

Predictors of Utilization Intent of Counseling Among Chinese and White Students: A Test of the Proximal-Distal Model

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Chinese ($N = 152$) and White ($N = 160$) students reviewed a counseling interview transcript and provided perceptions on counselor credibility, counselor behaviors, and utilization intent. *Utilization intent* was defined as perceived willingness to use counseling after an initial hypothetical interview. In the *proximal-distal model* S. Sue and Zane (1987) proposed that achieving counselor credibility is more directly related to utilization intent than to culture-specific techniques, such as directiveness, when counselors are working with ethnic minority clients. For both ethnic samples, counselor credibility was the strongest predictor of utilization intent, and empathic involvement was the sole predictor of counselor credibility. Whereas the proximal-distal model was supported by the results obtained with the Chinese sample, a variant of this model best described the results for the White sample for which empathic involvement, as well as counselor credibility, was found to be directly related to utilization intent.

The underutilization of mental health services by Asians has been well-documented. In mental hospitals and other inpatient settings, Asians have significantly lower rates of admission in comparison to Whites and other non-Asians (Berk & Hirata, 1973; Brown, Stein, Huang, & Harris, 1973; Kitano, 1969). In a study of 17 community mental health centers in the state of Washington, less than half of the Asians returned for services after the initial intake interview (S. Sue, 1977). Once entered into treatment, Asians often failed to continue and dropped out at nearly twice the rate of Whites. Also, S. Sue and D. W. Sue (1974) reported a high rate of underutilization and premature termination of campus psychiatric services by Asian college students. Such findings are representative of the literature on counseling and psychotherapy with ethnic minorities and low-income clients (Abramowitz & Murray, 1983; Acosta, Yamamoto, & Evans, 1982; Atkinson, 1983; Harrison, 1975; Leong, 1986; Lorion, 1973; Rappaport, 1977; Sattler, 1977) and bring into question the effectiveness of present-day mental health services for these culturally diverse populations.

Researchers and practitioners have usually conceptualized underutilization of mental health services by ethnic minorities

as a systems or macro-level problem. The major objective has been to accurately identify and reduce those obstacles that have impeded ethnic minority clients' initial access to the mental health system. Flaskerud (1986) found that utilization of community mental health services was greatly enhanced in ethnic minority populations when the capacity for bilingual/bicultural services was increased and services were placed in proximity to ethnic minority communities. Similar findings have also been reported by Snowden (1982) and Uba (1982). Thus, evidence suggests that ethnic minority utilization of mental health services improves with certain structural and personnel changes in the mental health system.

Beyond correcting these systemic impediments, it has been difficult to develop an effective means for reducing dropout and premature termination once ethnic minority clients have entered treatment. Several strategies have been proposed to curtail these problems. Knowledge of a client's culture is considered to be an essential aspect of culture-responsive treatment. However, knowledge of ethnic minority culture may not always facilitate effective therapy. Therapists may act on insufficient knowledge or overgeneralize what they have learned about culturally dissimilar groups, in a literal and stereotypic fashion. An alternative strategy has been to emphasize technique-oriented approaches in conducting therapy with ethnic minorities. For example, several researchers have suggested that Asian Americans tend to prefer a structured and directive approach to counseling (e.g., Atkinson, Maruyama, & Matsui, 1978; Brown et al., 1973; D. W. Sue, 1981). Similar recommendations for conducting therapy with other ethnic minority groups, such as Blacks (e.g., Calia, 1966; Jenkins, 1985) and Hispanics (e.g., Cortese, 1979; Meadow, 1982), have been reported. Such techniques may be consistent with the values and coping styles of a specific ethnic minority group, but their application becomes problematic as therapists attempt to accommodate individual differences among members of a particular ethnic minority group. Therapists whose

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style and theoretical orientation differ from these techniques may experience problems in adopting the style prescribed for treating ethnic minorities. Practitioners continually have struggled with the process of providing effective therapy for Asians and other ethnic minorities.

S. Sue and Zane (1987) proposed that a major problem with approaches that emphasize either cultural knowledge or culture-specific techniques is that neither is directly linked to the particular processes that have been found to be associated with effective psychotherapy. Cultural knowledge and culture-specific techniques are distal to effective outcomes in psychotherapy. A more realistic objective in working with ethnic minority clients would be to focus on the more direct, or proximal, process of achieving credibility that would lead to continued treatment utilization or compliance. Credibility is directly "related to the much discussed notions of expectancy, trust, faith, and effectiveness in therapy" (S. Sue & Zane, 1987, p. 40). Without discounting the contribution of other relevant processes, the *proximal-distal model* proposes that an essential component of working with culturally diverse groups is "to minimize problems in credibility" (S. Sue & Zane, 1987, p. 42). Particularly in the first few sessions of therapy, achieving counselor credibility is seen as a necessary tool for reducing the likelihood for dropout or premature termination among ethnic minority clients.

The proximal-distal model predicts that achieving counselor credibility is directly related to continued treatment utilization, whereas the influences of cultural knowledge and techniques are mediated through credibility. Despite the model's heuristic appeal, it is unclear whether the relations predicted by the model occur as the treatment process unfolds. This study was an initial attempt to test the proximal-distal model. *Utilization intent* was defined as perceived willingness to use mental health services beyond an initial exposure to a hypothetical intake therapy session. We hypothesized that perceived counselor credibility would be a more direct or proximal predictor of utilization intent than variables associated with cultural techniques, such as a perceived directive counseling style. Also, we predicted that a perceived directive counseling style would be a significant predictor of counselor credibility but not of utilization intent. Finally, we examined whether these relationships varied with the client's ethnicity. For example, research on counseling style suggests that a directive approach would be more predictive of utilization intent among Asians than among Whites (e.g., Atkinson et al., 1978; Brown et al., 1973).

Method

Participants

The participants were 152 Chinese National (52 male, 100 female) students at the National Chengchi University in the Republic of China (Taiwan) and 160 White American (49 male, 111 female) students at the University of Kentucky, Lexington, Kentucky. Although the majority of these participants were enrolled in introductory psychology courses at their respective universities, students in a course on the history of China at the National Chengchi University and students in a course on human development and learning at the

University of Kentucky also participated. All participants completed the study on a voluntary basis.

No significant difference was found in the proportion of male to female students between the Chinese and White groups. Despite similarity of the two groups in age ($M = 19.8$ years, $SD = 2.7$), the Chinese sample reported a significantly lower college class level ($M = 1.02$, $SD = 0.14$) than the White sample ($M = 1.66$, $SD = 0.94$) on a scale ranging from *freshman standing* (1) to *senior standing* (4), $t(310) = 8.31$, $p < .001$. Consistent with this college class difference, the Chinese group had completed fewer psychology courses in high school and college ($M = 3.24$, $SD = 3.66$) than the White group ($M = 4.62$, $SD = 2.78$), $t(310) = 3.78$, $p < .001$. Also, the Chinese sample reported fewer total hours of professional (i.e., school, vocational, and psychological) counseling services ($M = 0.63$, $SD = 1.72$) than the White sample ($M = 3.54$, $SD = 4.00$), $t(310) = 8.28$, $p < .001$.

Given the similarity in age between the two samples, we speculated that significant differences in college class level and number of completed psychology courses between these two ethnic groups was due to the strict examination requirements necessary for college entrance in Taiwan. In many Asian countries, it is not uncommon for aspiring college students to reapply several times before acceptance into a major university. Therefore, some Chinese students have to delay their entry into college, whereas American students have a greater opportunity to enter directly into college from high school. Also, ethnic differences in total hours of counseling experience and number of completed psychology courses may reflect the limited resources available for such programs in Taiwan as compared to the United States.

Although a Pearson product-moment correlation indicated that college class level, number of completed psychology courses, and total hours of counseling experience were not significantly correlated with counselor credibility and utilization intent, these variables were entered as independent variables in the final regression analyses to evaluate their predictive contribution to these two dependent variables.

Stimulus Materials

The stimulus materials were transcript presentations of the counseling interview sessions by Rogers, Perls, and Ellis in the film *Three Approaches to Psychotherapy* (Shostrom, 1966). These interviews were chosen for their widely recognized reputation as accurate portrayals of therapeutic techniques by the leading experts in the field. Several studies have found significant differences between the therapeutic approaches exhibited by Rogers, Perls, and Ellis in the film (e.g., Gustavson, Cundick, & Lambert, 1981; Hill, Thames, & Rardin, 1979; Lacrosse & Barak, 1976; Meara, Shannon, & Pepinsky, 1979; Mercier & Johnson, 1984). The following conditions were applied to ensure consistency in the three transcript presentations: (a) References to the therapist's name, gender, and ethnicity, along with any other identifiable information, were removed in order to limit the possible confounding effects of these factors; (b) Prior to the presentation of the transcript, a general written description about the client's background and presenting problem was provided to help the participant understand the context of the brief counseling interview; and (c) Only the first five pages of each transcript (approximately 10 min of each interview) were presented in order to control for session length.

Transcripts of the counseling interview sessions were used in order to limit the possible confounding effects of therapist physical appearance, verbal style (e.g., inflections and pauses), and nonverbal responses (e.g., smiles and eye contact). The fact that the study was conducted on ethnic samples of different cultures and languages precluded the use of the original filmed counseling sessions. Written transcripts were necessary so that participants could view the treat-

ment process in a culturally-compatible context in which the therapist and client could be assumed to have the same ethnic background and use the same native language as the participants.

Translation

The counseling transcripts and measures were translated into Chinese using a committee approach outlined by Brislin, Lonner, and Thorndike (1973). Initially, a translated Chinese version of the testing materials was developed by the second author. The Chinese version was translated back into English by another bilingual Chinese psychology graduate student. After several discussions between translators, additional revisions were made; this back-translation process continued until both individuals were satisfied with the accuracy of the conceptual equivalence of the Chinese and English versions of each measure and transcript. Subsequently, a two-person committee that consisted of another bilingual psychology graduate student and an English-speaking psychology graduate student reviewed the translated materials and agreed that the measures were accurate. With the exception of the second author who helped to translate these measures, the translators were unaware of the purpose of the proposed study. Because counseling is a new field in Asian countries and is not readily understood by laypersons or people outside of psychology in general, psychology graduate students were chosen to serve as back-translators in order to provide a more accurate translation of the test materials.

Procedure

Prior to data collection, the experimenter received both written and verbal permission from college instructors to conduct the study during a class period. When the participants arrived, the experimenter described the study as an evaluation of counseling approaches. In each test material packet, participants were randomly presented one of the three counseling interview transcripts and asked to respond to several questionnaires concerning demographic background, counselor credibility, counselor behaviors, and utilization intent. Participants were informed that the questionnaires were to be completed anonymously and that they were free to decline participation. At this point, the participants were given the test materials and directed by the experimenter to follow the instructions provided on each questionnaire. Completion of the questionnaires usually required approximately one hour. At the conclusion of each class period, both written and verbal debriefing were provided.

Instruments

Demographic information. Information was obtained about the participant's ethnicity, age, sex, college class level, number of completed psychology courses (high school and college combined), and total hours of professional counseling experience (school, vocational, social work, community mental health, psychological and psychiatric counseling). Because previous studies on counseling effectiveness have noted significant differences due to factors such as ethnicity, sex, and age, it was important to collect this information and to assess its relative importance as a predictive variable in the analyses of counseling approaches.

Counselor credibility. The most recent version of the Counselor Effectiveness Rating Scale (CERS; Atkinson & Wampold, 1982) was used to measure the participant's perception of counselor credibility. In this 10-item version, Atkinson and Wampold developed 3 items for each of the following dimensions: expertness (expertness, competence, and skill), trustworthiness (sincerity, reliability, and trustworthiness), and attractiveness (friendliness, approachability, and lik-

ability) in order to assess counselor effectiveness, and they developed 1 item to measure utilization intent. By conducting a common factor analysis, Atkinson and Wampold determined that these 9 counselor effectiveness items were best conceptualized as components of a single dimension of perceived overall counselor effectiveness or credibility. In this study, two significant changes were made in the rating of this scale: (a) A 5-point Likert scale, ranging from *strong disagreement* (1) to *strong agreement* (5), replaced the 7-point bipolar scale, ranging from *bad* (1) to *good* (7), in order to provide a more clearly defined and concise measure with which the participants could rate counselor attributes, and (b) a single mean composite replaced the summed composite of the 9 counselor items in order to provide easier interpretation of the final results. In this study, an interitem analysis of this scale indicated high internal consistency, $\alpha = .86$.

Counselor behaviors. A 14-item questionnaire was developed to assess the participant's perception of counselor behaviors. The occurrence of these counselor behaviors was rated on a 5-point Likert scale ranging from *never* (1) to *always* (5). In this study, a common factor analysis of this measure indicated two significant dimensions, which accounted for 30% of the total variance. The first of these dimensions appeared to reflect perceived empathic involvement and consisted of 7 items: "attending to the client," "respecting social norms," "accepting responsibility for improvement," "providing advice," "probing personal life events," "discussing present circumstances," and "showing concern." The term, *empathic involvement*, was chosen because several items in this dimension (attending to the client, showing concern, and respecting social norms) seemed to be related to the concept of empathy or empathic understanding (Meador & Rogers, 1984; Rogers, 1951, 1961). Rogers (1961) states that, "empathic understanding conveys a process of caring in which, "... the therapist is sensing the feelings and personal meanings which the client is experiencing ... and ... successfully communicates something of that understanding to his client" (p. 62). The second significant dimension appeared to reflect a perceived directive counseling style and consisted of 7 items: "directing the client," "acting authoritative," "structuring the interview," "confronting the client," "asking specific questions," "expressing emotions," and "presenting forceful opinions." Inter-item analyses of these two factors indicated moderate internal consistency for empathic involvement ($\alpha = .64$) and directive style ($\alpha = .74$). For the final analyses, the 7 empathic involvement items and 7 directive style items were averaged into single mean composites to reflect their respective dimensions.

Utilization intent. The utilization item on the Counselor Effectiveness Rating Scale (CERS; Atkinson & Wampold, 1982) evaluated the participant's perceived willingness to see the presented counselor for counseling after the participant had reviewed a hypothetical initial therapy session ("I feel that the counselor is someone I would see for counseling"). A second item was developed to assess the participant's willingness to return for a second hypothetical session if he or she had experienced a clinical session similar to that of the presented client ("If I were the client, I would come back to see the counselor again"). Both items were rated on a 5-point Likert scale ranging from *strong disagreement* (1) to *strong agreement* (5). Because these 2 items evaluated the participant's perceived willingness to seek counseling with a specified counselor after a hypothetical initial intake therapy session, and because they were highly correlated ($r = .73, p < .001$), they were averaged into a single mean composite measure of utilization intent.

Results

Table 1 summarizes mean empathic involvement, directive style, counselor credibility, and utilization intent ratings for the Chinese and White samples across the three counseling approaches.

Table 1
Means and Standard Deviations of Empathic Involvement, Directive Style, Credibility, and Utilization Intent Ratings by Counselor Approach, Participant Ethnicity, and Participant Gender

Counselor approach	Ethnicity							
	Chinese				White			
	Male		Female		Male		Female	
	M	SD	M	SD	M	SD	M	SD
Rogers								
Empathic involvement	3.04	0.78	2.84	0.46	3.07	0.45	2.81	0.55
Directive style	2.42	0.56	2.33	0.60	2.37	0.56	2.66	0.65
Credibility	3.23	0.52	3.30	0.50	3.33	0.57	3.09	0.68
Utilization intent	2.53	1.04	2.57	0.84	2.71	0.89	2.52	1.08
	(N = 15)		(N = 41)		(N = 14)		(N = 43)	
Perls								
Empathic involvement	2.92	0.55	2.80	0.59	2.70	0.62	2.34	0.55
Directive style	3.08	0.79	2.99	0.63	3.65	0.34	3.60	0.59
Credibility	3.35	0.37	3.29	0.56	3.29	0.73	3.00	0.67
Utilization intent	2.77	0.60	2.64	0.90	2.55	1.13	1.83	0.96
	(N = 13)		(N = 33)		(N = 19)		(N = 36)	
Ellis								
Empathic involvement	3.04	0.56	2.75	0.67	3.09	0.58	2.99	0.58
Directive style	3.60	0.25	3.34	0.51	3.56	0.57	3.41	0.60
Credibility	3.56	0.44	3.25	0.73	3.38	0.77	3.29	0.75
Utilization intent	3.29	0.87	2.79	1.08	2.84	1.18	2.75	1.14
	(N = 14)		(N = 36)		(N = 16)		(N = 32)	

Note. Responses on empathic involvement and directive style were rated on a 5-point Likert scale ranging from *never* (1) to *always* (5). Responses on credibility and utilization intent were rated on a 5-point Likert scale ranging from *strong disagreement* (1) to *strong agreement* (5).

Group Comparisons

The first stage of analysis focused on identifying possible significant differences in counselor credibility and utilization intent that may be attributed to participant sex, participant ethnicity, and counselor approach. A $2 \times 2 \times 3$ analysis of variance (ANOVA) was conducted for counselor credibility and utilization intent.

For utilization intent, main effects for sex, ethnicity, and counselor approach were found. Male participants reported higher ratings on utilization intent of counseling ($M = 2.77$, $SD = 1.00$) than female participants ($M = 2.51$, $SD = 1.04$), $F(1, 300) = 4.57$, $p < .05$. Chinese participants reported higher ratings on utilization intent of counseling ($M = 2.72$, $SD = .93$) than White participants ($M = 2.47$, $SD = 1.11$), $F(1, 300) = 4.56$, $p < .05$. Also, when addressing utilization intent, participants indicated a preference in counselor approach in the following descending order: Ellis ($M = 2.86$, $SD = 1.09$), Rogers ($M = 2.57$, $SD = .96$), and Perls ($M = 2.35$, $SD = 1.01$), $F(2, 300) = 6.09$, $p < .01$. For counselor credibility, no main or interaction effects were found.

Predictors of Credibility and Utilization Intent

Table 2 shows the intercorrelations of the variables in this study for the Chinese and White samples, including the correlations of each variable with utilization intent. For both

ethnic samples, the highest correlations with utilization intent were counselor credibility and empathic involvement.

Two sets of multiple regression analyses were performed to identify significant predictors of counselor credibility and utilization intent. The Chinese and White samples were analyzed separately to identify possible ethnic differences in the predictors of counselor credibility and utilization intent. For predicting utilization intent, the following sets of predictor variables were entered simultaneously in the regression analyses: (a) demographic information (sex, age, college class level, number of completed psychology courses, and counseling experience), (b) counselor approach (Rogers, Perls, and Ellis), (c) counselor behaviors (empathic involvement and directive style), and (d) counselor credibility. Because counselor approach contained three levels of categorical data, only two dummy-coded variables (Perls vs. others and Ellis vs. others) were created and entered into the final regression analyses to represent this variable.

Proponents of the proximal-distal model propose that credibility would be the most important predictor for utilization intent. Also, the model predicts that because directive counseling style is a distal factor, it would not be a significant predictor of utilization intent but could be a significant predictor of counselor credibility. Table 3 summarizes the results of the multiple regression analyses for utilization intent. Counselor credibility was found to be the best predictor of utilization intent for both the Chinese sample, partial $r = .61$.

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Table 2
Correlations for Predictor and Dependent Variables Among Chinese and White Participants

Variable	1	2	3	4	5	6	7	8	9	10	11	12
1. Sex	—	-.02	.02	-.03	.02	-.10	.06	.04	.17*	.05	.14*	.14*
2. Age	.23**	—	.56***	.18*	-.09	-.02	.00	.02	-.06	-.04	-.10	-.06
3. College class	.02	.09	—	.28***	-.04	-.07	.09	-.03	-.03	.11	-.03	-.02
4. Psychology courses	-.25**	-.01	.04	—	.08	-.10	.08	.02	.01	.17*	.08	.06
5. Counseling experience	.01	-.09	.00	.23**	—	.03	-.02	-.01	.10	.14*	.17*	.15*
6. Rogers	-.01	-.06	-.11	.08	-.07	—	-.54***	-.49***	.12	-.62***	-.04	.07
7. Perls	.01	-.06	-.09	-.08	.02	-.50***	—	-.47***	-.38***	.40***	-.09	-.25**
8. Ellis	.01	.12	.20**	-.01	.05	-.54***	-.46***	—	.26***	.23**	.13	.19**
9. Empathic involvement	.15*	.01	.10	-.12	-.16*	.05	-.02	-.03	—	.23**	.49***	.55***
10. Directive style	.10	.10	.03	-.06	.01	-.58***	.10	.49***	.17*	—	.18*	.08
11. Credibility	.08	.12	.05	-.05	-.14*	-.04	.00	.04	.39***	.09	—	.71***
12. Utilization intent	.09	.21**	.17*	.02	-.18*	-.13	-.03	.16*	.36***	.12	.67***	—

Note. Correlations for White participants are above the diagonal and correlations for Chinese participants are below the diagonal. For Variable 1, sex was coded 0 = male and 1 = female. Variables 2 through 5 were coded so that a higher number represented a greater degree or quantity of that specific variable. For Variables 6 through 8, a dummy code was developed (0 = did not rate the therapist, 1 = did rate the therapist). * $p < .05$. ** $p < .01$. *** $p < .001$.

$R^2 = .37$, $F(1, 141) = 82.10$, $p < .001$, and the White sample, partial $r = .61$, $R^2 = .37$, $F(1, 149) = 86.47$, $p < .001$. For the White sample, empathic involvement was found to be the only other significant predictor for utilization intent, partial $r = .25$, $R^2 = .06$, $F(1, 149) = 9.82$, $p < .01$. For the Chinese sample, counselor approach (Ellis vs. others) was also a significant predictor of utilization intent, partial $r = .18$, $R^2 = .03$, $F(1, 141) = 4.72$, $p < .05$. For utilization intent, the predictor variables accounted for 52% of the total variance within the Chinese group, $R = .72$, $F(10, 141) = 15.13$, $p < .001$, and 57% of the total variance within the White group, $R = .76$, $F(10, 149) = 19.86$, $p < .001$.

For predicting credibility, the same set of predictor variables, except for utilization intent was entered in the regression analyses. Table 4 summarizes the results of the multiple regression analyses for counselor credibility. Empathic involvement was found to be the only significant predictor of counselor credibility for both the Chinese sample, partial $r = .37$, $R^2 = .14$, $F(1, 142) = 22.80$, $p < .001$, and the White sample, partial $r = .44$, $R^2 = .19$, $F(1, 150) = 35.01$, $p < .001$. No other variables were found to be significant predictors for these two ethnic groups. For credibility, the predictor variables accounted for 17% of the total variance within the Chinese sample, $R = .42$, $F(9, 142) = 3.33$, $p < .01$, and 28% of the total variance within the White sample, $R = .53$, $F(9, 150) = 6.47$, $p < .001$. The proportion of explained variance is somewhat low, which suggests that there are other important predictors of treatment credibility that were not assessed in this study.

Tests for multicollinearity were conducted. First, the tolerance levels of each predictor variable in the regression analyses were reviewed and found to be acceptable. Second, an additional series of regression analyses was conducted, excluding the three counselor approaches. Counselor approach was excluded because it was found to have higher intercorrelations with the other independent variables. In these regression

analyses, no noticeable changes in the beta weights of the independent variables were found in comparison to the original regression analyses. Given these findings, in association with the large sample size, we believe that the results of the original multiple regression analyses were stable and accurate.

Path Analyses

Although the regression analyses provide for the evaluation of independent significance among multiple variables, these analyses do not allow for the direct testing of a theoretical model. However, the regression analyses did provide supportive evidence for the proximal-distal model while assessing and controlling for the contribution of variables outside of this model. In order to directly test the proximal-distal model, path analyses were conducted to determine the overall fit of the structural relations among empathic involvement, directive counseling style, counselor credibility, and utilization intent on the Chinese and White samples independently.

The standardized path coefficients for the ethnic samples appear in Figure 1. For the Chinese sample, the goodness-of-fit indices indicated that the proposed path structure was an appropriate model for explaining the relations between these variables, $\chi^2 (2, N = 152) = 4.01$, $p = .14$. For the White sample, the goodness-of-fit indices indicate that the path structure did not adequately account for the relations between these variables, $\chi^2 (2, N = 160) = 20.97$, $p < .001$. These results suggest that the influence of empathic involvement and directive style on utilization intent is mediated through counselor credibility for the Chinese sample. However, a different path, which was unaccounted for, appeared to be operating in the White sample, which rendered the proximal-distal model inappropriate for this ethnic group.

Given the information gathered in the multiple regression analyses, we hypothesized that there may be a direct relation between empathic involvement and utilization intent for the

Table 3

Summary of Findings From Multiple Regression Analyses Predicting Utilization Intent Ratings Among Chinese and White Participants

Variable	B	β	Partial r	F
Chinese participants				
1. College class	0.56	.08	.12	1.88
2. Sex	-0.07	-.03	-.04	0.29
3. Age	0.05	.10	.14	2.85
4. Counseling experience	-0.06	-.11	-.15	3.01
5. Psychology courses	0.03	.10	.14	2.69
6. Ellis versus others	0.38	.19	.18	4.72*
7. Perls versus others	0.18	.09	.10	1.46
8. Credibility	0.97	.58	.61	82.10***
9. Empathic involvement	0.21	.13	.16	3.89
10. Directive style	-0.08	-.06	-.07	0.62
White participants				
1. College class	0.01	.01	.01	0.02
2. Sex	-0.06	-.02	-.03	0.17
3. Age	0.00	.01	.01	0.03
4. Counseling experience	0.01	.03	.05	0.37
5. Psychology courses	0.00	.01	.02	0.05
6. Ellis versus others	0.08	.03	.04	0.20
7. Perls versus others	-0.16	-.07	-.06	0.58
8. Credibility	0.93	.59	.61	86.47***
9. Empathic involvement	0.43	.24	.25	9.82**
10. Directive style	-0.11	-.07	-.07	0.82

Note. B = unstandardized regression coefficient.

* $p < .05$. ** $p < .01$. *** $p < .001$.

White sample. We tested a second model that was identical to the proximal-distal model except for the inclusion of the direct path between empathic involvement and utilization intent. For the White sample, this modified version of the proximal-distal model was found to adequately account for the relations among these variables, $\chi^2 (1, N = 160) = 3.06$, $p = .08$. Therefore, it appears that empathic involvement serves a dual role in contributing directly to both credibility and utilization intent in the overall path model for White subjects.

Discussion

This study provides findings that are consistent with the proximal-distal model (S. Sue & Zane, 1987). As predicted by the model, counselor credibility was found to be directly related to utilization intent, and the influence of empathic involvement and directive style was mediated through credibility for the Chinese sample. Also, a variant of the model was supported by the White sample in which empathic involvement, as well as counselor credibility, was found to be directly related to utilization intent. Thus, it appears that achieving counselor credibility contributes significantly to continued utilization intent in both ethnic samples. However, this important process seems to be particularly essential for the Chinese.

In contrast to previous studies (e.g., Atkinson et al., 1978; Brown et al., 1973), directive counseling style failed to be a

significant predictor of either utilization intent or counselor credibility. The discrepancy in findings may reflect the different types of directive styles involved in the various studies. The directive style composite derived from the factor analysis in this study contained several items that may have been interpreted as confrontive behaviors on the part of the counselor (e.g., "confronting the client," and "presenting forceful opinions"). Directive style, or directiveness, as operationalized in other studies, did not contain this confrontive component. Because Asian cultures tend to place great value on interpersonal harmony, emotional restraint, and the avoidance of direct social conflict that may lead to "loss of face" (Fukuyama & Greenfield, 1983; Hwang, 1987), the Chinese may have been less responsive to this particular directive style, given its confrontive nature.

The finding that empathic involvement was the sole predictor of counselor credibility for both samples provides some support for the concept of *gift-giving* as defined in the proximal-distal model. S. Sue and Zane (1987) indicate that as part of gift-giving, "... the therapist frequently helps clients develop cognitive clarity or a means of understanding the chaotic experiences these clients encounter" (p. 42). A closer inspection of the empathic involvement dimension reveals items (e.g., "respecting social norms," "providing advice," "discussing present circumstances," and "probing personal life events") that appear to reflect this process. Thus, there appears to be some empirical evidence for the importance of gift-giving as set forth by the model.

Table 4

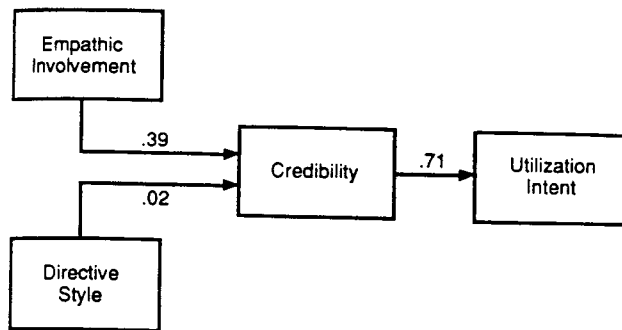
Summary of Findings From Multiple Regression Analyses Predicting Credibility Ratings Among Chinese and White Participants

Variable	B	β	Partial r	F
Chinese participants				
1. College class	-0.03	-.01	-.01	0.01
2. Sex	0.00	.00	.00	0.00
3. Age	0.03	.10	.11	1.66
4. Counseling experience	-0.03	-.08	-.08	1.02
5. Psychology courses	0.00	.02	.02	0.07
6. Ellis versus others	0.11	.09	.07	0.65
7. Perls versus others	0.08	.06	.05	0.41
8. Empathic involvement	0.37	.39	.37	22.80*
9. Directive style	-0.03	-.04	-.03	0.13
White participants				
1. College class	0.00	.00	.00	0.00
2. Sex	-0.06	-.04	-.04	0.28
3. Age	-0.02	-.08	-.08	0.85
4. Counseling experience	0.02	.11	.13	2.52
5. Psychology courses	0.02	.08	.09	1.13
6. Ellis versus others	0.11	.07	.06	0.61
7. Perls versus others	0.23	.16	.11	1.80
8. Empathic involvement	0.59	.52	.44	35.01*
9. Directive style	-0.05	-.05	-.04	0.23

Note. B = unstandardized regression coefficient.

* $p < .001$.

Proximal-Distal Model for the Chinese Participants



Modified Proximal-Distal Model for the White Participants

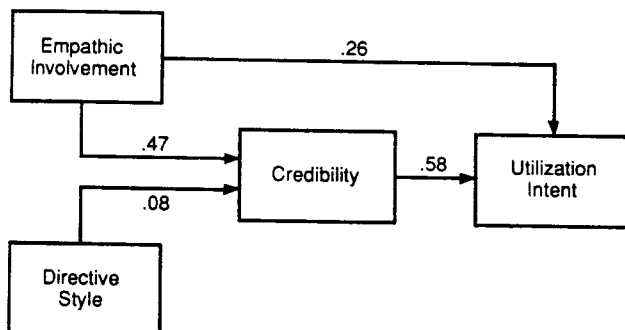


Figure 1. Path analyses of the structural relationship between empathic involvement, directive style, credibility, and utilization intent.

Although the overall findings are consistent with the proximal-distal model, there are some limitations to the study, which suggests cautious interpretation. First, the written format of the interview session may not have provided enough of a realistic presentation of counseling, particularly for those who were not familiar with the counseling process or techniques. However, Remer (1978) did not find any differential effects on subjects' responses when comparing videotaped, audiotaped, and written transcripts of the three counseling interview sessions. Second, participants in the study responded to a hypothetical counseling situation rather than to their own ongoing treatment. It is unclear whether these responses are predictive of responses of individuals in active psychotherapy or counseling. In future research, a study of clients receiving actual therapeutic treatment may provide a more accurate assessment of counseling experiences. Third, the study did not account for the possibility of unequal participation rates, ethnic differences in socioeconomic status and other demographic characteristics, or atypical representation of the two cultures as a result of regional sampling. Despite these limitations, there were strong similarities in responses between the two ethnic samples. Fourth, the use of back-translators familiar with the Gloria film may have intro-

duced bias in the translated testing materials. However, several back-translators were used to reduce the impact of individual bias effect. Finally, the study tested only Chinese and White student groups, and some researchers may question the appropriateness of generalizing the results to other ethnic groups, particularly to other Asian subgroups. However, several researchers (i.e., D. W. Sue, 1981; S. Sue & Morishima, 1982) have reported shared cultural values and attitudes among Asian subgroups. Also, the consistent findings found for counselor credibility and utilization intent between the Chinese and White samples provides support for making cautious observations beyond these two ethnic groups.

This study provides some interesting implications for counseling with the Chinese population and clients of various ethnicity. However, these should be considered tentative in view of the limitations previously discussed. The variation found in the types of directive styles among different studies underscores the problem of adhering to a strictly technique-oriented approach in working with Asian clients. Depending on the specific directive style invoked, a technique-oriented approach may, or, as in this study, may not contribute to counselor credibility. The point is not to dispute the relative merit of technique-oriented strategies, such as directiveness. Rather, the results strongly suggest that the effects of these techniques are mediated through the process of achieving counselor credibility, particularly in the initial stages of counseling. Other researchers have found that many Asians have difficulty accepting the relevance of mental health interventions (e.g., Lin, Inui, Kleinman, & Womack, 1982; Moon & Tashima, 1982). Thus, with Asian clients, one of the most crucial tasks confronting the therapist in the early stages of counseling is to build and establish credibility. It also appears that one of the more effective ways to establish credibility is to provide immediate benefits (i.e., gifts) by focusing the initial sessions on the most current and practical concerns of the client.

The findings also highlight the delicate balance between a directive and a confrontive approach in therapy or counseling. Although there may be some merit to the use of a directive or structured approach with certain Asian clients, the benefits of such an orientation may be quickly negated if the approach involves a confrontive manner that may cause loss of face for either the client, the therapist, or both. Making a clear distinction between these two related approaches may provide the difference between continued treatment and premature termination when working with Asian clients.

In summary, the findings support the proximal-distal model, which emphasizes the importance of achieving counselor credibility for utilization intent. Given this knowledge, we suggest that practitioners focus on the development of credibility, quite possibly through the efforts of gift-giving, in order to increase the likelihood of continuation of treatment, particularly in the initial stages of therapy when the chances for dropout and premature termination are high. Although the study was conducted on Chinese and White samples, the consistent findings found between these two groups indicate that similar treatment recommendations can be made for other ethnic groups with caution. Regardless of ethnicity, it

appears that achievement of counselor credibility in the initial therapy sessions is not only necessary but essential for the continuation of mental health services.

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