expertness, trustworthiness). The overall multivariate effect was not significant, $F(12, 381) = 1.638, p = .079$, indicating that clients with different lengths of therapy did not

differ on the CRF-S subscales. As shown in Table 66, the univariate results revealed a marginally significant effect for time in therapy on trustworthiness, $F(4, 146) = 2.385$, $p = .054$. Post hoc comparisons using Tukey's HSD failed to reveal significant differences between the groups. Pairwise comparisons using Fisher's LSD, however, indicated that clients who had been in therapy for 1-4 months perceived their therapist as less trustworthy ($M = 5.86$, $SD = 1.36$) compared to those who had been in therapy longer, including for 1-2 years ($M = 6.56$, $SD = .66$, $p < .05$) and 2 or more years ($M = 6.56$, $SD = .51$, $p < .05$). The univariate results failed to reveal significant univariate effects for length of therapy on the CRF-S subscales of attractiveness or expertness (all *ns*).

Table 66

Means and Standard Deviations for Physical Environment by CRF-S Subscales by Time in Therapy

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Attractiveness				1.869	.119
1-4 months	74	5.87	1.31		
5-8 months	30	5.85	1.39		
9-12 months	13	5.85	0.86		
1-2 years	17	6.38	0.91		
2 or more years	17	6.59	0.44		

Table 66, continued

Means and Standard Deviations for Physical Environment by CRF-S Subscales by Time in Therapy

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Expertness				1.320	.265
1-4 months	74	5.65	1.32		
5-8 months	30	5.67	1.36		
9-12 months	13	6.23	0.77		
1-2 years	17	6.10	1.27		
2 or more years	17	6.15	0.92		
Trustworthiness				2.385	.054
1-4 months	74	5.86	1.36		
5-8 months	30	5.96	1.26		
9-12 months	13	6.38	0.77		
1-2 years	17	6.56	0.66		
2 or more years	17	6.56	0.51		

Client Age

Attribute subscale scores. Pearson's product moment correlations were conducted to examine the relationships between client age and the physical environment attribute subscale scores (see Table 67). The results revealed a significant negative correlation between client age and the furnishing subscale, $r(151) = -.239, p < .01$. This finding suggests that younger clients tended to place more importance on the furnishings in their therapists office.

Table 67

Pearson's Product Moment Correlations for Age and Physical Environment Attribute Subscale Mean Scores

	Age
Accessories Subscale	-0.095
Furnishings Subscale	-0.239**
Room Design Subscale	-0.057
Lighting Subscale	-0.051
Sound Subscale	0.107

Note: ** $p < .01$

Overall attribute importance ratings. Pearson's product moment correlations were conducted to examine the relationships between client age and the physical environment attribute overall scores (see Table 68). The results did not reveal any significant positive correlation between client age and the physical environment attribute overall scores.

Table 68

*Pearson's Product Moment Correlations for Age and Physical Environment Attribute**Overall Items*

	Age
Overall Accessories	-0.063
Overall Furnishings	-0.068
Overall Room Design	0.027
Overall Lighting	0.035
Overall Importance of Sound	0.073
Overall Temperature	0.006
Overall Color	-0.048

CRF-S subscales. Pearson's product moment correlations were conducted to examine the relationships between client age and the CRF-S subscales (see Table 69). The results revealed a significant positive correlation between client age and the CRF-S trustworthiness subscale, $r(151) = .159, p < .05$. This finding suggests that older clients tended to find their therapist as more trustworthy.

Table 69

Pearson's Product Moment Correlations for Age and CRF-S Subscales

	Age
Attractiveness	0.064
Expertness	0.134
Trustworthiness	0.159*

Note: * denotes $p < .05$.

Primary Analysis: Physical Environment Attributes

A major purpose of the current study was to examine the importance of physical environment attributes to determine if the items were rated differently and whether clients and therapists differed on the attributes deemed important. Therefore, separate repeated measures ANOVAs were conducted on the items used to assess the importance of the physical attributes, using the items as within subjects effects and respondent type as between subjects effects. A one-way ANOVA was used to determine whether clients and therapists differed on their preferred temperature of the therapy room. In terms of color preferences, a series of crosstab analyses using Pearson's chi-square test were conducted to examine the relationships between respondent type and color preference. In addition, separate repeated measures analyses were conducted using the subscale mean scores and

the items assessing overall importance as the within subjects effects and respondent type as the between subjects effect. The results are presented in the below subsections.

Accessories

The five items assessing the importance of accessories were analyzed to determine if there were differences in ratings across respondent type, as well as to determine if therapists and clients rated the items differently. More specifically, a repeated measures ANOVA using the accessories items as the within subjects effect and respondent type (therapist vs. client) as the between subjects effect was conducted. There was a significant effect for respondent type, $F(1, 219) = 7.78, p < .01$ (see Table 70). Overall, therapists rated the accessories as more important ($M = 3.69, SE = .08$) than clients ($M = 3.41, SE = .06$). The results revealed a significant effect for item, $F(4, 876) = 19.86, p < .001$, indicating that there were differences in how respondents rated the accessories items. Pairwise comparisons using Fisher's Least Significant Difference (LSD) indicated that that across respondent type, personal memorabilia was rated as least important ($M = 3.04, SE = .09$) and significantly less important than the other four items, including artwork ($M = 3.66, SE = .07$), plants ($M = 3.66, SE = .08$), clock ($M = 3.79, SE = .09$), magazines/books ($M = 3.35, SE = .09$). In addition, across respondent type, magazines/books ($M = 3.35, SE = .09$) were rated as significantly less important than artwork ($M = 3.66, SE = .07$), plants ($M = 3.66, SE = .08$), and clocks ($M = 3.79, SE = .09$). Finally, across respondent type, artwork ($M = 3.66, SE = .07$) was significantly more important than plants ($M = 3.66, SE = .08$).

Table 70

Means and Standard Deviations for Accessories Items by Respondent Type

	Therapist		Client		<i>d</i>
	Mean (<i>n</i> = 71)	<i>SE</i>	Mean (<i>n</i> = 150)	<i>SE</i>	
Artwork	4.20	0.12	3.59	0.08	0.50**
Plants	3.77	0.14	3.55	0.09	0.18
Clock	4.20	0.15	3.39	0.10	0.68**
Personal Memorabilia	2.96	0.15	3.13	0.10	-0.15
Magazines, Books	3.32	0.15	3.37	0.10	-0.04

Note: ** $p < .01$.

The results also revealed a significant interaction effect for item x respondent type, $F(4, 876) = 7.21, p < .001$. Therapists rated artwork ($M = 4.20, SE = .12$) and clocks ($M = 4.20, SE = .15$) as the most important and significantly more important than plants ($M = 3.78, SE = .14$), personal memorabilia ($M = 2.96, SE = .15$), and magazines/books ($M = 3.32, SE = .15$). In addition, therapists rated plants ($M = 3.78, SE = .14$) as significantly more important than personal memorabilia ($M = 2.96, SE = .15$) and magazines/books ($M = 3.32, SE = .15$). Clients, on the other hand, rated personal memorabilia as least important ($M = 3.13, SE = .10$), and significantly less important than

artwork ($M = 3.59$, $SE = .08$), plants ($M = 3.55$, $SE = .09$), and magazines/books ($M = 3.37$, $SE = .10$).

Furnishings

A repeated measures ANOVA was conducted on the five items assessing the importance of furniture using item as the within subjects effect and respondent type as the between subjects effect (see Table 71). The results failed to reveal a significant effect for respondent type, $F(1, 217) = 1.22$, $p = .271$. There was, however, a significant effect for item, $F(4, 868) = 110.43$, $p < .001$. Pairwise comparisons using Fisher's LSD indicated that across respondent type, chairs were rated as the most important ($M = 4.69$, $SE = .04$) and significantly more important than couches ($M = 4.26$, $SE = .07$, $p < .001$), desks ($M = 3.25$, $SE = .10$, $p < .001$), tables ($M = 3.15$, $SE = .09$, $p < .001$), or coffee tables ($M = 2.93$, $SE = .09$, $p < .001$). In addition, across respondent type, couches ($M = 4.26$, $SE = .07$) were rated as significantly more important than desks ($M = 3.25$, $SE = .10$, $p < .001$), tables ($M = 3.15$, $SE = .09$, $p < .001$), or coffee tables ($M = 2.93$, $SE = .09$, $p < .001$). Finally, across respondent type, coffee tables were rated as least important ($M = 2.93$, $SE = .09$) and significantly less important than chairs ($M = 4.69$, $SE = .04$, $p < .001$), couches ($M = 4.26$, $SE = .07$, $p < .001$), desks ($M = 3.25$, $SE = .10$, $p < .001$), and tables ($M = 3.15$, $SE = .09$, $p < .001$).

The results also revealed a significant interaction effect for item x respondent type, $F(4, 868) = 110.43$, $p < .001$. Pairwise comparisons using Fisher's LSD indicated that therapists rated coffee tables as least important ($M = 2.77$, $SE = .15$) and significantly less important than chairs ($M = 4.75$, $SE = .07$, $p < .001$), couches ($M = 4.13$, $SE = .12$, p

< .001), desks ($M = 3.20$, $SE = .16$, $p < .001$), and tables ($M = 3.27$, $SE = .16$, $p < .001$).

In addition, therapists rated chairs ($M = 4.75$, $SE = .07$) as most important and significantly more important than the rest of the furniture items, including couches ($M = 4.13$, $SE = .12$, $p < .001$), desks ($M = 3.20$, $SE = .16$, $p < .001$), tables ($M = 3.27$, $SE = .16$, $p < .001$), and coffee tables ($M = 2.68$, $SE = .15$, $p < .001$).

Table 71

Means and Standard Deviations for Furnishings Items by Respondent Type

	Therapist		Client		<i>d</i>
	Mean (<i>n</i> = 71)	<i>SE</i>	Mean (<i>n</i> = 148)	<i>SE</i>	
Chairs	4.75	0.07	4.64	0.05	0.10
Couch	4.13	0.12	4.40	0.08	-0.24
Desk	3.20	0.16	3.31	0.11	-0.10
Table	3.27	0.15	3.03	0.11	0.21
Coffee Table	2.68	0.15	3.19	0.10	-0.45*

Note: * $p < .05$

Therapists also rated couches ($M = 4.13$, $SE = .12$) as more important than desks ($M = 3.20$, $SE = .16$, $p < .001$), tables ($M = 3.27$, $SE = .16$, $p < .001$), and coffee tables ($M = 2.68$, $SE = .15$, $p < .001$). Clients also rated chairs as significantly more important ($M = 4.64$, $SE = .05$) than the rest of the furniture items, including couches ($M = 4.40$, $SE =$

.09, $p < .001$), desks ($M = 3.31$, $SE = .11$, $p < .001$), tables ($M = 3.03$, $SE = .11$, $p < .001$), and coffee tables ($M = 3.19$, $SE = .10$, $p < .001$). In addition, clients rated couches ($M = 4.40$, $SE = .09$) as significantly more important than desks ($M = 3.31$, $SE = .11$, $p < .001$), tables ($M = 3.03$, $SE = .11$, $p < .001$), and coffee tables ($M = 3.19$, $SE = .10$, $p < .001$). Clients rated tables as significantly less important ($M = 3.03$, $SE = .11$) than chairs ($M = 4.64$, $SE = .05$, $p < .001$), couches ($M = 4.40$, $SE = .09$, $p < .001$), and desks ($M = 3.31$, $SE = .11$, $p < .001$).

Room Design .

The three items assessing the importance of room design were analyzed to determine if there were differences in ratings across respondent type, as well as to determine if therapists and clients rated the items differently (see Table 72). More specifically, a repeated measures ANOVA was conducted using the three room design items as within subjects effects and respondent type as the between subjects effect. The results revealed a significant effect for respondent type, $F(1, 223) = 10.84$, $p < .01$. Overall, therapists rated the importance of room design as greater ($M = 4.50$, $SE = .06$) than the clients ($M = 4.25$, $SE = .04$). There was also a significant item effect, $F(2, 446) = 69.54$, $p < .001$. Across respondent type, mobility of furniture was rated as least important ($M = 3.84$, $SE = .08$) and significantly less important than comfort ($M = 4.76$, $SE = .04$, $p < .001$) and proximity/distance from therapist ($M = 4.53$, $SE = .05$, $p < .001$). In addition, across respondent type, comfort was rated as most important ($M = 4.76$, $SE = .04$) and significantly more important than mobility of furniture ($M = 3.84$, $SE = .08$, $p < .001$) and proximity/distance from therapist ($M = 4.52$, $SE = .05$, $p < .001$). The results

failed to reveal a significant interaction effect for item x respondent type on the furniture items, $F(2, 446) = 2.04, p = .139$.

Table 72

Means and Standard Deviations for Room Design Items by Respondent Type

	Therapist		Client		<i>d</i>
	Mean (<i>n</i> = 73)	<i>SE</i>	Mean (<i>n</i> = 152)	<i>SE</i>	
Comfort	4.79	0.07	4.72	0.05	0.08
Mobility of Furniture	4.03	0.13	3.64	0.09	0.45**
Distance from Therapist	4.68	0.09	4.37	0.06	0.37*

Note: * $p < .05$, ** $p < .01$

Lighting

A repeated measures ANOVA was conducted to examine the three items assessing the importance of lighting, using the lighting items as the within subjects effect and respondent type as the between subjects effect. The results revealed a marginally significant effect for respondent type, $F(1, 222) = 3.81, p = .052$ (see Table 73). Overall, therapists rated the importance of lighting as marginally more important ($M = 3.70, SE = .08$) than the clients ($M = 3.50, SE = .06$). There was also a significant effect for item, $F(2, 444) = 158.75, p < .001$. Pairwise comparisons using Fisher's LSD indicated that

bright lighting was rated as significantly less important ($M = 2.53$, $SE = .09$) than soft ($M = 4.11$, $SE = .07$, $p < .001$) and natural lighting ($M = 4.16$, $SE = .06$, $p < .001$). The results failed to reveal a significant interaction effect for item x respondent type on the lighting items, $F(2, 444) = 1.18$, $p = .303$.

Table 73

Means and Standard Deviations for Lighting Items by Respondent Type

	Therapist		Client		<i>d</i>
	Mean (<i>n</i> = 71)	<i>SE</i>	Mean (<i>n</i> = 153)	<i>SE</i>	
Soft	4.30	0.12	3.92	0.08	0.35*
Natural	4.23	0.11	4.10	0.07	0.12
Bright	2.56	0.15	2.49	0.10	0.07

Note: * $p < .05$

Sound

The two items assessing the importance of sound were analyzed to determine if there were differences in ratings across respondent type, as well as to determine if therapists and clients rated the items differently (see Table 74). More specifically, a repeated measures ANOVA was conducted using the two sound items as within subjects effects and the respondent type as a between subjects effect. The results revealed a significant effect for respondent type, $F(1, 222) = 14.75$, $p < .001$. Overall, therapists

rated sound as more important ($M = 4.82, SE = .05$) than clients ($M = 4.59, SE = .03$). There was also a significant effect for item, $F(1, 222) = 80.79, p < .001$. Pairwise comparisons using Fisher's LSD revealed that across respondent type, sense of privacy was rated as more important ($M = 4.96, SE = .02$) than transmission of sound ($M = 4.44, SE = .06, p < .001$). The results also revealed a significant interaction effect for item x respondent type, $F(1, 222) = 7.26, p < .01$. Therapists rated the transmission of sound as more important ($M = 4.63, SE = .09$) than clients ($M = 4.25, SE = .06$). Therapists rated sense of privacy as significantly more important ($M = 5.00, SE = .03$) than transmission of sound ($M = 4.63, SE = .09, p < .001$). Similarly, clients rated sense of privacy as significantly more important ($M = 4.93, SE = .02$) than transmission of sound ($M = 4.25, SE = .06, p < .001$).

Table 74

Means and Standard Deviations for Sound Items by Respondent Type

	Therapist		Client		<i>d</i>
	Mean (<i>n</i> = 71)	<i>SE</i>	Mean (<i>n</i> = 173)	<i>SE</i>	
Transmission of Sound	4.63	0.09	4.25	0.06	0.66**
Sense of Privacy	5.00	0.03	4.93	0.02	0.12

Note: ** $p < .01$

Temperature

The temperature subscale included one item, and therefore, a one-way ANVOA was conducted to determine if there were differences in temperature preference of the counseling room based on respondent type (see Table 75). The results failed to reveal a significant effect for respondent type, $F(1, 223) = 1.47, p = .227$, indicating that therapists and clients did not differ in how they rated preferred temperatures. The means and standard deviations are displayed in Table 75.

Table 75

Means and Standard Deviations for Temperature Preference by Respondent Type

	<i>N</i>	Mean	<i>SD</i>	<i>F</i>	<i>p</i>
Therapist	72	4.38	0.66	1.466	.227
Client	153	4.25	0.76		

Color

Color preferences were examined by respondent type to determine if there were differences between therapists and clients (see Table 76). More specifically, crosstab analyses using Pearson's chi-square tests were conducted for each color preference by respondent type. The results are displayed in Table 76. The results revealed a significant relationship between respondent type and red, $\chi^2(1) = 5.43, p < .05$. A greater proportion of clients preferred red (12.3%) compared to therapists (2.7%).

Table 76

Frequencies and Percentages for Color Preferences by Respondent Type

		Therapist		Client	
		n	%	n	%
Blue ^a	Unchecked	24	32.9	66	42.9
	Checked	49	67.1	88	57.1
Green ^b	Unchecked	32	43.8	75	48.7
	Checked	41	56.2	79	51.3
Red ^c	Unchecked	71	97.3	135	87.7
	Checked	2	2.7	19	12.3
Yellow ^d	Unchecked	58	79.5	113	73.4
	Checked	15	20.5	41	26.6
Orange ^e	Unchecked	69	94.5	133	86.4
	Checked	4	5.5	21	13.6
Brown ^f	Unchecked	44	60.3	101	65.6
	Checked	29	39.7	53	34.4
Black ^g	Unchecked	71	97.3	142	92.2
	Checked	2	2.7	12	7.8
White ^h	Unchecked	57	78.1	114	74.0
	Checked	16	21.9	40	26.0

Note: ^a $\chi^2(1) = 2.06, ns$; ^b $\chi^2(1) = 47, ns$; ^c $\chi^2(1) = 5.43, p < .05$; ^d $\chi^2(1) = .98, ns$; ^e $\chi^2(1) = 3.36, p = .067$; ^f $\chi^2(1) = .605, ns$; ^g $\chi^2(1) = 2.19, ns$; ^h $\chi^2(1) = .44, ns$.

There was also a marginally significant relationship between respondent type and orange, $\chi^2(1) = 3.36, p = .067$. A marginally greater proportion of clients preferred orange (13.6%) compared to therapists (5.5%). The results failed to reveal significant relationships between respondent type and preferences for blue, green, yellow, brown, black, or white, all *ns* (see Table 76).

Physical Environment Attribute Measures

The items assessing overall importance of the physical environment attributes were analyzed to determine if there were differences in ratings across respondent type, as well as to determine if therapists and clients rated the items differently (see Table 77). More specifically, a repeated measures ANOVA was conducted using the items assessing the overall importance of the physical environment attributes as within subjects effects and respondent type as between subjects effects. The results revealed a significant effect for respondent type, $F(1, 213) = 9.27, p < .01$. Overall, therapists rated the items as more important ($M = 4.35, SE = .06$) than clients ($M = 4.12, SE = .04$). There was also a significant item effect, $F(6, 1278) = 23.04, p < .001$. Across respondent type, accessories were rated as the least important ($M = 3.75, SE = .08$) and significantly less important than furnishings ($M = 4.31, SE = .07, p < .001$), room design ($M = 4.40, SE = .06, p < .001$), lighting ($M = 4.33, SE = .06, p < .001$), sound ($M = 4.51, SE = .05, p < .001$), temperature ($M = 4.29, SE = .05, p < .001$), and color ($M = 4.07, SE = .06, p < .001$). In addition, color was also rated as less important ($M = 4.07, SE = .06$) than furnishings ($M = 4.31, SE = .07, p < .001$), room design ($M = 4.40, SE = .06, p < .001$), lighting ($M = 4.33, SE = .06, p < .001$), sound ($M = 4.51, SE = .05, p < .001$), and

temperature ($M = 4.29$, $SE = .05$, $p < .001$). Finally, sound was rated as the most important ($M = 4.51$, $SE = .05$), and significantly more important than accessories ($M = 3.75$, $SE = .08$), furnishings ($M = 4.31$, $SE = .07$, $p < .001$), lighting ($M = 4.33$, $SE = .06$, $p < .001$), temperature ($M = 4.29$, $SE = .05$, $p < .001$), and color ($M = 4.07$, $SE = .06$, $p < .001$).

The results failed to reveal a significant interaction effect for item x respondent type, $F(6, 1278) = .57$, $p = .721$.

Table 77

Means and Standard Deviations for Physical Attributes Overall Items by Respondent Type

	Therapist		Client		<i>d</i>
	Mean (<i>n</i> = 67)	<i>SE</i>	Mean (<i>n</i> = 148)	<i>SE</i>	
Overall Accessories	3.90	0.13	3.59	0.09	0.35
Overall Furnishings	4.40	0.11	4.21	0.07	0.23
Overall Room Design	4.57	0.10	4.23	0.07	0.40
Overall Lighting	4.46	0.09	4.20	0.06	0.31
Overall Sound	4.64	0.09	4.38	0.06	0.31
Overall Temperature	4.34	0.09	4.24	0.06	0.12
Overall Color	4.16	0.10	3.97	0.07	0.23

In order to examine differences in physical environment attribute measures, a repeated measures ANOVA was conducted using the mean subscale scores for the physical environment attributes (accessories, furnishings, room design, lighting, sound) as the within subjects effect and respondent type as the between subjects effect (see Table 78). The results revealed a significant effect for respondent type, $F(1, 224) = 13.11, p < .001$. Overall, therapists had greater scores than clients ($M = 4.14, SE = .05$), indicating that they placed more importance on the items than clients ($M = 3.93, SE = .03$). There was also a significant effect for item, $F(4, 896) = 168.96, p < .001$. Across respondent type, sound was rated as most important ($M = 4.64, SD = .03$) and significantly more important than accessories ($M = 3.59, SE = .05, p < .001$), furnishings ($M = 3.76, SE = .05, p < .001$), room design ($M = 4.39, SE = .04, p < .001$), and lighting ($M = 3.79, SE = .04, p < .001$). Accessories were rated as least important ($M = 3.59, SE = .05, p < .001$) and significantly less important than furnishings ($M = 3.76, SE = .05, p < .001$), room design ($M = 4.39, SE = .04, p < .001$), lighting ($M = 3.79, SE = .04, p < .001$), and sound ($M = 4.64, SE = .03, p < .001$). In addition, room design ($M = 4.39, SE = .04$) was rated as more important than furnishings ($M = 3.76, SE = .05, p < .001$) and lighting ($M = 3.79, SE = .04, p < .001$).

The results also revealed a significant interaction effect for item x respondent type, $F(4, 896) = 1.16, p < .01$. Therapists rated sound ($M = 4.77, SE = .05$) as more important than the other four attributes, including accessories ($M = 3.74, SE = .08, p < .001$), furnishings ($M = 3.73, SE = .08, p < .001$), room design ($M = 4.54, SE = .06, p < .001$), and lighting ($M = 3.91, SE = .07, p < .001$). In addition, therapists rated room

design ($M = 4.54$, $SE = .06$) as more important than accessories ($M = 3.74$, $SE = .08$, $p < .001$), furnishings ($M = 3.73$, $SE = .08$, $p < .001$), and lighting ($M = 3.91$, $SE = .07$, $p < .001$). Finally, therapists also rated lighting ($M = 3.91$, $SE = .07$) as more important than both accessories ($M = 3.74$, $SE = .08$, $p < .001$) and furnishings ($M = 3.73$, $SE = .08$, $p < .001$). Similarly, clients also rated sound ($M = 4.51$, $SE = .04$) and room design ($M = 4.25$, $SE = .04$) as the most important attributes, however, they rated furnishings ($M = 3.79$, $SE = .05$) as more important than both accessories ($M = 3.43$, $SE = .06$, $p < .001$) and lighting ($M = 3.67$, $SE = .05$, $p < .001$). In addition, lighting was rated as more important ($M = 3.67$, $SE = .05$) than accessories ($M = 3.43$, $SE = .06$, $p < .001$).

Table 78

Means and Standard Deviations for Physical Attributes Subscale Mean Scores by Respondent Type

	<u>Therapist</u>		<u>Client</u>		<i>d</i>
	Mean (<i>n</i> = 72)	<i>SE</i>	Mean (<i>n</i> = 154)	<i>SE</i>	
Accessories Subscale	3.74	0.08	3.43	0.05	0.51*
Furnishing Subscale	3.73	0.08	3.79	0.05	-0.10
Room Design Subscale	4.53	0.06	4.25	0.04	0.49*
Lighting Design Subscale	3.91	0.07	3.67	0.05	0.41
Sound Subscale	4.77	0.05	4.51	0.04	0.43*

Note: * $p < .05$

Primary Analysis: CRF-S and Physical Environment Attributes

Client respondents completed the CRF-S as part of their online survey. The CRF-S measures client perceptions of therapist attractiveness, expertness, and trustworthiness. As shown in Table 79, the average attractiveness score was 6.00 ($SD = 1.19$) and ranged from 1.75 to 7.00. The average expertness score was slightly less ($M = 5.80$, $SD = 1.24$) and ranged from 2.00 to 7.00. Finally, the average trustworthiness score was 6.07 ($SD = 1.18$) and ranged from 1.75 to 7.00.

Table 79

Means and Standard Deviations for CRF-S Scores (Attractiveness, Expertness, Trustworthiness)

	<i>N</i>	Mean	<i>SD</i>	<i>Min</i>	<i>Max</i>
CRF-S Attractiveness	154	6.00	1.19	1.75	7.00
CRF-S Expertness	154	5.80	1.24	2.00	7.00
CRF-S Trustworthiness	154	6.07	1.18	1.75	7.00

Analyses using Pearson's product moment correlations were conducted to examine the relationships between the CRF-S subscale scores (attractiveness, expertness, trustworthiness) and the Physical Environment Attribute ratings. The analysis was conducted using the Physical Environment Attribute subscale means as well as the items

assessing the overall importance ratings for the attributes. The results are presented in Tables 80 – 85 and in the below subsections.

Attractiveness

Analyses were conducted to examine the relationship between attractiveness and the Physical Environment Attribute subscale means. As shown in Table 80, the results failed to reveal any significant correlations between client rating of therapist attractiveness and the importance of physical environment attributes (all *ns*). In addition, analyses were conducted to examine the relationship between attractiveness and the items assessing overall ratings for the physical environment attributes (see Table 81). The results revealed a significant positive correlation between attractiveness and lighting, $r(149) = .163, p < .05$, indicating that client ratings of therapist attractiveness increased as client ratings of importance for overall lighting increased.

Expertness

Analyses were conducted to examine the relationship between expertness and the Physical Environment Attribute subscale means. There was a significant positive correlation between the lighting subscale and expertness, $r(152) = .176, p < .05$ (see Table 80). Higher perceptions of therapist expertness were associated with more importance on lighting. In addition, analyses were conducted to examine the relationship between expertness and the items assessing overall ratings for the physical environment attributes (see Table 81). The results revealed a significant positive correlation between expertness and lighting, $r(149) = .210, p < .01$, indicating that client ratings of therapist expertness increased as client ratings of importance for overall lighting increased.

Table 80

Pearson's Product Moment Correlations for Physical Attribute Subscale Mean Scores and Client Ratings of Therapist Attractiveness, Expertness, and Trustworthiness

	Attractiveness	Expertness	Trustworthiness
Accessories	0.087	0.145	0.109
Furnishings	-0.034	0.000	-0.072
Room Design	0.009	0.090	0.61
Lighting	0.135	0.176*	0.137
Sound	-0.025	0.078	0.078

Note: * $p < .05$

Trustworthiness

Analyses were conducted to examine the relationship between trustworthiness and the Physical Environment Attribute subscale means (see Table 80). The results failed to reveal any significant correlations between client rating of therapist trustworthiness and the importance of physical environment attributes (all *ns*). In addition, analyses were conducted to examine the relationship between trustworthiness and the items assessing overall ratings for the physical environment attributes (see Table 81). The results revealed a significant positive correlation between trustworthiness and lighting, $r(149) =$

.209, $p < .05$, indicating that client ratings of therapist trustworthiness increased as client ratings of importance for overall lighting increased.

Table 81

Pearson's Product Moment Correlations for Overall Physical Attribute Scores and Client Ratings of Therapist Attractiveness, Expertness, and Trustworthiness

	Attractiveness	Expertness	Trustworthiness
Overall Accessories	0.116	0.151	0.125
Overall Furnishings	0.005	-0.028	-0.023
Overall Room Design	0.050	0.090	0.087
Overall Lighting	0.163*	0.210**	0.209*
Overall Sound	-0.012	0.075	0.058
Overall Temperature	0.096	0.153	0.110
Overall Color	-0.004	-0.008	-0.052

Note: * $p < .05$, ** $p < .01$

Qualitative Findings

Participants were asked to answer 4 – 8 open-ended interview questions designed to answer the following qualitative research questions:

1. What aspects of the physical environment of the therapy room are viewed as important?
2. What aspects of the physical environment of the therapy room influence client retention?

Responses were then analyzed and coded for themes. The remainder of this section outlines the results and themes identified from the responses to each research question. All participant responses were coded based upon the order in which the surveys were received and according to participant type (client or therapist).

In order to ascertain which aspects of the physical environment of the therapy room were viewed as important the researcher asked therapists to: (a) Please describe in detail the room in which you conduct therapy, and (b) please describe how they thought clients would describe the room in which they conduct therapy. They were also asked (c) to discuss how they decided to arrange and/or decorate the room in which they conducted therapy, and (d) what aspects of the physical environment of the therapy room they thought their clients might say stood out to them.

Clients were asked (a) to please describe in detail what they noticed about the physical environment of the therapy room, and (b) what aspects of the physical environment of the therapy room stood out to them. The following paragraphs outline each of the interview questions along with the themes that emerged from their responses.

Description of Environment

Both therapists and clients were asked to describe the physical environment of the therapy room in detail. The researcher then analyzed the responses and coded them according to the seven different aspects of the physical environment. Based upon this analysis, an overwhelming number of therapists and clients described the therapy room according to the furnishings and accessories present.

Furnishings. Almost 90% of the participants described furnishings such as the couch and chair. The couch was commonly described as comfortable, soft, and large. Chairs were described based upon how large they were, whether they rolled on the floor, and as being either the therapist's chair or client's chair to sit in. One client commented on the chairs by stating, "The therapists chair was larger than the other one" (#23). Another client noted that there appeared to be assigned seating, a large chair for the client to sit in and one for the therapist (#41).

In addition to describing the couch and chairs, clients and therapists also mentioned furnishings such as end tables, desks, file cabinets, and bookshelves. The following examples highlight this theme: "...there was a large wooden desk with a computer, and a big set of book cases with glass doors on top and filing drawers on bottom..."(Client #51). "She has a small desk in the corner but it is not cluttered...there is an ottoman in between us that you can put your feet up on or set your drink on....and there is a small table next to her chair..."(Client #73). The following comments were made by therapists, "There is a board table with several cushioned swivel chairs and a separate section with couches" (#17); and "there is a love seat where most clients sit. I sit

in a leather covered shaker rocker and there is another rocker for more clients. I have a desk and a file cabinet and side table. I have a coffee table in front of the love seat. I have a 20 lb fish tank with five gold fish” (#27).

Accessories. In addition to furnishings, the majority of clients and therapists stated they noticed the following accessories: pictures on the walls, plants, flowers, candles and the clock. Other miscellaneous accessories mentioned by therapists and clients included lamps, box of Kleenex, video camera, and toys. Regarding the accessories in the therapy room, one client stated there was a “...table which had a water sculpture on it where you could sit and listen to the water cascading into the rocks” (Client #16). Another client stated, “the counselor had framed photos of sailboats or sea-related theme, which I liked to look at while I was talking and thinking. He had a bookshelf to the left which was sometimes distracting as I would see titles of books that I might wonder about” (#42). One client even commented on the feelings elicited from the accessories, he said, “There were motivational posters on the wall. There was a little water fountain with bamboo growing from it that set a quiet and relaxing mood. The desk was tidy, no books or other distracting materials were in the room” (#135). In regards to accessories, one therapist made the following comment,

There is a picture of a streak of lightening on the right wall. On the left wall, a wooden clock has a dark mahogany stain and resembles a piece of art. There are four degree plaques on the back wall. In addition, there is an oblong shaped basket of squish stress balls made of different colors and shapes e.g.: apples, worlds, baseballs, multi-colored balls. (#13)

Although both clients and therapists were asked to describe the physical environment of the therapy room, therapists were also asked to describe how they thought clients would describe the room in which they conducted therapy. Similar to their previous responses, they noted accessories as being important; however, they also mentioned lighting as another aspect of the environment that would stand out to clients. The following quotes will help to illustrate the importance that therapists perceived their clients would place upon lighting and accessories.

Lighting. When discussing the lighting in the room, many therapists referred to the level of brightness. While most therapists stated they perceived their clients liked the lighting to be natural or subdued, one therapist stated, “The room is bright and helps the clients to relax” (# 10). Therapists who stated they felt clients preferred natural or subdued lighting made comments such as, “They seem to like the window. I have chairs all over the room, but they choose to face the window” (#55). Another therapist stated, “I think in general most like having the large window with natural light” (#125). In regards to the subdued lighting, one therapist stated “...it’s all indirect lighting, with four lamps rather than using the overhead lights” (#41.) One therapist indirectly referred to the natural lighting by stating, “I know they like the view because they comment on it” (#77).

Accessories. In regards to the accessories in the room, therapists seemed to very aware of the attention their diplomas and accessories on the walls received. One therapist stated that she hoped clients would describe the office as comfortable and that she did not

think the clients saw the licenses or diplomas on the walls (#6). Whereas another therapist stated,

I have the appropriate framed credentials hanging on my wall when they enter; however, I am uncertain how these are received or even noticed. I think they would perceive the space as comfortable but perhaps cluttered to an extent since they can see my desk, which is admittedly quite messy at times. However, I think they appreciate the “soft”; quality of my office that is created with art, light, and color. (Therapist #118)

The following is another comment related to how the art or pictures on the walls might stand out to clients, “...a couple of people have commented on a picture on that wall that is an illustration from Peter Pan and until they get the reference they wonder why there is a skull in it” (Therapist #27).

When commenting on the accessories in the room others mentioned plants, toys, pillows, etc. For example, one therapist stated,

I think that they would describe it [office] as comfortable....most of them would say they like the pillows on the chairs (many of them hold onto a pillow during session). I think they also like the fountain and bowl of rocks (some will play; with a rock during session. (Therapist #125)

Design/Arrangement of Therapy Room

Another question designed to elicit information regarding important aspects of the physical environment of the therapy room, asked therapists to please discuss how they decided to arrange and/or decorate the room in which they conduct therapy. According

to their responses, therapists appeared to arrange/decorate their offices based upon either function and necessity or wanting to elicit a feeling of acceptance.

Function and necessity. Examples of the choice to decorate/arrange for function and necessity include:

Some was the furniture I already had. I wanted clients to have a choice of a chair or the couch. I also wanted the clock free of obstructions so that I can track the time without being obvious. (Therapist #6)

We attempted to have many sitting options available for clients and families, so there would be some choice for people based on boundaries, comfort ability, etc. Some of my choices for decoration were limited to what was around since we are a non-profit but we choose artwork that was unique and interesting but not too over the top. (Therapist #12)

My office is relatively fixed with the furniture; there is not a lot I can move around, because some cabinets are fastened to the walls. I do have some plants in my office, and lots of books, with pics of my family and pets. The therapy rooms are a bit easier to move things around in, as they have more room, and the chairs and tables are on rollers. (Therapist #37)

Feeling of acceptance. Therapists who decorated/arranged their offices based on wanting to elicit a feeling of acceptance made comments such as, “[I wanted] a calming color scheme, with a living room feel to help people feel comfortable and welcomed and to demystify the therapy experience”(Therapist #30). Other comments included

Everything in my office is geared for children. Even the door is decorated with an image children can relate to. The colors are primary colors of red, yellow, green, and blue which appeal to children. I wanted the office to be warm and welcoming so that children felt that my office is a place they can feel safe and wanted.

(Therapist #9)

The idea was to create a warm, relaxing, and home-like environment for the clients to be able to let their guard down and feel comfortable and safe. Much attention was given to colors, lighting, furniture fabric and style, positioning of the furniture (families proximity to each other and to me), and view to the outside. I always like to live as if there are no walls, and I like to have my therapy room that way. The view of the outside and the natural setting of the yard seems to be very calming. (Therapist #61)

The following two comments illustrate two therapists decisions to decorate their office based upon both function and necessity and wanting to elicit a feeling of acceptance:

I settled on this arrangement, because I wanted to focus on the flow. When I see a student one on one, I can sit in the sitting area, when I see a group we can meet around the table, or when I see a larger group or family then the entire room can seat people. I also like to have a work space where I can spread out when I need to focus on writing my notes or reports. I work in a school setting I chose to decorate with children's art (children depicted doing playful and children oriented

things (i.e. playing instruments, playing ball, basketball, smiling, hugging others, cheerleading, and playing with animals. I also chose to have multicultural art and activities displayed, mostly because I want to embrace diversity in my practice and help people feel comfortable. (Therapist #19)

My first thought was to use colors that would accent the brick wall, stain glass windows as well as hard wood floors. I choose the colors: cobalt blue, brick red and tones of brown as colors that would appeal to either sex, any age group and just look plain good in the office. Every office I had ever seen always had couches and/or chairs. I also wanted one large couch and one shorter couch--both had to be extremely comfortable as well as durable and, of course, attractive. But I wanted a table in my office and I had not seen this before. I love having it--with adolescents, we color on a large drawing (covers table) or we work on a puzzle while we do therapy. With families, we play all sorts of games. My desk needed to be upright so to make better use of space. All decorations, artwork etc are there for a therapeutic purpose to be used whenever I feel the need. I purposely clustered all my framed licenses, degrees, etc in the corner by themselves next to the door. This way they do not draw attention to them but if someone wants to check me out, they can. (Therapist #43)

Although the following comments were not common enough to be considered themes, several therapists did mention that they did not decorate their office because it was either leased, property of the agency, or had already been decorated because it was owned by a university or public organization/school.

Prominent Aspects of Therapy Room

Therapists were also asked to report what aspects of the physical environment of the therapy room they thought their clients might say stood out to them. Their responses indicated that they felt that clients paid the most attention to the accessories and furnishings in the room. This finding was consistent with the previous themes identified when they were asked to describe the physical environment of the therapy room.

Accessories. There appeared to be a consensus amongst therapists who felt that clients noticed the accessories in the room and their ability to either distract from or enhance the therapeutic process. Many therapists felt their computers and video cameras were distracting. One stated, “the video camera [stands out] especially if you haven’t covered the informed consent yet. They [clients] will ask you a lot about it” (#12). With regards to enhancing the therapeutic process, the following comments were made “they love the candles....and the smell...and the chocolates on the table” (#14). Another therapist stated, “My clients love my fish, and the feeling of comfort, safety” (#19). Additional quotes that relate to the importance of accessories included:

The artwork, several students, staff, and families have remarked on the art pieces and posters. Some are intended to be humorous while a few are more serious and thought provoking. (Therapist #19)

The fountain and the pictures those are the two things that constantly get commented on. I find having a peaceful point of focus helps clients to clear their minds of clutter and relax. (Therapist #53)

I think they will describe ...the windows and the view of the outside/mountains.

They always make comments about the candles and music, and how comfortable and relaxed they feel as soon as they walk in. I am not sure if they care about the licenses being framed or not, but it is the law. (Therapist #56)

Furnishings. Another large majority of therapists commented that they felt their clients would notice the furnishings in the therapy room. The most commonly mentioned furnishings were the chairs and couch. Many also discussed the furnishings in the room as they related to lighting. One therapist summed up the majority of the comments by stating that she believed her clients would comment on the “living room feel and large windows” (#30). Similarly, another therapist stated clients would comment on “the view, the sun and the comfortable seating arrangement” (#70). Likewise, another therapist stated, “the large window. The soft, huggable pillows on the chairs...the color scheme” (#125). Other therapists commented on the utility of the furnishings in the room. For example, one therapist stated my client preferred the “comfortable couch, and the small end table because many bring something to drink with them”(#6). Although, most therapists pointed out how the furnishings would stand out in positive manner to their clients, the following comment illustrates how one therapist felt the furnishings may have a negative impact.

....how large the desk is compared to the room for the client and therapist to interact, the computer is distracting because it faces the client, light is too bright, the side of the cubicle for desk forces them to sit on one side of the couch.

(Therapist #109)

When clients were asked to state which aspects of the environment of the therapy room stood out to them, they also remained consistent with their responses. However, in addition to accessories and furnishings, clients also mentioned lighting as an aspect of the physical environment that stood out to them.

Accessories. Clients often stated that the following accessories stood out to them in the therapy room: books, candles, clock, video camera, degrees on the walls, and pictures of families. Some clients noted that the accessories elicited feelings of joy or served as a distraction.

For instance one client stated, "Her computer is always on and on the desktop is a picture of a baby boy. It can be distracting at times" (Client #62). Another client stated, "The plants reminded me of sitting in a garden talking with a friend" (#163). Likewise, another client said, "I especially enjoyed the paintings because if the conversation became tense they were soothing" (Client #110). A final comment illustrating this theme is below:

I always liked reading all the book titles on the shelf, especially when I was ignoring what she was saying. I also paid a lot of attention to the clock, to keep track of time. There is a small turtle figure on the table, and that always stood out to me. I also paid a lot of time looking at the patterns painted on the wall partition.
(Client #106)

Furnishings. In addition to noticing the accessories in the room, many clients stated that the furnishings stood out to them. More than 80% of clients stated they noticed the couch and chairs. Many described the couch and chairs as being comfortable.

Other furnishings mentioned included bookshelves, desks, tables, and coffee tables.

Below are some of the comments that clients made regarding the furnishings in the therapy room:

...the fireplace and the arrangement of the couch and chairs...The couch had throw pillows, and the chairs were recliners. These aspects of the room suggested comfort and relaxation. (Client #13)

The hard chairs because she directed me to them and I preferred the sofa. I also love books and was interested in the ones on the shelf. The desk was cluttered and distracting. (Client #49)

The overstuffed couch and throw pillows....seemed comforting and inviting to sit on. The couch is very comforting because you can sink back into it and you can hold a pillow while you talk to the counselor. I also noticed the book shelf with books, pictures, and stuffed animals, and the large stuffed chair of my counselor. (Client #102)

Lighting. Clients also placed a great deal of importance upon the lighting in the therapy room. Many commented on the lamps they noticed in the therapy rooms. Some stated that they found the lighting to be dimmed, while others felt the lighting was very natural. A handful of clients also stated that they noticed the windows in the therapy room. Clients commented that the windows either allowed them to see the views outside or that they served as a distraction because they were worried about their privacy.

Although many of the comments about the lighting were generally brief, the following quote elaborates on one client's feelings regarding the importance of lighting.

....the subdued lighting...The light was not an overhead light, but what you would have in your own living room...not too bright, but providing enough light to see and make the room comfortable. The light was behind me as I sat on the couch as well as on a table to the left of where I was sitting, near the wall. (Client #16)

In order to examine the relationship between the environment and client retention therapists were asked the following questions: (a) What do you think motivates your clients to return to you, and (b) In your opinion, what do you think your clients would say influences them to return to you? Therapists were also asked, (c) how do you feel while in the therapy room, and (d) how do you think your clients would state they feel while in the therapy room? Clients were asked, (a) what influenced your decision to continue seeing this therapist, and (b) how did you feel while in therapy room?

Motivation to Return

In response to the question, “what do you think motivates your clients to return to you,” the following themes emerged sense of progress, the therapeutic relationship, and the warmth of the environment.

Sense of progress. Comments made amongst therapists who felt their clients returned due to sense of progress included phrases such as “effectiveness of treatment (#27), and “a feeling of progress...”(#17). One therapist commented, “Clients must feel heard and feel that they receive a direct benefit from each session” (#56). Another stated, “The progress they feel as in working towards the goals we have set” (#119).

Therapeutic relationship. Some therapists believed their clients were motivated to return as a result of the therapeutic relationship. This theme is evidenced in the following comments: “the relationship between us and their desire to heal motivates them.....” (#93). “The trust they have in me....they feel safe and that they can trust me not to disclose what they share. My clients trust me” (#64). Similarly, another therapist stated, “they feel respected and that the therapist understands them and their situation” (#37). A final comment that truly illustrated this theme is below.

The therapeutic relationship and feeling heard. I think clients [want] to feel comfortable and listened to. They need to feel like the therapist “gets it” and is invested in helping them make changes. (Therapist #12)

Warmth of the environment. One of the most intriguing themes that developed from the responses to this question was the sense that clients were motivated to return due to the warmth of the environment. Responses, which illustrate this theme, follow:

Many of my clients stated they loved to come to therapy because it was inviting. I always had candles burning & aromatherapy plug in. I had a bamboo plant & some bamboo sticks in a nice ceramic vase. I think some of my clients could care less about the room but others loved that it was peaceful, quiet, and smelled nice. (Therapist #14)

A feeling of a well-decorated yet informal space that encourages an intimacy... I always have people comment on what a nice office it is - it feels homey to all classes of clients. (Therapist #31)

Hopefully they feel warm and safe in the room, and the room is reflecting my affect, accepting, and safe. The room is important, on a level not often at the front of the clients mind.... (Therapist #76)

Therapists were also asked to state in their opinion, what they thought their clients would say influences them to return to therapy. Their primary responses related to their clients feeling accepted, secondary themes included the therapeutic relationship and progress made in therapy. The following quotes illustrate those themes.

Feeling accepted. Many therapists stated they believed their clients would want to return to see them because they did not feel judged, but rather accepted by the therapist. Phrases made by therapists included “my accepting attitude” (#73), “to have someone listen to them without judgment” (#14), and “feelings of validation and acceptance...a sense of hope I try to offer” (#58). Additional comments made related to the theme of acceptance included, “My openness, my candor, acceptance... a client this week said, ‘I keep coming back because I was so wounded in my family. You are open and accessible...I like that’”(#30). Another therapist stated her clients returned because they “felt understood, not judged. They might say they feel like I care and want to help. They may also say they feel comfortable and accepted” (#12).

Therapeutic relationship. Therapists who emphasized that their clients returned to therapy based upon the therapeutic relationship generally commented about the connection they had with their clients. They also mentioned their ability to allow the client to open up and trust that they would not divulge what the client shared in therapy.

However, many more simply just stated the therapeutic relationship. Two comments that illustrate the importance of the therapeutic relationship follow.

I think they would talk about the connection they feel toward me and how much progress they have made and the fact that I really care about what's happening with them. (Therapist #6)

Clients talk about my sense of humor, willingness to go in to deeper emotions with them, keeping things safe but not always comfortable. Feeling understood and as one said recently, You held the hope for me on days I was feeling hopeless. (Therapist #30)

Progress made. A final theme that emerged from therapists' responses was a sense that clients would return based upon the progress they had made in therapy. One therapist stated their clients return because of their "progress and desire to change what brought them to therapy" (#17). Another therapist simply stated their clients returned due to their "continued progress in therapy" (#28).

Therapists' demeanor. When clients were asked to state what influenced their decision to continue seeing the therapist, their primary response was related to the therapist's overall demeanor. They generally commented on the therapists' demeanor stating how the therapist was calm, sweet, and caring, and genuinely interested in them. The following comments illustrate the importance of the therapist's demeanor: "He seemed to care about my progress and I felt it was genuine" (Client #22). "She validated my concerns and I felt empowered for seeking help" (Client #47). "She was a great therapistShe was calm and easy to talk to and I never felt like she judged me" (Client

#67). "She was kind and seemed like she genuinely wanted to know more about me...I didn't feel that she was simply listening because she had to" (Client #150). Another client elaborated slightly more and stated,

How sweet she was. She was one of the first therapists that I actually enjoyed talking to. The office completely offsets her actual attitude. I thought she was going to be as stiff as her office, but she was funny and light-hearted. (Client #161)

In addition to the therapist's demeanor, clients also commented on the progress they had made while in therapy and the cost of the therapy services. Related to progress, clients stated that they felt they were getting somewhere or that the therapists' suggestions had worked. In relation to cost, clients stated that the therapist was covered by their insurance, the therapist had a sliding fee scale or that the service was free.

Feelings Associated with the Therapy Room

In addition to asking both clients and therapists about what motivates them or their clients to return to therapy, they were also asked to share their feelings associated with being in the therapy room. The question was asked in order to determine if there was a relationship between client retention and feelings associated with being in the therapy room.

When therapists were asked to share how they felt while in the therapy room, two primary themes emerged. Based upon their responses, therapists tended to feel either comfortable or distracted.

Comfortable. The following are comments from therapists who stated they felt comfortable: “I feel comfortable yet slightly crowded” (#1). “I need windows and a connection to the outdoors and then I feel comfort” (#31). Additional comments regarding the therapists’ feelings while in the therapy room include

Comfortable, confident from my many years of experience, but the room definitely adds to that sense of congruence as it reflects my personality and view of therapy. (Therapist #30)

I enjoy spending time in my office. The view out the windows is spectacular. On sunny days, the warmth of the sun is nourishing. On snowy days, the falling snow is mystical. (Therapist #77)

Distraction. In contrast to feeling comfortable, many therapists stated they felt distracted. The theme of distraction was echoed in comments such as the following: “At times distracted because I have papers stacked around my desk; there is always too much paperwork!” (#55). “Sometimes the lighting bothers my eyes, especially in the room without a window” (#107). “A little trapped, it would be much better if the window opened and allowed more nature in” (#115). Similarly, one said a little crowded, the chairs are comfortable but only a few feet apart...seems like everything is a tight squeeze” (#122). Another therapist stated that she felt “relaxed, but that she couldn’t help but notice the paint job sometimes” (#65). Lastly, one therapist made the following comment, “generally [I feel] comfortable and at ease, although there is one therapy room that has a clock that audibly ticks, and that really bothers me” (#37)!

When therapists were asked to state how they felt their clients would say they feel while in the therapy room, they stated either comfortable or safe.

Comfortable. Therapists who mentioned their clients would feel comfortable made comments such as, “I think they would say they feel open and comfortable” (#12); or “If you are talking about how they would feel here; with the room and in my presence, it would be comfortable” (#6). Additional comments included the following

I think that most would say they feel accepted and comfortable in the room. I want them to feel that this is the place they can share their feelings, concerns, hopes, disappointments, and dreams. (Therapist #19)

I think they would say they feel comfortable physically and emotionally, for the most part. The heat and air conditioning is not consistent in the building, and clients (and therapists!) become irritable and have trouble focusing when the temperature is uncomfortable. (Therapist #25)

Safety. Another theme that emerged was a feeling of safety. Most therapists discussed clients feeling safe in terms of the connection they had with the therapist or safe to explore their inner feelings, as is illustrated in the following comment, “Safe, encouraged to share their thoughts and feelings” (#41). Although many therapists made comments related to the environment, being safe to share in, several other therapists remarked on the clients’ personal safety or sense of safety relative to confidentiality. The following examples are illustrative of the sense of personal safety expressed by therapists. “They may feel a little concerned about their privacy, can someone hear them” (#122). “....Unsafe due the neighborhood and issues with sound bleed over,

despite interventions” (#55). “Comfortable but also a little uneasy due to the windows – wondering if people could see in or hear them” (#121).

In addition to the themes already discussed, several therapists also commented that their clients feel a variety of different ways depending upon their circumstances or what they are talking about.

When asked how they felt while in the therapy room, the majority of clients expressed feeling one of four different ways: uncomfortable, comfortable, relaxed, or free. When analyzing their responses, some clients stated they felt uncomfortable in the therapy room because it was either their first time attending therapy or because they noticed the video camera in the room. The vast majority of clients linked their feeling of being uncomfortable to different aspects of the environment of the therapy room. The following quotes illustrate this theme:

Uncomfortable.

Uncomfortable because I wanted to sit on the sofa and didn't feel very relaxed. I also was ready to leave because the clutter distracted me. When I got emotional, the Kleenexes were out of reach. (#49)

I felt as if she didn't want to get close to me. She tended to stay behind her desk in her chair a little far away (in my opinion). (#62)

A bit restricted because of sitting so deep in the sofa, little choice of where to sit. It was even hard to reach for or find the Kleenex! (#42)

.....every time, it was like waiting to see a doctor though you know nothings wrong and you're not going to get hurt. (#161)

Comfortable. Although some clients felt uncomfortable, the majority of the clients stated they felt relaxed, comfortable, and free. Those who stated they felt comfortable while in the therapy room often commented that it “felt like home.” Some quotes that illustrate the clients feelings of being comfortable, free, or relaxed include:

Free to express whatever emotions I was feeling and talk about whatever I wanted to talk about. I knew it wouldn't go any further. (Client #3)

...relaxed and I remember thinking the counselor would be different than she was just from what the room looked like and the attire she wore.... (Client #22)

I felt/feel relaxed which is unusual since one of my problems is anxiety although I was still very nervous the room helped to relax me for several reasons. The chairs were comfortable, the bookshelf full of books that made him seem intelligent without being snobby and that he loved reading like I did. The desk piled high let me know that he wasn't perfect which was/is something I struggle with and the hangings seemed to imply faithfulness and caring. My nervousness simply stemmed from my problems and my fear of sharing them with another person, which he helped put at ease. (Client #51)

Additional Findings

When clients were asked what influenced them to return to therapy a few unexpectedly commented on how the environment of the therapy room indirectly affected their relationship with the therapist. The following illustrate this unexpected phenomenon: “...the chairs were comfortable, but I would have thought more of her if she had some nicer furnishings” (Client #15). Another client stated, “....if the environment

wasn't welcoming I doubt I would have continued seeing her" (#141). The following example illustrates how the environment may have indirectly affected the client's relationship with the therapist

I feel comfortable in her office because the house is so inviting and the room seems to glow with the light from the windows and lamps. Her chair in the corner positioned diagonally to the couch make it so there is nothing in between us but it isn't intimidating like it would be if she faced me head on. (Client #102)

Although it was not a recurring theme among participants, several clients also spoke directly about the influence the physical environment had upon their feelings while in the therapy room. One client who chose not to return to therapy after her mandated sessions said the following about the environment:

It is old and outdated. I know it's a university, but I think its important to treat clients and therapists as though they were important. Having a shitty office and blaming it on funding (or lack thereof, that you work off a sliding-scale pay, etc.) is inexcusable. Nobody wants to work in an environment like that, and certainly, nobody is going to look forward to coming to therapy like that. Things like that make clients come in and feel worse. (#66)

Another client commented that "the chairs were big and comfy, made of leather and you sunk into them. That felt good, however the dentist office style made me nervous" (#161). Although some clients associated the environment with feeling uncomfortable, many as previously mentioned stated that the office environment

provided them with a feeling of comfort and warmth. Generally speaking, those environments that felt warm and inviting were described as being like “home.”

Summary

This chapter presented the results of the qualitative and quantitative research methodologies. More specifically, it outlined the results obtained when testing the four null hypotheses as well as the themes that emerged from analyzing the qualitative interview questions. Additional findings that emerged from the data analyses were also presented.

CHAPTER V

DISCUSSION, CONCLUSIONS, LIMITATIONS, IMPLICATIONS, AND RECOMMENDATIONS

The purpose of this mixed methods study was to explore both clients and therapists perspectives on the importance of the physical environment of the therapy room. More specifically, to uncover the level of importance that clients and therapists place on accessories, color, room design, furnishings, lighting, temperature and sound. Additionally, the study examined the relationship between client retention and the physical environment of the therapy room. The sample consisted of 226 participants who completed the paper/pencil or Internet survey. The researcher utilized a mixed methods approach when analyzing the data.

This chapter consists of a discussion of the findings and the overall conclusions. The limitations of the study are also presented along with implications and suggestions for future research.

Discussion

This study was designed to examine the importance of the physical environment of the therapy room in the therapeutic process. A mixed methods approach was utilized and the sample consisted of both therapists and clients. In total, 226 participants completed the study. Of the total number of participants, 153 were clients and 73 were

therapists. Based upon a review of the existing literature on the environment, this was the first study of its kind that examined perspectives of both therapists and clients regarding the environment of the therapy room.

Clients ranged in age from 18 to 69, with an average age of 31. A large majority of clients were female with at least some college education. Analysis of the data revealed that the majority of clients had attended therapy for 12 months or less (77.5%).

Therapists comprised almost a 1/3 of the sample size, and their ages ranged from 24 to 65 with a mean age of 45. A greater proportion of therapists reported that they office out of private practice followed by those who office outside their home or in another location. Furthermore, approximately 2/3 of the therapists reported that they had designed and/or decorated their own office. Based upon the description of therapists it can be inferred that a majority of therapists had an interest in the overall environment of the therapy room. Furthermore, the majority of therapist responses emanated from their own personal experiences in decorating/arranging their offices. The following is a discussion of the quantitative and qualitative analyses of the hypotheses and research questions explored.

Quantitative Findings

Physical Environment Attributes Scale

The quantitative analysis began by examining responses on the Physical Environment Attributes Scale. Responses were analyzed in order to determine what aspects of the physical environment of the therapy room are important to both clients and therapists. It was hypothesized that there would be no statistically significant differences between therapist and client perspectives regarding the importance of the following

aspects of the physical environment: accessories, color, furnishings, room design, lighting, temperature, or sound in the physical environment of the therapy room as measured by the Physical Environment Attributes Scale.

When comparing client and therapists responses to the physical environment attributes scale, therapists overall rated the items as more important than clients. Across respondent type, accessories and color were rated as the least important and sound was rated as the most important. In addition, room design was rated as more important than furnishings and lighting. Amongst therapists lighting was rated more important than both accessories and furnishings; however, clients rated furnishings as more important than lighting and accessories.

Analysis of therapist demographics paired with the physical environment attributes scale revealed that therapists who designed/decorated their own offices placed significantly higher overall importance on room design than therapists who did not design/decorate their own offices. This finding is not that surprising, given that therapists would have to pay particular attention to the overall design of the room when decorating their own offices. A similar analysis also revealed that therapists who do not share an office with someone placed significantly higher importance on overall accessories, room design, lighting, and temperature than therapists sharing an office with someone. Furthermore, therapists with offices at home or in other locations rated furnishings significantly higher than therapists with offices in a private practice or agency.

In contrast to therapists, analysis of the client demographics relative to the physical environment attributes scale revealed that clients who went to therapy in a home

(or other office) rated furnishings as less important compared to those who went to therapy in a private practice or agency. This finding may be related to the implication that clients desire an office environment that feels like “home.” If the office is in a home and the therapist paid particular attention to the room design then the clients’ desire for “home-like” environment may lessen. As a result, client may focus their attention on other attributes of the office environment.

In addition to comparing client and therapist demographics with responses on the physical environment attributes scale, the researcher analyzed each subscale (e.g. accessories, furnishings, room design, lighting, sound, temperature, and color) to determine if there were differences in ratings across respondent type. Analysis of the five items assessing the importance of accessories revealed that overall, therapists rated the importance of accessories greater than clients. Amongst both sets of participants, artwork and clocks were rated as the most important, followed by plants and magazines, and personal memorabilia. Clients rated personal memorabilia as least important, and significantly less important than artwork, plants, and magazines/books. These findings differed somewhat from the existing research conducted on accessories. For example, in 2002 Miwa and Hanyu studied office décor of seventy-four counseling rooms in Japan. From their observations, they found that counselors paid more attention to the plants in their environments.

Regarding the importance of the furnishings in the office environment, analysis of the five items revealed that there were no overall differences between clients and therapists. Across respondent type, chairs were rated as significantly more important than

the remaining items. Next couches were rated as significantly more important than desks, tables or coffee tables. Furthermore, across respondent type coffee tables were rated as the least important of the furnishings.

Upon analysis of the three items representing room design, it was determined that overall, therapists rated the importance of room design greater than clients did. Across respondent type, mobility of furniture was rated as least important and significantly less important than comfort and proximity/distance from therapist. Comfort was rated as most important and significantly more important than mobility of furniture and proximity/distance from therapist. This finding is consistent with previous research studies examining clients' perceptions of room design (Gladding, 1992; Ornstein, 1992; Shertzer & Stone, 1974).

The fourth subscale analyzed was lighting. Lighting was represented by three items and according to the analysis of those items; therapists rated the importance of lighting as marginally more important than clients. Across respondent type soft and natural lighting were rated as significantly more important than bright lighting. In their 2002, study examining office décor, Miwa and Hanyu found that lower lighting calms patients and increases communication. This finding provides support that clients find natural and subdued lighting to be more important than bright lighting.

Sound was the next item analyzed. Based on results from the analysis of the two items representing sound sense of privacy was rated as more important than sound transmission amongst both clients and therapists. Furthermore, therapists rated sound as

more important than clients. Given the context of what occurs in therapy it is no surprise that clients and therapists are concerned about privacy.

Temperature was also analyzed, and based upon the five items representing temperature, analysis revealed that clients and therapists did not differ in how they rated temperatures. The vast majority stated they preferred the temperature to be average versus cold, cool, warm, or hot. This is consistent with findings from Pressly and Heesacker (2001) that indicated individuals feel the most comfortable in temperatures ranging from 69 to 90 degrees. Based upon these findings it can be inferred that when the temperature of the room is set to be average versus too warm or cool, clients are less distracted and can more easily engage in the therapeutic process.

The final attribute to be analyzed was color. Color was analyzed to determine if there were any differences between clients and therapists. Results revealed that clients and therapists did not differ in their preference for the colors blue, green, yellow, brown, black or white. According Ballast (1998), color carries symbolic and associative meanings and most people distinguish between cool and warm colors. Cool colors are considered to be greens and blues; warm colors are considered to be red, yellow, and orange. Furthermore, Ballast (1998), McKahan (1993), and Wexner (1954) found that cool colors are more often described as calming while warm colors are considered stimulating. The findings from previous research provide support for the results obtained when analyzing color. Previous results imply that clients prefer cool colors such as blue and green over warmer colors because of their calming properties. Evidence from Shertzer and Stone (1974) also suggests that the development of the relationship between

client and therapist can be aided by the use of color. They noted that colors can ease tensions, engender warmth and comfort, and encourage rapport and communication.

Counselor Rating Form (CRF-S)

The Counselor Rating Form, Short Version (CRF-S) was the second quantitative instrument administered to clients who participated in the study. The CRF-S measures three attributes: perceived attractiveness, expertness, and trustworthiness. According to Strong and Dixon (1971) attractiveness can be defined as a client's positive feelings about the therapist, desire to gain the therapist's approval and an overall liking and admiration for the therapist. Strong and Dixon also defined expertness as the client's belief that the therapist possesses information and skills that will allow the client to effectively deal with his or her problems. Lastly, Strong and Dixon defined trustworthiness as the clients belief that the therapist is honest, reliable, and sincere or worthy of their confidence.

For this study, the CRF-S was administered in order to ascertain if certain aspects of the physical environment of the therapy room were related to clients' perceptions of the therapist. It was hypothesized that there would be no statistically significant relationship between aspects of the environment that were viewed as important by clients and their perceptions of the therapist's perceived trustworthiness, expertness, or attractiveness as measured by the Counselor Rating Form, Short Version.

Attractiveness. Analyses conducted to examine the relationship between attractiveness and the Physical Environment Attribute subscale means failed to reveal any significant correlations between client ratings of therapist attractiveness and the

importance of physical environment attributes. In addition, analyses were conducted to examine the relationship between attractiveness and the items assessing overall ratings for the physical environment attributes. The results revealed a significant positive correlation between attractiveness and lighting, indicating that client ratings of therapist attractiveness increased as client ratings of importance for overall lighting increased.

Expertness. Analyses were conducted to examine the relationship between expertness and the Physical Environment Attribute subscale means. There was a significant positive correlation between the lighting subscale and expertness. Higher perceptions of therapist expertness were associated with more importance on lighting. In addition, analyses were conducted to examine the relationship between expertness and the items assessing overall ratings for the physical environment attributes. The results revealed a significant positive correlation between expertness and lighting, indicating that client ratings of therapist expertness increased as client ratings of importance for overall lighting increased.

Trustworthiness. Analyses were conducted to examine the relationship between trustworthiness and the Physical Environment Attribute subscale means. The results failed to reveal any significant correlations between client rating of therapist trustworthiness and the importance of physical environment attributes. In addition, analyses were conducted to examine the relationship between trustworthiness and the items assessing overall ratings for the physical environment attributes. The results revealed a significant positive correlation between trustworthiness and lighting,

indicating that client ratings of therapist trustworthiness increased as client ratings of importance for overall lighting increased.

According to Ballast (1998) the luminous environment affects how we perceive space and objects. His statement lends support for the finding that lighting is positively associated with the clients perceptions of the therapist's perceived attractiveness, expertness and trustworthiness. Furthermore, Ballast stated that lighting has a psychological and emotional effect on people. Consistent with the finding, Miwa and Hanyu (2002) found that lower lighting calms patients and increases communication. These finding are directly related to the principals of environmental psychology. According to McElroy, Morrow, and Ackerman (1983), environmental psychology is concerned with the direct impact of the physical stimuli on human emotions and the effect of the physical stimuli on behavior, such as work performance and social interaction. Based upon this notion, it could be implied that the lighting in the physical environment is positively associated with the therapists overall work performance and social interactions. This positive association is then translated into the clients overall perceptions of therapists sense of expertness.

In addition to examining the relationship between attractiveness, expertness, and trustworthiness when compared to the Physical Environment Attributes subscale means and overall ratings for the attribute, the researcher also looked at client demographics and how they related to the three subscales on the CRF-S. Results revealed that there was a significant effect for therapy type on client ratings of therapist expertness. In other words, clients who attended more than one type of therapy perceived their therapist as more

“expert” compared to those who attended individual, couples, or family/group/other therapy. In regards to trustworthiness, results revealed that client age was significantly, positively correlated with client ratings of therapist trustworthiness. Stated differently, older clients rated their therapist as more trustworthy. Although no current research exists to dispute or confirm these findings, it can be assumed that the older a client is the longer the client has been in therapy. As a result, his/her sense of the therapists perceived trustworthiness has increased over time. A similar conclusion could be drawn amongst clients who rated their therapists as more “expert” based upon the types of counseling received. Due to the multiple “problems” or relational issues addressed the client could perceive the therapist to have more of an extensive knowledge base in a wide variety of topics/situations.

Qualitative Findings

In order to expand upon and further strengthen the quantitative findings of the study, the researcher conducted a mixed methods study. The qualitative portion of the study consisted of asking therapist and clients’ 4-8 open-ended questions concerning the importance of the physical environment of the therapy room. There were two overarching research questions that guided the qualitative interview questions. The first research question explored what aspects of the physical environment of the therapy room were perceived as important. The second question was designed to explore what aspects of the physical environment of the therapy room influence client retention.

Important Aspects of the Environment

Description of environment. When clients and therapist were asked to describe the therapy room or to discuss which aspects of the therapy room stood out to them, the majority described the therapy room according to the furnishings and accessories present. The most commonly described furnishings were the couch and chairs. The most commonly described accessories included the pictures on the walls, clock, plants, flowers, and candles. Miscellaneous accessories mentioned by the clients included a box of Kleenex, lamps, video cameras and toys. Lighting was another aspect that stood out to both clients and therapists. When describing the lighting in the room, participants stated they preferred natural or subdued lighting. Upon further analysis, the results implied that windows were the preferred source for lighting with lamps being secondary. Providing further support for the impact of lighting, Flynn, Spencer, Martynuik, and Henrick (1973) conducted an interesting study in which they found that upon entering a room with different lighting, participants' impressions of spaciousness, friendliness, and pleasantness were affected. More specifically, they noted that respondents reported more positive impressions of spaciousness, friendliness, and pleasantness when rooms were illuminated by peripheral wall lighting versus overhead lighting.

With regards to the natural lighting provided by windows, Castaldi (1994) found that natural lighting created a feeling of warmth and comfort. Similarly, Lang (2001) noted that humans regardless of ethnicity, culture, or education recovered from stress in shorter periods of time when exposed to views of natural scenes. Based upon these

findings it could be inferred that therapy offices with windows are more pleasant to clients and may assist in establishing the therapist-client relationship.

In addition to asking participants to describe the therapy room, they were also asked to state which aspects of the room stood out to them. Consistent with their previous responses therapists stated their clients would notice the furnishings and accessories in the room. They commented on the lighting, accessories, and furnishings as either serving to enhance or distract from the therapeutic process. Similarly to therapists and again consistent with their previous responses, clients stated that they felt the accessories and furnishings stood out to them. These results are consistent with findings by Ching (1987) who defined accessories as items that enrich or embellish a space. Furthermore, Shertzer and stone suggested that accessories should make the room “comfortable and attractive”(p. 254). Similarly, several researchers have also found that accessories such as plants, artwork, posters, magazines, and pictures have provided visitors with the impression that the environment is warm, comfortable, and friendly (Ornstein, 1986; 1989; Shertzer & Stone, 1974).

Based upon their responses, clients appeared to relate furnishings and accessories to their overall level of comfort. Furthermore, it appeared as if clients preferred office environments to be arranged/decorated more like a “home.” This finding is also supported by several research studies that found the comfort level of the therapeutic environment would be enhanced by appropriately sized tables, and soft, comfortable, upholstered chairs (Gladding, 1992; Gysbers & Henderson, 1994; Shertzer & Stone, 1974).

Aspects that Influence Client Retention

Motivation to return. When therapists were asked to state what they felt motivated their clients to return to them, the following themes emerged: a sense of progress, the therapeutic relationship, and the warmth of the environment. Therapists were also asked to state what they felt their clients would say motivates them to return to therapy. Unlike their previous responses, therapists stated they felt their clients returned to therapy because they felt accepted. Secondary themes included the therapeutic relationship as well as feeling a sense of progress. When clients were asked to state what motivated them to return to therapy their comments centered around the therapists overall demeanor. Clients preferred therapists who they felt accepted and/or cared for them and were genuinely interested in helping them.

Feelings associated with the therapy room. In order to further examine what motivates client to return to therapy, participants, both clients and therapists, were asked to state how they felt while in the therapy room. Therapists were also asked to state how they thought their clients felt in the therapy room. The majority of participants, both clients and therapists, stated they either felt uncomfortable, comfortable, safe or distracted. Generally, clients stated feeling uncomfortable while in the therapy room. Upon further examination, many stated they felt uncomfortable because they were nervous or anxious about being in therapy. Similarly, therapists often commented on being distracted. Some of the distractions listed included sounds in the building, having clutter and mess around them, and the clock on the wall. In addition to stating client would be uncomfortable, therapists also stated they believed their clients would feel safe

while in the therapy room. They referred to safety in the sense that they believed their clients did not feel judged and would be able to open up to them. The final theme to emerge amongst both clients and therapists was feeling of comfort. In most cases, clients and therapists both attributed their feelings of comfort to the environment. A major theme that emerged amongst clients responses was the desire to have the therapy room feel like “home”; whereas, therapists appeared to feel more comfortable in offices that “fit their personality.” Their comments implied that they felt more comfortable when surrounded by furnishings and accessories that represented or fit with their personality.

Conclusions

This study was conducted using a mixed methods approach. The quantitative portion of the study was constructed around two overarching research questions and their corresponding hypotheses. The first research question examined what aspects of the physical environment of the therapy room are important to both clients and therapists. Based upon this research question it was hypothesized that there would be no statistically significant difference between therapist and client perspectives regarding the importance of the following: accessories, furnishings, room design, lighting, sound, temperature, or color in the physical environment of the therapy room as measured by the Physical Environment Attributes Scale.

Based upon the results from these analyses the following conclusions were drawn:

1. Therapists view the attributes of the physical environment of the therapy room as more important than clients.

2. When ranking the importance of the seven different attributes on the Physical Environment Attributes Scale sound was rated as the most important and accessories and color were rated as the least important.

The remaining attributes room design, lighting, furnishings and temperature were ranked in the middle, with lighting and room design generally ranking higher on importance than furnishings or temperature.

The second quantitative research question that was examined asked if certain aspects of the physical environment of the therapy room are related to clients' perceptions of the therapist. Based upon this research question the following three hypotheses emerged:

1. There will be no statistically significant relationship between aspects of the physical environment of the therapy room that were rated as important by clients and their perceptions of the therapist's perceived attractiveness as measured by the Counselor Rating Form, Short Version.

2. There will be no statistically significant relationship between aspects of the physical environment of the therapy room that were rated as important by clients and their perceptions of the therapist's perceived expertness as measured by the Counselor Rating Form, Short Version.

3. There will be no statistically significant relationship between aspects of the physical environment of the therapy room that were rated as important by clients and their perceptions of the therapist's perceived trustworthiness as measured by the Counselor Rating Form, Short Version.

Results from the analysis of the Counselor Rating Form, Short Version revealed that as clients ratings for the overall importance of lighting increased so did their perceptions of the therapists perceived attractiveness, expertness, and trustworthiness. As a result of the findings, all three null hypotheses were rejected.

The qualitative portion of the study was also driven by two overarching research questions. The first research question asked, "What aspects of the physical environment of the therapy room do clients and/or therapists view as important?"

Results from the qualitative analysis revealed that clients and therapists pay particular attention to the accessories and furnishings of the therapy room. More specifically, they noted accessories such as artwork, books, and clocks. With regards to furnishings both clients and therapists stated they felt couches and chairs were the most important furnishings in the therapy room. A secondary theme that emerged from the analysis of this question revealed that both sets of participants also placed significant importance upon the lighting in the therapy room. Across the board, participants preferred for the lighting to be subdued or natural.

The second question examined "What aspects of the physical environment of the therapy room influence client retention?"

Analyses of the responses to this question did not correlate with any of the seven different aspects of the therapy room. The results revealed that clients were motivated to return to therapy based upon, the therapists demeanor, a sense of feeling accepted, and as a result of the progress made in therapy. When therapists were asked a similar question,

they stated their clients would return to therapy based upon a sense of progress, the warmth of the therapeutic environment and as a result of the therapeutic relationship.

Both clients and therapists were also asked to discuss how they felt while in the therapy room. Therapists for the most part stated they felt either comfortable or distracted while in the therapy room; whereas clients stated they felt safe, uncomfortable, and/or comfortable, relaxed and free while in the therapy room.

Limitations

Several limitations apply to this study. One of the primary limitations was the lack of diversity in the sample. Although the study was open to anyone in the United States, the majority of therapists and clients both lived in the state of Texas. As a result, the findings of the study are not as generalizable or representative of everyone who attends and/or practices therapy.

Additionally, participants were not randomly selected for the study. Participants were recruited via their affiliations with certain organizations or through word of mouth. All participants self-selected or volunteered to be a part of the study and therefore may have introduced unknown factors into the study. For example, the nature of the therapists work may have impacted their interest in the study.

The instruments utilized in the study may have been another limitation. All participants were asked to complete 4-8 open-ended essay type questions prior to completing the brief questionnaires. Participants who complete the study online were not able to see the brief questionnaires until after completing the interview questions. This factor may have contributed to some of the attrition in the sample. Approximately 40%

of the therapists who logged on did not complete the survey in its entirety. Additionally, the researcher created the Physical Environment Attributes Questionnaire based upon findings from the literature review; as a result, the instrument had no validity or reliability measures.

Implications

The results of this research provide further support for the importance of the physical environment of the therapy room. Responses from both clients and therapists imply that the physical environment of the therapy room can elicit feelings of comfort, safety, and relaxation. Furthermore, a welcoming environment appears to be positively associated with client retention. Quantitative data analysis revealed that both clients and therapists view sound, lighting, room design and furnishings as significantly important. Qualitative analysis revealed that therapists and clients when asked to describe the therapy room in detail placed more importance upon accessories and furnishings.

The findings from this research suggest that mental health professionals should place more emphasis upon the physical environment of the therapy room. Specifically, they should pay particular attention to the sound, lighting, furnishings, room design, accessories, and color of the room. In doing so, they may be able to create an environment that enhances the therapeutic relationship with their clients and promotes healing.

Concerning the accessories in the room, both clients and therapists appeared to suggest that emphasis should be placed upon artwork, clocks, and plants. With regards to furniture, clients and therapists both agreed that chairs and couches were the most

important elements in the therapy room. Based upon their descriptions, the couches and chairs that were rated favorably were described as being large, comfortable, and soft. This finding also relates to the importance of room design. When examining the three characteristics of room design, clients and therapists both placed significantly more importance upon comfort over proximity or mobility. Both clients and therapists stated they preferred natural or soft lighting over bright lights. Furthermore, lighting was the only significant attribute of the therapy room related to the clients perceptions of the therapists overall expertness, attractiveness, and trustworthiness. When designing the office therapists should also pay attention to the sense of privacy as it relates to sound. Clients and therapists were also asked to state their color preferences. The results indicated that both clients and therapists preferred the colors blue, green, yellow, brown, black, and white.

Suggestions for Future Research

Research on the physical environment of the therapy room is limited. There is an overall need for more research examining the physical environment of the therapy room. More specifically, there is a need to examine the entire environment. Future studies may wish to ask about the building, neighborhood, and the entire interior (waiting room/ reception area) of the therapist's office versus just the therapy room.

Additional suggestions for future research include conducting a qualitative study with clients and therapists and directly asking them to recall the physical environment of the therapy room. The researcher could then introduce each of the seven aspects of the physical environment in order to gain more comprehensive understanding of how they

are related to the overall therapeutic process. Future studies may also want to ask clients and therapists to describe in detail any incidents in which one or more aspects of the environment seemed to help or hinder the counseling process/outcome.

Another suggestion for future studies would be to replicate this study but pair therapists with their clients. By doing so, the results would directly link the clients' perceptions of the therapist with the environment. Analysis of the results would also provide a broader perspective of the environment of the therapy room. Another benefit of pairing therapists' results with their clients includes learning how "in tune" the therapist is with their perceptions of what clients' value regarding the office environment. It would also allow the researcher to draw more correlations between the office environment and the client's overall perception of the therapist.

Finally, the development of some reliable and valid scales designed to measure the various aspects of the physical environment of the therapy room would increase the quality of research on the environment in a therapeutic setting.

Summary

This chapter included a discussion of the themes that emerged through the analysis of the qualitative data as well as the findings obtained from the statistical analysis of the quantitative data. Overall conclusions based upon the data analysis were also presented. Limitations of the study, implications of the findings, and suggestions for future research were provided. The results of this study suggest that the physical environment of the therapy room is an important aspect in the therapeutic process. Furthermore, the research implies that mental health professionals should pay particular

attention to lighting, sound transmission, room design, furnishings, and accessories when decorating/arranging their offices. Although this study contributed to the limited research available in this area; the need for further research remains.

REFERENCES

- Alexander, B., & Reuschel, J. (2005). Mindscapes: Design for the mind. *Hayworth, Change by Design*, 22(5), 21-29.
- Anthony, K. H. (1996). *Designing psychotherapist's offices: Reflections of an environment behavior researcher*. Paper presented at the American Psychological Association Convention, San Francisco.
- Anthony, K. H., & Watkins, N. J. (2002). Exploring pathology: Relationships between clinical and environmental psychology. In R. B. Bechtel & A. Churchman (Eds.), *Handbook of environmental psychology* (pp. 129-146). New York: John Wiley.
- Barak, A., & LaCrosse, M.B. (1975). Multidimensional perception of counselor behavior. *Journal of Counseling Psychology*, 22, 471-476.
- Ballast, D.K. (1998). *Interior design reference manual*. Belmont, CA: Professional Publications.
- Becker, F. D., Gield, B., & Froggatt, C. C. (1983). Seating position and impression formation in an office setting. *Journal of Environmental Psychology*, 3(3), 253-261.
- Bertalanffy, L. V. (1962). General system theory - A critical review. *General Systems*, 7(1), 1-20.

- Booher, C., & Ann, C. (2001). *Design standards for elementary, middle/junior high, and high school counseling facilities*. Dissertation, University of Georgia, Athens.
- Broekmann, N.C., & Moller, A.T. (1973). Preferred seating position and distance in various situations. *Journal of Counseling Psychology*, 20(6), 504-508.
- Brofenbrenner, U. (1979). *The ecology of human development*. Cambridge, MA: Harvard University Press.
- Canter, D., & Canter, S. (1979). *Designing for therapeutic environments: A review of research*. New York: John Wiley & Sons.
- Canter, D., Stringer, P., Griffiths, I., Boyce, P., Walters, D., & Kenny, C. (1976). *Environmental interaction: Psychological approaches to our physical surroundings*. New York: International Universities Press.
- Castaldi, B. (1994). *Educational facilities: Planning, modernization, and management* (4th ed.). Needham Heights, MA: Allyn & Bacon.
- Chaikin, A. L., Derlega, V. J., & Miller, S. J. (1976). Effects of room environment on self-disclosure in a counseling analogue. *Journal of Counseling Psychology*, 23(5), 479-481.
- Ching, F. D. K. (1987). *Interior Design Illustrated*. New York: Van Nostrand Reinhold.
- Corrigan, J. D., & Schmidt, L. D. (1983). Development and validation of revisions in the Counselor Rating Form. *Journal of Counseling Psychology*, 30(1), 64-75.
- Creswell, J. W. (2003). *Research design: Qualitative, quantitative, and mixed methods approaches*. Thousand Oaks, CA: Sage Publications.

- Dillman, D. A. (2000). *Mail and internet surveys: The tailored design method* (2nd ed.). New York: John Wiley & Sons.
- Flynn, J. E., Spencer, T.J., Martyniuk, O., & Hendrick, C. (1973). Interim study of procedures for investigating the effect of light on impression and behavior. *Journal of the Illuminating Engineering Society*, 3(1), 87-94.
- Fraser, J.S., & Solovey, A.D. (2007). *Second-order change in psychotherapy*. Washington, DC: American Psychological Association.
- Gass, C.S. (1984). Therapeutic influence as a function of therapist attire and the seating arrangement in an initial interview. *Journal of Clinical Psychology*, 40(1), 52-57.
- Gibson, J. J. (1979). *The ecological approach to visual perception*. Boston: Houghton Mifflin.
- Gladding, S. T. (1992). *Counseling: A comprehensive profession* (2nd ed.). New York: Macmillan.
- Gysbers, N., & Henderson, P. (1994). *Developing and managing your school guidance program* (2nd ed.). Minneapolis, MN: Educational Media Corporation.
- Hanson, B. (1995). *General systems theory beginning with the wholes*. New York: Taylor and Francis.
- Hickson, M., Stacks, D. W., & Moore, N. (2004). *Nonverbal communication studies and applications* (4th ed.). Los Angeles: Roxbury.
- Lang, R. (Nov. 2001). Healing by design: Eight key considerations for building therapeutic environments. *Health Facilities Management*, 33(2), 20-23.

- Larsen, L., Adams, J., Deal, B., Byoung-Suk, K., & Tyler, E. (1998). Plants in the workplace: The effects of plant density on productivity, attitudes, and perceptions. *Environment & Behavior*, 30(3), 261-281.
- LaTorre, M.A. (2006). Creating a healing environment. *Perspectives in Psychiatric Care*, 42(4), 262-264.
- Levy-Leboyer, C. (1982). *Psychology and Environment* (pp. 1-44). Beverly Hills, CA: Sage Publications.
- Lewin, K. (1935). *A dynamic theory of personality*. New York: McGraw-Hill.
- Marshall, C., & Rossman, G. B. (1999). *Designing qualitative research* (3rd ed.). Thousand Oaks, CA: Sage Publications.
- Maslow, A. H., & Mintz, N. L. (1956). Effects of aesthetic surroundings: Initial effects of three aesthetic conditions upon perceiving "energy" and "well-being" in faces. *The Journal of Psychology*, 41, 247-254.
- McClellan, P. J. (1998). *Finding an office: Reflections of a practitioner*. Paper presented at the American Psychological Association Convention, San Francisco.
- McElroy, J. C., Morrow, P. C., & Ackerman, R. J. (1983). Personality and interior office design: Exploring the accuracy of visitor attributions. *Journal of Applied Psychology*, 68(3), 541-544.
- McKahan, D. (1993). Healing environments: Healing by designing therapeutic environments for health care. *Journal of Health Care Design*, 5(1), 159-166.

- Miwa, Y., & Hanyu, K. (2002). The effects of interior design on communication and impressions of a counselor in a counseling room. *Environment and Behavior*, 38(4), 484-502.
- Morrow, P. C., & McElroy, J. C. (1981). Interior office design and visitor response: A constructive replica. *Journal of Applied Psychology*, 66(5), 646-650.
- Ornstein, S. (1992). First impression of the symbolic meanings connoted by reception area design. *Environment and Behavior*, 24(1), 85-110.
- Ornstein, S. (1989). Impression management through office design. In R. Giacalone & P. Rosenfeld (Ed.), *Impression management in organizations* (pp. 411-426). Hillside, NJ: Lawrence Erlbaum.
- Ornstein, S. (1986). Organizational symbols: A study of their meanings and influences on perceived psychological climate. *Organizational Behavior and Human Decision Processes*, 38(2), 207-229.
- Park, J. (2005). *First impressions of office reception spaces: Communicating symbolic meanings through design elements and furnishing arrangements*. Master's thesis. University of Florida, Gainesville.
- Pressly, P. K., & Heesacker, M. (2001). The physical environment and counseling: A review of theory and research. *Journal of Counseling and Development*, 79(2), 148-160.
- Proshansky, H. M., Ittelson, W. H., & Rivlin, L. G. (1976). *Environmental psychology: People and their physical settings* (2nd ed.). New York: Holt, Rinehart and Winston.

Restivo-Levitt, A., & LaCapra, D. (2007). *Impact of environment: Variability and similarity in the counseling environment*. Retrieved May 20, 2008,

http://www.kean.edu/~intdes/ID_DamonLaCapra.htm

Richards, J. (1998) *Characteristics of psychotherapy offices: Reflections on some explanatory data*. Paper presented at the American Psychological Association Convention, San Francisco.

Rubin, H. J., & Rubin, I. (2005). *Qualitative interviewing: The art of hearing data* (2nd ed.). Thousand Oaks, CA; London: Sage Publications.

Shertzer, B., & Stone, S. C. (1974). *Fundamentals of counseling* (2nd ed.). Boston, MA: Houghton Mifflin.

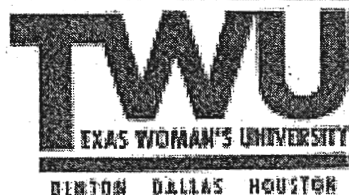
Sommer, R. (1969). *Personal space: The behavioral basis of design*. Englewood Cliffs, NJ: Prentice-Hall.

Strong, S. R., & Dixon, D. N. (1971). Expertness, attractiveness, and influence in counseling. *Journal of Counseling Psychology*, 18(6), 562-570.

Wexner, L. B. (1954). The degree to which colors (hues) are associated with mood tones. *The Journal of Applied Psychology*, 38(6), 432-435.

APPENDIX A

Institutional Review Board Approval



Institutional Review Board
Office of Research and Sponsored Programs
P.O. Box 425619, Denton, TX 76204-5619
940-898-3379 Fax 940-898-3416
e-mail: IRB@twu.edu

June 3, 2008

Ms. Kelly Lynn Backhaus
3000 Anya Lane
Denton, TX 76209

Dear Ms. Backhaus:

Re: *Client and Therapist Perspectives on the Importance of the Physical Environment of the Therapy Room: A Mixed Methods Study*

The above referenced study has been reviewed by the TWU Institutional Review Board (IRB) and was determined to be exempt from further review.

If applicable, agency approval letters must be submitted to the IRB upon receipt PRIOR to any data collection at that agency. Because you do not use a signed consent form in your study, the filing of signatures of participants with the TWU IRB is not required.

Another review by the IRB is required if your project changes in any way, and the IRB must be notified immediately regarding any adverse events. If you have any questions, feel free to call the TWU Institutional Review Board.

Sincerely,

Dr. David Nichols, Chair
Institutional Review Board - Denton

cc. Dr. Larry LeFlore, Department of Family Sciences
Dr. Linda Metcalf, Department of Family Sciences
Graduate School

APPENDIX B

Recruitment Request Flyers and Emails

RESEARCH PARTICIPANTS NEEDED FOR AN ANONYMOUS ONLINE RESEARCH
STUDY TITLED:
CLIENT AND THERAPIST PERSPECTIVES ON THE IMPORTANCE OF THE PHYSICAL
ENVIRONMENT OF THE THERAPY ROOM: A MIXED METHODS STUDY

Are you:

- Over 18 years of age
- Someone who is currently receiving therapy or has attended therapy in the past?
- Willing to complete 3 brief questionnaires

If you answered "yes" to all of the above questions and have not previously participated in this research, your experience and insights are needed to help provide important information about how the physical environment of the therapy room influences the therapeutic process.

This research study is being conducted by Ms. Kelly Backhaus, M.S. as a part of the requirement for a Doctor of Philosophy degree in Family Therapy at Texas Woman's University in Denton, TX.

If you choose to participate in this anonymous online survey, you will need to set aside 20- 30 minutes of your time to respond to the entire survey. As part of the survey, you will be asked to provide some information about yourself and your previous experience or current experience as a client or therapist. The survey consists of a demographic questionnaire, 4-8 open-ended questions as well as several likert scales. In exchange for your participation, you will earn ½ hours of research and you can request a summary of the results of the study.

To participate, please go to the website www.PsychData.com <<http://www.psychdata.com/>> . Then in the upper left hand corner enter in survey number 124989, read the informed consent letter and click the link below, which serves as your agreement. After you have filled out the survey, **print** the last page that will include a Respondent ID. You **must print it out** at the time you finish the surveys. The website will not allow you to go back.

Once you've completed the survey, you will need to **bring the printout out with your Respondent ID** to HDB 107 during the times listed below and you will receive one research/extra credit stamp for your research participation form.

Monday October 20 th	8am – 9am; 1pm-2pm
Tuesday October 21 st	12pm – 1pm; 6pm – 7pm
Wednesday October 22 nd	8 am – 9 am; 12pm – 1pm; 5pm- 6pm

It will take about 5-10 minutes to stamp/sign your form. You do not have to sign up. Just show up during any one of the times listed above.

Thanks for your interest! If you have any questions, please contact the principal investigator at kbackhaus@mail.twu.edu

Website Recruitment Request

Attn: Webmaster

From: Kelly Backhaus, MS, LPC, LMFT

Re: Research on the Physical Environment of the Counseling Room

My name is Kelly Backhaus and I am a Ph.D. candidate in Family Therapy at Texas Woman's University (TWU) in Denton, Texas. I am interested in studying how the physical environment impacts counseling. While a large amount of literature exists on the effects of the counselor/client relationship and how it impacts therapy, very little research exists on how the environment impacts therapy. As part of the requirements for obtaining my doctoral degree at TWU, I am conducting a mixed methods research study to examine counselor and client perspectives on the importance of the physical environment of the therapy room.

I would like to post a notice about my research on your organization's website so that I may be able to recruit additional participants for my study. The study has been approved by the Institutional Review Board at Texas Woman's University and meets all standards of ethical requirements. All participation in the study is completely voluntary and participants may withdraw from the study at any time without penalty. The study has also been designed to protect the confidentiality of all participants. I have attached a copy of the notice along with a link to the actual research website that contains further information on the study, the researcher, and participant's rights.

If your organization would be willing to post this recruitment notice, please send me any instructions via email at kellybob@mail.twu.edu or by mail to the following address:
Kelly Backhaus, 3000 Anysa Ln, Denton, TX 76209.

Thank you for your consideration.

Kelly Backhaus, MS (Principal Investigator)
kellybob@mail.twu.edu

Email Recruitment Request

Dear Therapists, Clients, and Colleagues,

I would like to invite each of you to participate in my dissertation research by completing my online survey regarding the Environment of the Therapy Room. The study has been approved by the IRB and below you will find more information about the survey, along with the link to the survey.

Title of Study: Client and Therapist Perspectives on the Importance of the Physical Environment of the Therapy Room: A Mixed Methods Study.

Investigator: Kelly L. Backhaus, M.S.

940-372-0590, kellybob@mail.twu.edu

Advisor: Linda Metcalf, PhD

940-898-2685, lmetcalf@mail.twu.edu

Purpose:

This research study is being conducted by Ms. Kelly Backhaus, M.S. as a part of the requirement for a Doctor of Philosophy degree in Family Therapy at Texas Woman's University in Denton, TX. The purpose of this study is to explore client and therapist perspectives regarding the physical environment of the therapy room. More specifically, this study seeks to determine the level of importance that clients and therapists place on accessories, color, room design, furnishings, lighting, temperature, and sound. Additionally, this study will examine if a relationship exists between client retention and the physical environment of the therapy room.

Participation:

Your participation in this study is completely voluntary and anonymous. You are also free to withdraw from this study at any time without penalty. If you choose to participate in this anonymous online survey, you will need to set aside 20- 30 minutes of your time to respond to the entire survey. As part of the survey, you will be asked to provide some information about yourself and your previous experience or current experience as a client or therapist. The survey consists of a demographic questionnaire, 4-8 open-ended questions as well as several likert scale.

Survey Link:

The survey can be found by going to <http://www.psychdata.com> - Enter Survey # 124989

Please feel free to forward this email to any interested clients and/or counselors/therapists that you may be in contact with. While the survey is designed for both counselors/therapists and clients; I would ask those of you who are fully licensed to take the survey as a counselor - all interns, students, clients, please take as a client.

Thank you in advance for your participation.

Kelly Backhaus, MS, LMFT, LPC
Principal Investigator

APPENDIX C

Listing of Recruitment Efforts

List of Websites/National Organizations

Website Organization	Website URL
AAMFT – American Association of Marriage and Family Therapists	http://www.aamft.org
NASW – National Association for Social Workers	http://www.nasw.org
ACA – American Counseling Association	http://www.aca.org

List of Local Organizations & Businesses Contacted

- Texas Woman's University Counseling and Family Therapy Clinic, Denton, TX
- Texas Woman's University Student Counseling Center, Denton, TX
- Cook Children's Hospital, Dallas, TX
- Cumberland Presbyterian Children's Home, Denton, TX
- Crossroads Family Services, Plano, TX
- Catholic Charities, Fort Worth, TX
- The Parenting Center, Fort Worth, Texas
- Friends of the Family, Denton, TX
- University of North Texas – Psychology and Social Work Departments
- Texas Woman's University – Family Sciences, Psychology, and Social Work Departments

APPENDIX D

Welcome Page

RESEARCH PARTICIPANTS NEEDED FOR AN
ANONYMOUS ONLINE RESEARCH STUDY TITLED

Client and Therapist Perspectives on the Importance of the
Physical Environment of the Therapy Room: A Mixed Methods
Study

ATTENTION ALL COUNSELORS, THERAPISTS & CLIENTS

Are you a therapist or counselor who works in an office?

Are you someone who is currently receiving therapy or has
attended therapy in the past?

If so, your experience and insights are needed to help provide
important information about how the physical environment of the
therapy room influences the therapeutic process.

To learn more about the study, please click on the link above or
below. Selecting the link will not obligate you to participate in the
study; however, it will provide you with additional details about
the study, the researcher, and your rights as a potential participant.

APPENDIX E

Information/Consent Page

TEXAS WOMAN'S UNIVERSITY
CONSENT TO PARTICIPATE IN RESEARCH

Title of Study: Client and Therapist Perspectives on the Importance of the Physical Environment of the Therapy Room: A Mixed Methods Study.

Investigator: Kelly L. Backhaus, M.S.

940-372-0590, kellybob@mail.twu.edu

Advisor: Linda Metcalf, PhD

940-898-2685, lmetcalf@mail.twu.edu

Purpose:

This research study is being conducted by Ms. Kelly Backhaus, M.S. as a part of the requirement for a Doctor of Philosophy degree in Family Therapy at Texas Woman's University in Denton, TX. The purpose of this study is to explore client and therapist perspectives regarding the physical environment of the therapy room. More specifically, this study seeks to determine the level of importance that clients and therapists place on accessories, color, room design, furnishings, lighting, temperature, and sound. Additionally, this study will examine if a relationship exists between client retention and the physical environment of the therapy room.

Participation:

Your participation in this study is completely voluntary and anonymous. You are also free to withdraw from this study at any time without penalty. If you choose to participate in this anonymous online survey, you will need to set aside 20- 30 minutes of your time to respond to the entire survey. As part of the survey, you will be asked to provide some information about yourself and your previous experience or current experience as a client or therapist. The survey consists of a demographic questionnaire, 4-8 open-ended questions as well as several likert scales.

Potential Risks/ Confidentiality:

The risk of loss of confidentiality will be protected to the extent that is allowed by law, however there is a potential risk of loss of confidentiality through all email and downloading transactions. Therefore, the survey is located with a Safe Harbor organization that takes reasonable precautions to protect personal information from loss, misuse, and unauthorized access, disclosure, alteration and destruction. Your identity will be completely anonymous as the research website is designed so that absolutely no identifiable information, including email addresses or routing numbers, will be attached to the survey when it is submitted. You will not be asked to provide identifiable information such as your name, phone number or address and no one will be contacting you. All information collected in the study will be deleted from the website within 30 days of completion of the study. At that time the website address will also be made inactive. Only the researcher will have access to information collected during the study. The researcher will keep all downloaded information/ results she collects in a locked file cabinet in the investigator's office. Results from this study will be published in the

researcher's dissertation as well as in other research publications. No identifying information will be included in any publications.

Benefits:

A potential benefit of your participation in this research is the opportunity to contribute to a better understanding of what makes therapy effective. Another benefit is that you can elect to receive a summary of the study's results. You may request a copy of the outcome by contacting the investigator at kellybob@mail.twu.edu. Your request for a summary of the results will not be linked to any response you may have made as a participant in the study.

Questions:

The researchers will try to prevent any problems that could happen because of this research. You should let the researchers know at once if there is a problem and we will help you. However, TWU does not provide medical services or financial assistance for injuries that might happen because you are taking part in this research. Additionally, the Investigator or Research Advisor would be pleased to respond to any questions you may have concerning the research study; their contact information is located at the top of this page. If you have questions about your rights as a participant in this research or the way this study has been conducted, you may contact the Texas Woman's University Office of Research and Sponsored Programs at 940-898-3378 or via e-mail at IRB@twu.edu.

Informed Consent:

Your completion and successful submission of the following anonymous questionnaire will constitute your informed consent to act as a participant in this study.

If You Are a Client
Click Here to Begin the Survey

If You Are a Therapist
Click Here to Begin the Survey

Or
Continue to Exit Survey

APPENDIX F

Demographic Information

Therapist Demographics

1. Age at last birthday: _____
2. Female: _____ Male: _____
3. In which state are you currently practicing? _____
4. Educational Level:
Master's Degree _____ Doctoral Degree _____ Other (please specify) _____
5. License(s) Held:
LMFT _____ LPC _____ LCSW _____ Other (please specify) _____
6. Socio-Economic Level:
Below 20,000 _____
\$20,000- \$39,999 _____
\$40,000 - \$59,999 _____
\$60,000 - \$89,999 _____
\$90,000-\$109,999 _____
\$110,000 and Above _____
7. Location of Office:
Home _____ Private Practice _____ Agency _____ Other (please specify) _____
8. Do you share an office with anyone else?
Yes _____ No _____
9. Did you design and/or decorate your own office?
Yes _____ No _____
10. Number of Years in Practice:
1-5 _____ 6-10 _____ 11-15 _____ 16-20 _____ 20 or more _____

Client Demographics

1. Age at last birthday: _____
2. Female: _____ Male: _____
3. In which state do you currently reside? _____
4. Educational Level:
 - Some High School _____
 - High School Diploma or GED _____
 - Some College _____
 - Associates Degree or Vocational/Technical School _____
 - Bachelor's Degree _____
 - Master's Degree _____
 - Doctoral Degree _____
5. Socio-Economic Level:
 - Below 20,000 _____
 - \$20,000- \$39,999 _____
 - \$40,000 - \$59,999 _____
 - \$60,000 – \$89,999 _____
 - \$90,000-\$109,999 _____
 - \$110,000 and Above _____
6. Location of Counselor's Office:
 - Home _____ Private Practice _____ Agency _____ Other (please specify) _____
7. Type of Therapy You Received: (select all that apply)
 - Individual _____ Couples _____ Family _____ Group _____ Other _____
8. Length of Time You Attended Therapy:
 - 1-4 months _____ 5-8 months _____ 9-12 months _____
 - 1-2 years _____ 2-3 years _____ 3 or more years _____
9. If you recall, please check the type of licensure your most recent therapist held:
 - LMFT _____ LPC _____ LCSW _____ Unknown _____

APPENDIX G

Counselor Rating Form, Short Version

COUNSELOR RATING FORM, SHORT VERSION

Under each of the following characteristics is a seven-point scale that ranges from “not very” to “very”. Please mark an “X” at the point on the scale that best represents how you viewed your therapist. The submission of your completed questionnaire constitutes your informed consent to act as a participant in this research.

Example:

FUNNY

not very X : _____ : _____ : _____ : _____ : _____ : _____ very

WELL DRESSED

not very _____ : _____ : _____ : _____ : _____ : X : _____ very

Counselor Rating Form, Short Version

1. SINCERE

not very _____ : _____ : _____ : _____ : _____ : _____ : _____ very

2. SKILLFUL

not very _____ : _____ : _____ : _____ : _____ : _____ : _____ very

3. HONEST

not very _____ : _____ : _____ : _____ : _____ : _____ : _____ very

4. EXPERT

not very _____ : _____ : _____ : _____ : _____ : _____ : _____ very

5. LIKABLE

not very _____ : _____ : _____ : _____ : _____ : _____ : _____ very

6. **SOCIABLE**
not very _____:_____:_____:_____:_____:_____:_____ very

7. **WARM**
not very _____:_____:_____:_____:_____:_____:_____ very

8. **TRUSTWORTHY**
not very _____:_____:_____:_____:_____:_____:_____ very

9. **EXPERIENCED**
not very _____:_____:_____:_____:_____:_____:_____ very

10. **RELIABLE**
not very _____:_____:_____:_____:_____:_____:_____ very

11. **PREPARED**
not very _____:_____:_____:_____:_____:_____:_____ very

12. **FRIENDLY**
not very _____:_____:_____:_____:_____:_____:_____ very

APPENDIX H

Physical Environment Attributes Scale

Physical Environment Attributes Scale

Directions: Please mark an "X" next to the statement that best reflects your opinion regarding the importance of each of the following aspects of the physical environment of the therapy room. Your submission of the following questionnaire constitutes your consent to act a participant in this research.

Accessories

1. Artwork

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

2. Plants

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

3. Clock

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

4. Personal Memorabilia

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

5. Magazines/Books

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

6. Overall accessories in the therapy room are:

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

Furnishings

7. Chairs

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

8. Couch

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

9. Desk

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

10. Table

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

11. Coffee Table

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

12. Overall furnishing in the therapy room are:

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

Room Design

13. Comfort

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

14. Mobility of Furniture

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

15. Proximity/Distance from Therapist

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

16. Overall the design of the therapy room is:

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

Lighting

17. Soft

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

18. Natural

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

19. Bright

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

20. Overall lighting in the therapy room is:

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

Sound

21. Transmission of Sound

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

22. Sense of Privacy

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

23. Overall sound in the therapy room is:

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

Temperature

24. Please mark an "X" next the word that best describes how you would desire the temperature of the counseling room to be:

Hot _____ Warm _____ Average _____ Cool _____ Cold _____

25. Overall temperature in the therapy room is:

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

Color

26. Please mark an "X" next to each of the colors you would prefer to see in a therapy room:

Blue _____	Green _____	Red _____	Yellow _____
Orange _____	Brown _____	Black _____	White _____
Other (please specify) _____			

27. Overall the color of the therapy room is:

Not Very Important	Somewhat Unimportant	No Opinion/ Not Applicable	Somewhat Important	Very Important
-----------------------	-------------------------	-------------------------------	-----------------------	-------------------

APPENDIX I

Research Questions and Hypotheses

Quantitative Questions:

	Research Question	Hypothesis
Physical Environment Attributes Scale	1. What aspects of the physical environment of the therapy room are important to both clients and therapists?	Ho1: There will be no statistically significant difference between therapist and client perspectives regarding the importance of the following: accessories, color, furnishings, room design, lighting, temperature, or sound in the physical environment of the therapy room as measured by the Physical Environment Attributes Scale.
Counselor Rating Form – Short Version	1. Are certain aspects of the physical environment of the therapy room related to client's perceptions of the therapist?	<p>Ho2: There will be no statistically significant relationship between aspects of the physical environment of the therapy room that were rated as important by clients and their perceptions of the therapist's perceived attractiveness as measured by the Counselor Rating Form-Short Version.</p> <p>Ho3: There will be no statistically significant relationship between aspects of the physical environment of the therapy room that were rated as important by clients and their perceptions of the therapist's perceived expertness as measured by the Counselor Rating Form-Short Version.</p> <p>Ho4: There will be no statistically significant relationship between aspects of the physical environment of the therapy room that were rated as important by clients and their perceptions of the therapist's perceived trustworthiness as measured by the Counselor Rating Form-Short Version.</p>

Qualitative Questions:

	Central Question	Interview Question
Client	<ol style="list-style-type: none"> 1. What aspects of the physical environment of the therapy room do clients view as important? 2. What aspects of the physical environment of the therapy room influence client retention? 	<ol style="list-style-type: none"> 1. Please describe in detail what you noticed about the physical environment of the therapy room. 2. What aspects of the physical environment of the therapy room stood out to you? 3. What influenced your decision to continue seeing this therapist? 4. How did you feel while in the therapy room?
Therapist	<ol style="list-style-type: none"> 1. What aspects of the physical environment of the therapy room do therapists view as important? 2. What aspects of the physical environment of the therapy room influence client retention? 	<ol style="list-style-type: none"> 1. Please describe in detail the room in which you conduct therapy. 2. Please discuss how you decided to arrange and/or decorate the room in which you conduct therapy. 3. What do you think motivates your clients to return? 4. How do you feel while you are in the therapy room?
Therapist's Perceptions of Client's Beliefs	<ol style="list-style-type: none"> 1. What aspects of the physical environment of the therapy room do therapists perceive as important to clients? 2. What aspects of the physical environment of the therapy room influence client retention? 	<ol style="list-style-type: none"> 1. Please describe how you think clients would describe the room in which you conduct therapy. 2. What aspects of the physical environment of the therapy room do you think your clients might say stood out to them? 3. In your opinion, what do you think your clients would say influences them to return to you? 4. How do you think your clients would state they feel while in the therapy room?