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ABSTRACT

PSYCHOLOGISTS' CONCEPTUALIZATIONS OF CLIENTS AND THEIR

RELATION TO PSYCHOTHERAPY OUTCOMES: A PROFILE ANALYSIS

Han Lim Kim

The aims of this research is to 1) quantitatively assess therapist perceptions of prototypically difficult and successful clients and assess whether characterizations of such clients vary as a function of therapist level of experience and sex, 2) examine whether clients who characterize themselves as more similar to the prototype show different rates of change in psychotherapy, and 3) evaluate whether clients' self-reported personality and attitudes change in psychotherapy become more or less similar to the prototype profiles. There were no differences in prototypical difficult and successful client profiles as a function of therapist sex or level of experience. Clients' improvements in psychotherapy were not moderated by clients' similarity to prototype difficult or successful profiles. There was some suggestion that clients' personality profiles 30 weeks into therapy were more like the prototype successful personality profile compared to their personality profiles at baseline ($p = .058$). Clients' attitude profiles appeared to move away from the prototype difficult attitude profile and towards the prototype successful attitude profile ($p\text{s} \leq .001$). These results suggest that, how similar a client is to therapists' perception of a prototype difficult or successful client does not impact their progress in therapy, but clients change to become more like the prototype successful client and less like the prototype difficult client during the course of psychotherapy.

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Introduction

Psychotherapy clients exhibit wide variation in their response to treatment. It is important for therapists to monitor such responses and adapt accordingly. However, there is a lack of systematic understanding of therapists' perception of client factors, such as their personality and attitude profiles, and how this impacts treatment. The initial idea for this research was the result of common informal discussions among psychologists-in-training about their experiences with certain clients. Specifically, some described their client to be a "favorite," or successful, and other clients were described as aversive and difficult.

Although it is common for therapists to have favorite clients and difficult clients, the patterns or profiles of personality and attitudes associated with such clients has not been systematically described. Moreover, the extent to which clients who have personality and attitude profiles that are similar to successful or difficult clients is related to therapeutic progress is unclear. The purpose of this research is to 1) obtain descriptions of the personality and attitudes of successful and difficult clients from therapists and assess the degree to which characterizations of such clients might differ as a function of therapist experience and sex, and 2) assess if clients who are similar to these prototypical Successful or Difficult clients show different rates of response to psychotherapy, and 3) evaluate if an alternative outcome of psychotherapy for clients is change in their personality and attitude profiles to become more like the prototypical Successful client and less like the Difficult profile.

Therapists Characterizations of Client Personality and Attitudes

Clients' personality and attitudes inform therapists in treatment planning. For example, therapists may not recommend group therapy for a client they perceive to be reserved and introverted. Client self-report measures of personality and attitudes, such as the Minnesota Multiphasic Personality Inventory-2 (MMPI-2; Butcher, Dahlstrom, Graham, Tellegen, & Kaemmer, 1989), often serve as a tool for therapists to guide their judgements and treatment plans. However, clients' perception of their personality and attitudes can be incongruent with therapists' perceptions of clients' personality and attitudes (McClure & Hodge, 1987; Soldz, Budman, Demby, & Merry, 1995). Thus, it is important to understand how therapists assess clients, especially understanding therapists' global assessments of a prototypically difficult or successful client.

Countertransference. Therapists' conceptualization of clients and their accompanying reactions have been widely studied and are thought to have an important role in therapeutic relationship and outcome. Most research has been based on the psychoanalytic concept of countertransference. Countertransference was conceptualized by Freud (1910/1957) to be a reaction in the clinician caused by the client. Countertransference has been theorized to influence the therapeutic relationship as well as the therapeutic outcome. An experimental study measured psychiatrists' attitudes towards a client in a videotape and found that psychiatrists' negative attitudes were associated with a poorer prognosis for the client (Strupp, 1958). Another study found therapists' negative affect towards clients to be significantly associated with clients' premature termination (Shapiro, 1974). A more recent meta-analysis of 14 studies found

a modest, inverse relationship between countertransference and therapeutic alliance and outcomes (Hayes, Gelso, Goldberg, & Kivlighan, 2018).

What creates countertransference? In other words, what factors contribute to arousing a reaction in the therapist? One analogue study examined therapist-trainees' state and trait anxiety and one manifestation of countertransference, withdrawal, to an audio recording of an actress playing an 'insecure' client and a 'seductive' client. This study revealed a modest correlation between countertransference and trait anxiety when presented with an 'insecure' client (Hayes & Gelso, 1991). This study used tapes created in another study examining countertransference response, and the researchers in the original study describe that they created the scripts and the scripts were independently rated by three clinical psychologists to be representative of the specified client types (Yulis & Kiesler, 1968).

What makes a client 'insecure,' 'seductive,' or just difficult? Most research in pursuit of this question have been qualitative. For example, Hayes and colleagues (1998) interviewed 8 psychologists after their sessions and found that countertransference often occurs when clients talk about issues therapists themselves find difficult, such as family matters. Difficult clients have been described in the context of personality disorders, and they have also been described to evoke boredom (Silver, 1983; Taylor, 1984). A dissertation examined what type of patients therapist experience as difficult by interviewing 10 psychologists and identified withdrawal and aggression as broad themes across difficult clients (Davidtz, 2007). How a client is conceptualized may vary based on context and therapists but to date, there has not been a systematic, quantitative assessment of client types as conceptualized by therapists.

Quantifying therapists' perceptions using standard rating scales. Clinician-rated measures exist, such as the Hamilton Depression Rating Scale (Hamilton, 1960), quantitatively capturing therapist perceptions of client symptom levels. However, it is not as common practice for therapists to use a standard scale to capture their perception of clients' personalities and attitudes. A standard measure of personality and attitudes allows the therapist to obtain a systematic, quantitative understanding of therapists' global conceptualization of prototypically difficult or successful clients.

Personality. Personality has been widely examined as an important client factor that relates to psychopathology and therapeutic process. For example, a review of the literature examining personality and depression described that individuals diagnosed with Major Depressive Disorder express elevated levels of neuroticism and reduced levels of extraversion compared to nondepressed individuals (Bagby, Quilty, & Ryder, 2008). Neuroticism has also been associated with various aspects of anxiety, such as panic attacks (Zinbarg, Uliaszek, & Adler, 2008). A meta-analysis of 99 studies found associations between personality factors and mental health treatment outcomes, such as abstinence, symptom levels, coping skills, etc. (Bucher, Suzuki, & Samuel, 2019).

Attitudes. Clients' attitudes, such as hope and gratitude, have also been a subject of interest in understanding psychotherapy treatment prognosis and outcome. Other client attitudes, such as their perception of quality of life, their motivation for therapy, and therapeutic alliance have also been important factors of consideration. For example, in an outpatient sample, baseline measures of hope, gratitude, and quality of life were negatively correlated with levels of symptomatic distress (Nguyen, Kim, Romain, Tabani, & Chaplin, 2020).

Profiles. Most research in client factors such as personality or attitudes, has been based on a single trait or analyses in which single traits are correlated with outcomes. However, individuals' overall personality is not based on a single trait but a constellation of traits. For example, a person is not just an extrovert, but might be a conscientious, disagreeable, neurotic extrovert. Even within a trait, there are lower order facets that make each expression of a trait carry different nuances and this has practical implications in treatment planning (Zinbarg et al., 2008). More importantly, a constellation of traits together describes a person more accurately. For example, an extrovert may have better treatment outcomes, but only if they are also conscientious; a grateful client may have better treatment outcomes, but only if they are also motivated for therapy. One way to explore this would be through multiple moderation analyses. Another way to examine this would be to look at patterns or profiles of personality and attitudes.

There are three parameters that characterize a profile: elevation, scatter, and shape (Cronbach & Gleser, 1953). Elevation is the average of all scores, or traits, that are included in the profile. Scatter is the variability across all the scores, i.e. the degree to which each score deviates from the mean. Shape is the pattern of a profile, however there is no single parameter that characterizes shape (Chaplin & Panter, 1993). Instead, the shape of the profile must always be in reference to another profile. The reason for this is that the ordering of the traits on the x-axis is generally arbitrary and because the ordering impacts the shape, the shape is arbitrary, without reference to another similarly ordered profile. The parameter that can then characterize shape is the correlation between the profile and the comparison profile (Chaplin & Panter, 1993).

The MMPI-2 (Butcher et al., 1989) is one example of the incorporation of profiles in clinical practice. The MMPI-2 have individual scales but interpretation of the two most elevated scales (2-point code/profile) often produces more useful information about the examinee (Groth-Marnat & Wright, 2016). For example, if one is elevated on Scale 6 (Paranoia), they may be highly sensitive to judgement of others. This scale alone can look different in the context of the examinee's demographic characteristics as well as elevation on other scales. If elevation on Scale 6 is accompanied with elevation on Scale 4 (Psychopathic deviance), higher likelihood of acting out is indicated.

Client Change in Psychotherapy

Continuous data collection allows for tracking of change over the course of psychotherapy in an objective manner (Lambert, 2017). Data is often obtained from clients based on standardized assessment of outcomes based on symptomology, such as the Outcome Questionnaire-45.2 (Lambert et al., 1996). These standardized measures include items such as "I feel no interest in things," "I feel worthless" directly capturing symptoms of psychopathology. Such routine outcome monitoring offers clinicians an objective assessment of therapeutic effectiveness, measuring whether clients are getting better or worse over time.

A potential alternative measure of therapeutic outcome could be clients' profiles of personality and attitudes. Certain attitudes are direct targets and tools used in effective intervention, such as gratitude writing (Wong et al., 2016) and motivational interviewing (Westra & Dozois, 2006). Evidence-based interventions for depression and anxiety also often involve increasing coping mechanisms, social activity and social skills, which could have an impact on the personality traits of Neuroticism, Extraversion, and Agreeableness.

Thus, standard assessments of personality and attitudes could also serve as a measure of therapeutic outcome, especially when clients appear to be reporting themselves to be more aligned with prototypically successful clients and less like difficult clients.

The Present Study

In this research, we sought to address the question of whether therapists' conceptualization of clients impacts therapeutic outcome. We sought to replicate and extend previous findings that were based on qualitative data collected through interviews. Rather than examining personality at trait level, this research sought to consider clients' personality as a whole profile. Clients profile patterns cannot be meaningfully understood on their own, but by being indexed against another profile (Chaplin & Panter, 1993). Thus, we used a quantitative approach by obtaining idealized ratings from therapists on standard measures of personality and attitudes. Through these ratings we created prototype profiles that represent a difficult and successful client to use as an index and assess how similar our sample's client profile patterns are to these prototypes.

The present study was designed to empirically collect psychologists' conceptualization of clients, examine the conceptualization as a profile instead of a collection of independent traits, understand whether such conceptualizations have an impact of therapeutic outcome, and observe change in profiles over time. Specifically, the aim was to explore and answer three main research questions: 1) are there differences in how psychologists conceptualize psychotherapy clients depending on psychologist factors? 2) do difficult clients have worse therapeutic outcomes/do successful clients have better therapeutic outcomes? 3) do clients become more like successful clients and less like difficult clients after a substantial amount of time in therapy?

Method

Participants

     Experts. Of the 50 experts, 40 (80%) were female. 10 (20%) respondents were first year graduate students, 8 (16%) were second year graduate students, 4 (8%) were third year graduate students, 6 (12%) were fourth year graduate students, 7 (14%) were graduate students fifth year and above, and 15 (30%) were licensed psychologists. Among the licensed psychologists, 11 (73.3%) practice cognitive behavioral therapy, 2 (13.3%) practice psychodynamic therapy, and 2 (13.3%) practice an integrative modality.

     Clients. Longitudinal data of 294 adult clients receiving psychotherapy services and consented to being part of the research database at the St. John's University Center for Psychological Services were used in the analysis. The mean age at the start of treatment was 33.75 years old ($SD = 11.95$). Of the 258 clients who reported their sex, 157 (60.9%) were female. 124 clients (42%) identified as Caucasian, 61 (21%) identified as Hispanic, 31 (11%) identified as African American, 22 (7%) identified as Asian American, 25 (9%) identified as mixed, and 12 (4%) identified as "other." Due to the nature of the facility being a training clinic, clients who endorsed active suicide ideation, acute psychosis, eating disorders, or were abusing substance were referred out to more appropriate facilities. At baseline, depression (186 clients, 63%) and anxiety (151 clients, 51.3%) were the most common reasons for seeking treatment.

Measures

     Personality. Adult therapy clients complete a self-report measure, the Bi-Weekly Longitudinal (BIL), at intake then at bi-weekly intervals. The BIL is a 37-item, 7-point

Likert scale measure, which includes various publicly available scales, one of which is the Ten Item Personality Inventory (TIPI; Gosling, Rentfrow, & Swann, 2003). The TIPI captures Extraversion, Agreeableness, Conscientiousness, Emotional Stability, and Openness with two items per trait (Five Factor Model of personality; Goldberg, 1993; McCrae & John, 1992).

Attitudes. The BIL also includes scales measuring Hope, Gratitude, Quality of Life, Therapeutic Motivation, and Therapeutic Working Alliance. These scales in the BIL are shorter versions of publicly available scales (Hope; Synder et al., 1996; Gratitude; McCullough, Emmons, & Tsang, 2002; Quality of Life; The Whoqol Group, 1998; Therapeutic Motivation; Pelletier, Tuson, & Haddad, 1997; Working Alliance; Duncan et al., 2003).

Symptomatic distress. The primary measure to track psychotherapy progress for adult therapy clients at the Center for Psychological Services is the Outcome Questionnaire – 45 items (OQ-45; Lambert et al., 1996). The OQ-45 is a 45-item, 5-point Likert scale, self-report measure that captures clients' level of distress. The items capture common symptoms in psychiatric disorders, such as "I feel no interest in things." The OQ-45 is also administered at intake then at bi-weekly intervals. The total score of the OQ-45 is reported to monitor clients' level of symptom distress with the severity of reported distress corresponding with a higher total score. The OQ-45 total score can range from 0 to 180, with 63 points or above being the clinical cut-off point.

Procedures

Instead of rationally creating prototypical profiles for index purposes, we empirically derived these prototype profiles by asking 50 psychologists and

psychologists-in-training for their conceptualizations of a difficult and successful client. The experts were asked to imagine the most difficult client and a successful client and describe such clients on the BIL items. The BIL items were scored to obtain the five personality factors as well as the various attitude subscales. This research was approved by the Institutional Review Board and psychologists and psychologists-in-training consented to completing the online questionnaire.

Analysis

Profile Analysis. Before averaging the 50 responses to obtain the prototype profiles, we used multivariate analysis of variance (MANOVA) to test whether there were differences between the conceptualized profiles by the psychologists based on characteristics of the psychologists.

Similarity Index. Each client's profile at baseline is compared to the prototype profiles. We generated a similarity index by calculating the Euclidean distance (D^2) between each client's profile and the prototype profile (Chaplin & Panter, 1993).

Similarity in relation to level of distress. Due to the nature of data collection in a working clinic, clients have varying numbers of data points as well as differences in the spacing between those data points. Mixed Effects Regression/Hierarchical Linear Modeling is a powerful analytic technique that can be used to analyze such data. This analysis allows for the modeling of intercepts and linear slopes of change on the symptom distress measure per individual client, which is referred to as random effects, as well as an aggregate of all individual models to produce an average intercept and slope, which is referred as fixed effects. Including the similarity index as a covariate in the

model allows us to test whether clients' similarity to the prototype profile has a moderating effect on level of distress.

Profile change in therapy. Using outcome data from a similar university-based community mental health training clinic, Kadera, Lambert, and Andrews (1996) predicted that 75% of clients can be expected to have recovered by the 26th session. Therefore, 30 weeks was conservatively chosen as a timepoint in which majority of clients have made significant progress and change in therapy. To assess whether clients' profiles changed to become more or less like the prototype, paired t-tests were used to compare the similarity index between the clients' profile and the prototypical profile at baseline and 30 weeks into therapy.

Results

Personality and Attitude Profiles

50 psychologists and psychologists-in-training completed measures on personality and attitudes of a difficult client and of a successful client to empirically obtain prototypical client profiles. Multivariate analyses showed there were no significant differences in the conceptualization of profiles based on psychologists' characteristics. There were no differences in the profiles by psychologists' sex for difficult personality (Wilk's Λ = .91, $F(4, 45)$ = 1.08, p = .38), difficult attitudes (Wilk's Λ = .99, $F(4, 45)$ = .15, p = .96), successful personality (Wilk's Λ = .86, $F(4, 42)$ = 1.67, p = .17), and successful attitudes (Wilk's Λ = .98, $F(4, 42)$ = .2, p = .94). There were also no differences in the profiles by psychologists' level of experience for difficult personality (Wilk's Λ = .71, $F(20, 136.9)$ = .73, p = .78), difficult attitudes (Wilk's Λ = .66, $F(20, 136.9)$ = .91, p = .57), successful personality (Wilk's Λ = .65, $F(20, 127)$ = .88, p = .61), and successful attitudes (Wilk's Λ = .53, $F(20, 127)$ = 1.32, p = .18).

Thus, the scores across 50 experts were averaged to create the prototype profiles as indices for comparisons. The Big Five personality profiles of the prototype can be seen in Table 1. The attitude profiles of the prototypes are shown in Table 2.

Table 1

Personality Profiles of as Rated by Experts

	Most Difficult		Successful	
	Mean	SD	Mean	SD
Extraversion	3.42	1.34	4.97	0.92
Agreeable	2.58	1.46	5.40	0.96
Conscientious	2.8	1.41	6.03	0.87
Emotional Stability	2.1	1.16	6.05	0.83
Openness	3.43	0.98	5.01	0.89

Table 2

Attitude Profiles as Rated by Experts

	Most Difficult		Successful	
	Mean	SD	Mean	SD
Hope	2.11	1.03	6.50	0.70
Gratitude	2.35	0.94	5.81	0.79
Quality of Life	2.18	0.96	6.15	0.77
Working Alliance	2.66	1.46	6.68	0.66
Motivation	2.64	1.43	6.22	1.02

Similarity Index as a Predictor of Symptom Reduction

The average similarity index comparing clients' personality profiles to the prototype difficult personality profile was 4.54, with a range from 1.41 to 9.31. The average similarity index comparing clients' personality profiles to the prototype successful personality profile was 3.88, with a range from .76 to 7.25. The averaged personality profile of this outpatient sample is compared to the prototype difficult and successful personality profiles in Figure 1.

The average similarity index comparing clients' attitude profiles to the prototype difficult attitude profile was 5.86, with a range from 1.41 to 10.33. The average similarity index comparing clients' attitude profiles to the prototype successful attitude profile was 3.53, with a range from .94 to 8.23. The averaged attitude profile of this outpatient sample is compared to the prototype difficult and successful attitude profiles in Figure 2.

The sum OQ-45 score was regressed on time, which was measured as the number of weeks since the first appointment, with the similarity index as a moderator. Based on a fitted linear model, clients overall are estimated to show a decrease in symptom distress over the course of psychotherapy ($B = -.18$, $t(93.4) = -7.56$, $p < .001$). The analyses

revealed clients' improvement in psychotherapy was not moderated by similarity of the clients to prototype difficult personality profile ($B = .01$, $t(41.7) = .44$, $p = .66$), successful personality profile ($B = -.04$, $t(36.6) = -1.13$, $p = .265$), and successful attitude profile ($B = -.04$, $t(41.7) = -1.32$, $p = .195$). There is some suggestion that clients whose attitude profiles are more like the prototype difficult profile made slower progress in therapy compared to clients whose attitude profiles are less like the prototype difficult profile ($B = .05$, $t(41.2) = 1.90$, $p = .065$).

Clients whose profiles were more like the prototype difficult personality and attitude profile were estimated to experience much greater distress at baseline (7.87 points and 6.68 points respectively, $ps < .001$). Similarly, clients whose profiles were more like the prototype successful personality and attitude profile were estimated to experience much less distress at baseline (8.47 points and 7.92 points respectively, $ps < .001$).

Figure 1

Prototype Personality Profiles and the Averaged Personality Profile from an Outpatient Sample
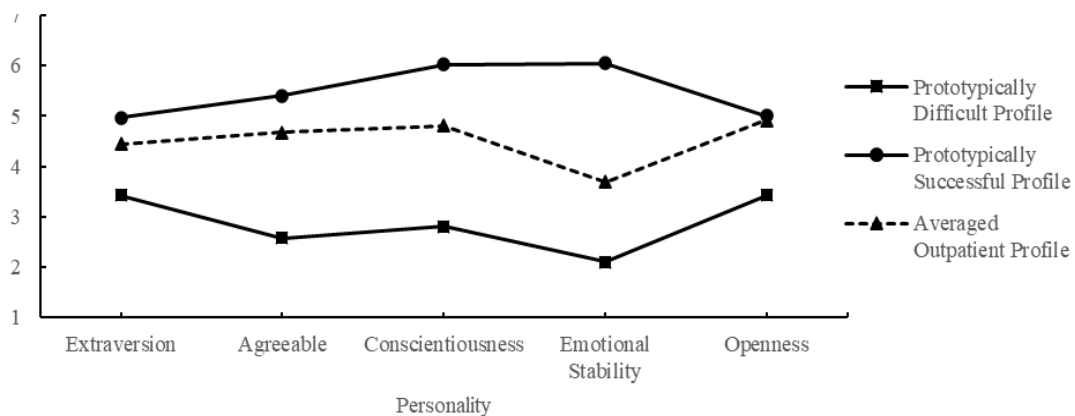
Figure 2

Prototype Attitude Profiles and the Averaged Attitude Profile from an Outpatient Sample

Profile Change

The difference between the similarity index comparing the prototype difficult personality profile to clients personality profiles at baseline ($M = 4.37$, $SD = 1.37$) and the index comparing prototype difficult personality profile to clients personality profiles at 30 weeks ($M = 4.52$, $SD = 1.61$) did not reach statistical significance; $t(89) = -1.04$, $p = .302$. However, there was some suggestion that clients' personality profiles at 30 weeks were more like the prototype successful personality profile ($M = 3.66$, $SD = 1.56$) compared to their baseline personality profiles indexed against the prototype successful personality profile ($M = 3.94$, $SD = 1.24$); $t(89) = 1.92$, $p = .058$.

Clients' attitude profiles appeared to have clearer change away from the prototype difficult profile and towards the prototype successful profile. There was a significant statistical difference between the difficult attitude profile similarity index at baseline ($M = 5.94$, $SD = 1.76$) and the difficult attitude profile similarity index at 30 weeks ($M = 7.12$, $SD = 1.58$); $t(90) = -7.7$, $p < .001$. There was also a significant statistical difference

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between the successful attitude profile similarity index at baseline ($M = 3.6$, $SD = 1.47$) and the successful attitude profile similarity index at 30 weeks ($M = 3.12$, $SD = 1.56$); $t(90) = 3.55$, $p = .001$.

Discussion

Therapists' perceptions of clients have always been a relevant topic of interest in research and in clinical practice. This research used standard assessments of personality and attitudes to empirically obtain therapists' global assessments of a difficult and successful client. As expected, therapists characterized a prototypically difficult client to be lower on all Big Five personality traits (profile elevation of 2.87 on a 7-point scale) and have lower hope, gratitude, quality of life, working alliance, and motivation for therapy (profile elevation of 2.39 on a 7-point scale). Therapists characterized a prototypically successful client to be higher on all Big Five personality traits (profile elevation of 5.5 on a 7-point scale) and have higher hope, gratitude, quality of life, working alliance, and motivation for therapy (profile elevation of 2.3 on a 7-point scale).

This research also addresses whether therapists' perception of clients have an impact on clients' therapeutic outcome. In other words, do clients who present themselves like a prototypically difficult client make slower progress? We found no moderating effect of clients' similarity to prototype profiles on the change in symptom distress. However, clients whose profiles are more like the prototype difficult client are estimated to experience greater distress at baseline. Similarly, clients whose profiles are more like the prototype successful client are estimated to experience less distress at baseline. This study illustrates that an informal topic often discussed among practitioners can be translated empirically testable research design.

Clients in psychotherapy demonstrated change in their personality and attitudes to become more like a prototype successful client and less like a prototype difficult client. Clients often seek therapy to address specific symptoms (e.g. feeling blue, fearful, etc.),

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which become targets of therapy. Clients also desire to bring about broader fundamental changes in attitudes and personality functioning (e.g. to become more hopeful, agreeable, etc.) which also have far-reaching effects in various aspects of one's life. In this sense, measuring clients' personality and attitudes could serve as an alternative or additional measure of psychotherapy outcome. Our research shows that in fact, in addition to showing reduction in levels of symptomology, therapy seems to move clients towards more adaptive set of attitudes and personalities characteristics.

Limitations and Future Directions

Conducting research in a naturalistic setting influences the measures administered to participants. Specifically, we used shortened, brief measures of personality and attitudes to reduce the burden of bi-weekly completion for psychotherapy clients. The TIPI measures personality with just ten items; even the developers of the TIPI do not encourage its use in place of multi-item instruments but offer it as psychometrically reasonable proxy for when brevity is important (Gosling, Rentfrow, & Swann, 2003). Our measures of attitudes were also shortened versions of publicly available, longer instruments. These shortened measures have psychometric implications, such as a smaller coefficient alpha. However, such sacrifice of measurement reliability was the cost of collecting data in a naturalistic setting and increases the external validity of our findings.

One of the disappointing results of the study was the lack of differentiation in the successful and difficult client profiles such that the results were driven mostly by elevation. When empirically collecting the prototype profiles from psychologists, the terms "difficult" and "successful" may have been too broad. Future research may use better defined characterizations such that the results can capture a more nuanced profile.

For example, instead of asking psychologists to think of a broad "successful" client, asking them to think of a "client who over the course of psychotherapy shows greater insight and compliance with in-session tasks and homework assignments." Such descriptions may create a more defined profile in a way that has more scatter and shape, instead of the difficult prototype having all low scores and the successful prototype having all high scores.

Personality and attitude measures may capture broader changes in clients that may not necessarily be assessed in traditional outcome measures, which is generally based on psychopathology symptoms. This research showed that clients do change during psychotherapy to become more like prototypical successful clients and less like prototypical difficult clients. To further develop personality and attitudes as an alternative or supplemental outcome measure, future research could use the empirically derived prototype difficult and successful profiles here as a reference to compare against different samples (e.g. non-clinical population). The similarity index between the prototype profiles described in this study and other clinical samples can also be used in comparison with other established outcome measures.

Conclusion

The main finding from this study was that clients tended to show improvement not only on the symptom measures used in the clinic but also on their personality and attitudes profiles. Thus, personality and attitudes as targets for therapeutic success may have far reaching implications in clients' everyday functioning. Relatedly, routinely administering personality and attitude profile measures less tied to symptoms may offer a broader understanding of clients' changes during psychotherapy. This is not to say that tracking symptom levels is not important but that understanding that clients have personality and attitudes and longitudinally incorporating this has the potential to enrich our understanding of our clients. The present study was able to empirically obtain therapists' global perception of the personality and attitudes of a difficult and successful client and demonstrate that during psychotherapy, clients' profiles do change to become more like a prototype successful client. More research could solidify personality and attitude profiles as an supplemental or alternative outcome measure, which has potential to be an additional informative source in understanding and treating clients.

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