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Examining Mental Health Practitioners' Perceptions of Clients Based on Social Class and Sexual Orientation

Mindi N. Thompson, Mun Yuk Chin, and Molly Kring
University of Wisconsin-Madison

There is negligible research exploring mental health clinicians' perceptions of clients based upon client social class and sexual orientation (McGarrity, 2014; Whitcomb & Walinsky, 2013). The purpose of this study was to examine how licensed mental health clinicians' perceptions of clients were influenced by a hypothetical client's social class and sexual orientation using a 2 (lower social class vs. higher social class) × 2 (lesbian vs. straight) quasi-experimental vignette-based design. Results from 257 practitioners demonstrated that the hypothetical client portrayed in the video was rated differently on levels of depression, anxiety, and flourishing, as well as job satisfaction and meaningful work. Participants who viewed the client portrayed as having a lower social class rated her as having more symptoms of depression and anxiety, as being less satisfied at work, as having lower levels of meaningful work, and as having lower levels of flourishing as compared with the participants who viewed the client portrayed as having a higher social class. Participants did not rate the hypothetical clients differently on symptoms of depression, anxiety, meaningful work, or job satisfaction based upon client sexual orientation. The lesbian client was rated as being significantly more attractive to work with and as having significantly higher levels of flourishing as compared to the straight clients. No interaction effects were demonstrated. Implications of these findings and directions for future research are discussed.

Clinical Impact Statement

Question: Do mental health practitioners' perceptions of a hypothetical client presented in one of four versions of a video vignette vary based upon social class and sexual orientation cues? ***Findings:*** Results from a 2 (lower social class vs. higher social class) × 2 (lesbian vs. straight) quasi-experimental design demonstrated that sexual orientation and social class cues influenced mental health practitioners' views of straight and lesbian clients who present as being from higher and lower social classes. ***Meaning:*** Client characteristics may affect mental health practitioners' perceptions of clients. ***Next Steps:*** Future research is needed to understand the implications of such perceptions on treatment for clients from diverse identities and who hold various social group memberships.

Keywords: vignette-based experimental design, social class, psychotherapy, therapist perceptions

Negative attributions and stereotypes toward individuals who are from lower social class backgrounds have been documented (Cozzarelli, Wilkinson, & Tagler, 2001). Research (Szymanski & Sung, 2010) also has demonstrated the presence of discrimination toward individuals who are lesbian, gay, and bisexual (LGB). Not surprisingly, scholars and mental health practitioners (Lott, 2002; Smith, 2005) have suggested that such biases also exist among psychotherapists. However, there is limited research on how therapists' perceptions of their clients may be jointly impacted by clients' social class and sexual orientation. The purpose of this study was to examine the extent to which mental health practitioners' perceptions of a hypothetical client presented in one of four versions of a video vignette varied based upon client social class and sexual orientation cues.

Social Class and Sexual Orientation

Each individual holds multiple dimensions of identity and has memberships within numerous social groups. These identities and memberships affect not only the individual's life but also perceptions others hold about individuals (Cole, 2009). As such, it is important to consider how individuals' (including psychotherapists') perceptions of others may be shaped by social group memberships and identities. Social class is a complex cultural identity that intersects with other identities and social group memberships, including sexual orientation. The Social Class Worldview Model (SCWM: Liu, Soleck, Hopps, Dunston, & Pickett, 2004) offers a framework by which we can understand these intersections and the ways in which experiences of privilege and oppression related to social identities and social group memberships systematically and

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Mindi N. Thompson, Mun Yuk Chin, and Molly Kring, Department of Counseling Psychology, University of Wisconsin-Madison.

Correspondence concerning this article should be addressed to Mindi N. Thompson, Department of Counseling Psychology, University of Wisconsin-Madison, 339 Education Building, 1000 Bascom Mall, Madison, WI 53706. E-mail: mindi.thompson@wisc.edu

simultaneously influence each other (Cole, 2009; Collins, 2000). Liu and his colleagues (2004) conceptualized social class as a subjective and socially constructed identity that is inherently interconnected with other social identities, including race, gender, and sexual orientation.

In their articulation of SCWM, Liu and colleagues (2004) posited that individuals living in capitalist societies are motivated to accumulate social, human, and cultural capital (i.e., the Capital Accumulation Paradigm). This accrual of capital communicates social class-related information to others, and individuals may face judgment from others, including mental health professionals, when they deviate from the demands of their economic culture (Liu et al., 2004). Further, individuals may feel pressure to accumulate capital consistent with their social groups, and those who are unable to accrue such capital may be more likely to experience emotional distress (Casey, 2009).

Scholars (Taylor, 2007; Whitcomb & Walinsky, 2013) have suggested that pressure to accumulate capital is particularly prevalent in lesbian and gay communities and that being lesbian or gay and lower social class represents a unique cultural experience. For example, in her qualitative investigation with 53 participants who identified as working class lesbians in the United Kingdom, Taylor (2007) highlighted the ways in which an inability to financially keep up with the influx of wealth into their community was cited as contributing to increased feelings of isolation and exclusion from participating in social life in their formerly working class neighborhoods. As another example, scholars (Burnes & Singh, 2016; McGarrity, 2014) have noted that LGB individuals who are from lower social classes may be more likely to reside in environments that are more hostile toward LGB identity and expression and have stricter standards for gender role conformity. As a result, they may experience isolation from the mainstream LGB community and may be more likely to engage in higher risk health behaviors than their LGB counterparts who are from higher social classes. Further, evidence from the vocational psychology literature (McGarrity & Huebner, 2014) suggests that being out and open about one's sexual orientation at work may be beneficial to physical health for individuals with higher income and education levels but detrimental for individuals with lower income or education levels. Taken together, holding multiple marginalized identities has implications for individuals (e.g., a lesbian woman; Bowleg, Huang, Brooks, Black, & Burkholder, 2003). In such instances, individuals may experience double or triple stratification (i.e., double or triple jeopardy) or the compounding experience of oppression (Cole & Omari, 2003; Meyer, 1995). As such, considering how therapists perceive clients who hold unique and intersecting identities and social group memberships is important.

Psychotherapists' Perceptions of Client Social Class and Sexual Orientation

Within the psychotherapy literature, scholars (Biaggo, Roades, Staffelbach, Cardinali, & Duffy, 2000; Thompson, Cole, & Nitzarim, 2012) have documented social class and sexual orientation as having implications for attendance and outcomes in psychotherapy. In addition, scholars (Witkin, 1982) have noted that effective and competent treatment by mental health professionals requires accuracy in psychotherapist judgment. As such, research has examined how therapist perceptions of clients may vary based upon clients' cultural identities and social group memberships. To date, however, this research has examined client social class and sexual orientation in isolation.

Social Class

Social class (a relative social rank based on income, wealth, education, status, and/or power that includes objective and subjective indicators [Class Action, n.d.]) and socioeconomic status (social standing or class of a group or individual, often measured as a sociological variable that combines education, income and occupation [American Psychological Association, n.d.]) are cultural identities that have implications for individuals. Social class and socioeconomic status have been demonstrated to relate to individuals' health and development (Adler et al., 1994), experiences in psychotherapy (Thompson et al., 2012), and disparities in mental health treatment attendance and psychotherapy outcomes (Falconnier, 2009; Nadeem, Lange, & Miranda, 2008; Thompson, Goldberg, & Nielsen, 2018). One explanation for disparities is that psychologists hold biases toward individuals who have low income or are poor (Appio, Chambers, & Mao, 2013; Bullock, 2004; Lott, 2002; Smith, 2005). Indeed, there is some historical evidence (Abramowitz, 1977; Trachtman, 1971) documenting the presence of negative clinical judgment bias, in that clients from lower social class backgrounds received higher ratings of pathology and symptom severity than their counterparts from higher social class backgrounds.

More recent empirical investigations, however, have yielded mixed results. Two studies with counselors-in-training suggested evidence of some biases. First, Smith, Mao, Perkins, and Ampuero (2011) used a vignette-based study in which counselors-in-training evaluated a hypothetical client presented across four vignette conditions (low income, working class, middle class, and wealthy) to examine differences in client perceptions. Results indicated that the counselors-in-training who reviewed a client portrayed as working class had significantly less favorable impressions regarding future work with this client than participants who evaluated the other three conditions (Smith et al., 2011). Second, a sample of 141 counselors and counselor trainees responded to a hypothetical client who was presented via a written case vignette and 4-min video that varied by client social class (i.e., high vs. low; Dougall & Schwartz, 2011). Results demonstrated no differences in cognitive attributions toward the client but did demonstrate that the counseling trainees were significantly more likely to ascribe more mild issues to the client portrayed as having a high social class as compared with the client portrayed to have a low social class (Dougall & Schwartz, 2011). A vignette-based study with 188 licensed mental health practitioners, however, revealed a different pattern of findings (Thompson, Diestelmann, Cole, Keller, & Minami, 2014). Results demonstrated that the mental health practitioners detected social class differences based upon cues written into one of two descriptions of a hypothetical client that varied only on social class-related descriptors. These perceived differences, however, did not impact practitioners' attributions toward the client for solving or causing her problems, level of global assessment of functioning assigned to the client, or willingness to work with the client. Although the relationships between client social class and therapist perceptions were investigated in these studies, limited attention has been paid to its intersection with

client sexual orientation and its potential impact on therapists' perceptions (McGarrity, 2014).

Sexual Orientation

Like social class, sexual orientation has been demonstrated to have implications for individuals' mental health symptomatology (Cochran et al., 2001), mental health treatment utilization rates (Cochran, Sullivan, & Mays, 2003), and experiences in psychotherapy (Rothblum, 2000). Scholars (Whitcomb & Walinsky, 2013) also have noted that LGB individuals may have higher levels of skepticism toward mental health treatment given its historical grounding in heteronormative standards (as shown in the historical conceptualization of a gay identity as evidence of pathology according to the *Diagnostic and Statistical Manual of Mental Disorders* and promotion of conversion therapy among some mental health circles).

Not surprisingly, research (Gelso, Fassinger, Gomez, & Latts, 1995; Mohr, Weiner, Chopp, & Wong, 2009) has focused on understanding whether psychotherapists have biases toward LGB clients. Some historical evidence supports the presence of such biases (Garfinkle & Morin, 1978). More recent investigations, however, have yielded mixed results and have been limited by designs that have lumped all LGB identities together and have excluded information about other client identities, such as social class (Whitcomb & Walinsky, 2013). For example, Gelso et al. (1995) assessed counseling trainees' countertransference reactions to a hypothetical client portrayed in a video vignette in which the client whose sexual orientation varied across vignettes was depicted as having sexual problems within their stable relationship. Results indicated that the trainees, who had low levels of homophobia, did not differ in their cognitive, affective, or behavioral countertransference reactions toward the hypothetical clients. Another vignette-based study (Biaggo et al., 2000) examined clinician's perceptions of a hypothetical client who was presented to have identical depressive symptoms but varied in their sexual orientation and gender identity (e.g., lesbian woman, straight woman, gay man, and straight man). Results demonstrated that the clinicians in this sample rated the clients portrayed as gay and lesbian as functioning better in their significant relationships, being more motivated for therapy, having higher levels of social functioning, and having a higher need for medication as compared to their straight counterparts.

Taken together, evidence supports the importance of examining therapist perceptions of clients based upon both client social class and sexual orientation (Biaggo et al., 2000; Thompson et al., 2015). Despite calls for researchers to adopt approaches to examine multiple identities and social group memberships in their quantitative designs (Else-Quest & Hyde, 2016), data examining therapists' perceptions of clients based upon social class and sexual orientation within the psychotherapy context is negligible (McDermott, 2006; McGarrity, 2014). Not surprisingly, scholars (Whitcomb & Walinsky, 2013) have called for attention to how social class and sexual orientation may interrelate and impact psychotherapists' perceptions.

Summary and Hypotheses

The purpose of this study was to examine differences in therapist perceptions of a hypothetical woman client who was depicted in one of four versions of a vignette that varied by social class (higher vs. lower social class) and sexual orientation (lesbian or straight) using a vignette-based experimental design. We used video vignettes of the client (a professional paid actor) in an effort to more realistically simulate an encounter with a client. Given the recommendations of others (Thompson & Subich, 2007) that objective and categorical descriptors of social class (i.e., reported social class category, income level) are limited in their ability to capture social class-based experiences, we drew from Liu et al.'s (2004) SCWM to create the client's social class-related information depicted in the vignettes.

To understand the extent to which licensed mental health practitioners' perceptions of the hypothetical client may have varied based upon social class and sexual orientation, perceptions of the client across six criterion variables were examined. First, consistent with previous research (Biaggo et al., 2000; Dougall & Schwartz, 2011), we examined therapists' perceptions of the client's mental health symptomatology and wellness (i.e., ratings of anxiety, depression, and flourishing). Second, we examined therapists' self-reported perceptions regarding their level of attraction toward working with the client, to understand the extent to which psychotherapists' desires to work with clients were affected by client social class and sexual orientation (Thompson et al., 2015). Finally, given that work plays a central role in individuals' lives (Blustein, 2006), we examined how psychotherapists' perceptions of the hypothetical client on two work-related variables (i.e., job satisfaction and engagement in meaningful work) may have varied based upon client social class and sexual orientation cues. Although not often examined as a variable in psychotherapy research, work serves as a primary means by which individuals understand their identity, attain security, exercise agency, and build relationships (Ali, Fall, & Hoffman, 2013; Blustein, 2006). As such, measuring perceptions of clients on two work-related variables seems important.

Based on findings from previous research (Dougall & Schwartz, 2011; Smith et al., 2011), the following hypotheses were proposed:

> *Hypothesis 1a:* The hypothetical client portrayed as being a member of a lower social class will be rated as more depressed, more anxious, as having a lower sense of flourishing, as less satisfied with her job, and having lowered levels of meaningful work as compared with the client portrayed as being a member of a higher social class.

> *Hypothesis 1b:* The hypothetical client portrayed as being a member of a lower social class will be rated as less attractive to work with as a client as compared with the hypothetical client portrayed as being a member of a higher social class.

Given the mixed findings regarding therapist perceptions of lesbian women clients (Biaggo et al., 2000; Gelso et al., 1995), the following relationships were explored:

> *Exploratory Hypothesis 1:* The hypothetical client portrayed as lesbian will be rated differently from the client portrayed as straight on depression, anxiety, flourishing, job satisfaction, meaningful work, and therapist attractiveness to working with the client.

Finally, potential interaction effects were explored to understand whether client social class and sexual orientation, in combination,

influenced psychotherapists' perceptions of the client on the six criterion variables. Given that individuals who hold multiple marginalized identities experience compounding oppression (Cole & Omari, 2003; Meyer, 1995), we wanted to explore whether psychotherapists may rate the hypothetical client who held multiple marginalized identities (i.e., low social class lesbian) more negatively than the clients who held one (i.e., lesbian or low social class) or no marginalized identities (i.e., straight woman from upper social class). Because these relationships have not yet been empirically established among samples of psychotherapists, the following hypothesis was explored:

> *Exploratory Hypothesis 2:* Mental health practitioners' perceptions of the hypothetical client across the primary criterion variables (depression, anxiety, flourishing, job satisfaction, meaningful work, and attractiveness toward working with the client) will differ depending upon the vignette condition viewed.

Method

Study Design

The study utilized a 2 (lower social class vs. higher social class) × 2 (lesbian vs. straight) quasi-experimental vignette-based design. Participants were licensed mental health practitioners who were randomly assigned to view one of four videos of a client and then rate the client across a variety of dimensions of functioning. Participants also were asked to rate their level of attraction toward working with the client. The four videos portrayed a hypothetical therapy client played by the same paid actor.

Client Vignette Scripts

The client scripts were developed by the authors based upon those from previous research (Mohr et al., 2009; Thompson et al., 2014) and by the social class and psychotherapy literature (Liu et al., 2004; Smith et al., 2011). The client's presenting concern for treatment was identical across all vignettes. The client presented herself as a 35-year-old White woman in a midsized city in the southeast United States, who is struggling with the loss of a committed romantic relationship of 2 years (she shared that her partner was engaged in another relationship). She recently started a new job and reported feeling concerned about her job security. She indicated that she financially supports her brother (who is unemployed and dependent on alcohol). She reported seeking psychotherapy because of her increased crying spells, difficulty with sleep, decreased interest in sex, and increased feelings of isolation and sadness.

Drawing from Liu et al.'s (2004) SCWM, the vignettes were written to include information about the hypothetical client's economic culture, intrapsychic framework, and experience of classism. Vignettes A and C portrayed the client as being a member of a lower social class, and Vignettes B and D portrayed the client as being a member of an upper social class. The indicators, such as the client's occupation (social capital and human capital), feelings about her financial situation (internalized classism and intrapsychic framework), access to transportation (cultural capital) and father's occupation (social capital), varied accordingly. For example, Vignettes A and C described the client's new employment at a grocery store, her dependence on public transit, her father's occupation as a construction worker, and her financial anxiety related to her ability to pay her bills. Vignettes B and D described the client's employment as an attorney working in a private law firm, her father's occupation as an engineer, and her feeling that she is "financially well-off." With regard to sexual orientation, Vignettes A and B portrayed the client as a lesbian woman, and Vignettes C and D portrayed the client as a straight woman. In Vignettes A and B, the client identified herself as lesbian, described her past and present romantic relationships with women, and noted her hesitation to be out at work because of potential discrimination (i.e., being judged and passed over for promotion). In Vignettes C and D, the client described her past and present romantic relationships with men. Subject matter experts reviewed the vignettes. We conducted two separate focus groups with seven individuals with expertise in clinical and community work with individuals who have low income and/or are members of the LGB community. All seven reviewers were involved in social class- and gender and sexuality-based research. We modified the scripts slightly (e.g., removed salary numbers and standardized the client's report that her father was a single father) based on feedback provided by focus group participants.

Pilot Study

A total of 23 counseling psychology trainees completed an online pilot survey. They were randomly assigned to one of the vignette conditions and completed the manipulation check.

Vignette condition manipulation check items. To ascertain whether participants picked up on the social class and sexual orientation cues in the vignettes, three validity check items were included. Specifically, participants were asked to reply to two questions related to social class information. These included the following: "Please estimate the client's annual income" with options ranging from *less than $10,000* to *$250,000 and above* and "Which social class category would you describe the client as belonging to?" with options including *lower class*, *working class*, *lower-middle class*, *middle class*, *upper-middle class*, and *upper class*. Finally, participants were asked to reply to the following question related to client sexual orientation: "Which of the following best describes the client?" with options including *lesbian woman*, *gay man*, *straight woman*, *straight man,* and *other (please describe*).

Pilot study results. Analysis of the pilot data indicated observed differences across the four client portrayals as expected. Specifically, participants assigned to lower social class Vignettes A and C ($M = 2.45$, $SD = .52$) estimated the client's income level as being significantly lower than participants who were assigned to higher social class Vignettes B and D ($M = 7.33$, $SD = 1.65$; difference = −4.879 [−5.76, −4.00]; $d = 4.92$; $t(21) = -11.58$, $p < .001$). Participants assigned to Vignettes A and C also rated the client's social category as significantly lower than those assigned to Vignettes B and D ($M = 1.91$, $SD = .54$, and $M = 5.17$, $SD = .58$, respectively; difference = −3.258 [−3.74, −2.77]; $d = 5.84$; $t(23) = -13.95$, $p < .001$). Out of the 12 participants assigned to lesbian Vignettes A and B, 11 identified the client as a "lesbian woman," and one indicated "other." Out of the 11 participants assigned to straight Vignettes C and D, seven identi-

fied the client as a "straight woman," and four indicated "other." Participants significantly differed when describing the client's sexual orientation consistent with the client vignette portrayals (difference = −5.780 [−7.09, −4.48], $d = 3.92$; $t(23) = -9.21$, $p < .001$).

These pilot data confirmed that participants detected the intended differences in the four client portrayals (i.e., social class and sexual orientation). Based on these pilot results, we proceeded with full data collection. To streamline participants' responses when describing the client's sexual orientation, we removed "other" in the response options and instead offered participants the option of "straight woman" and "lesbian woman."

Focal Study Participants

A total of 257 participants completed this study (355 opened the survey link but 98 did not respond to any study items). Participants were aged 26 to 75 ($M = 46.67$, $SD = 12.91$) years, and 76.7% identified as women, 22.2% as men, and 1.2% as transgender. Of the participants, 86.8% identified as White/Caucasian, 4.3% as Hispanic/Latinx, 3.9% as mixed, 3.1% as Asian, 2.3% as Black/African American, 1.2% as American Indian/Native American, and 2.3% as "other," in which participants specified their identity (examples included Hawaiian, Middle Eastern, and East Indian). With regard to sexual orientation, 83.7% identified as straight, 5.4% as bisexual, 3.5% as lesbian woman, 3.1% as gay man, 1.9% as queer, and 2.0% as other. Participants indicated their current social class according to the following categories: 0.8% lower, 0.8% working, 7.0% lower-middle, 34.2% middle, 30.0% upper-middle, 1.2% upper, and 0.4% other (25.7% did not respond to this item).

Participants represented a range of professional identities that included the following: psychologist (21%), professional counselor (18.3%), marriage and family therapist (16%), clinical social worker (15.2%), and "other" (9.3%), which included write-in responses of medical doctor, pastoral psychotherapist, and addictions counselor. Participants indicated a range of primary theoretical orientations (e.g., acceptance and commitment therapy, dialectal behavior therapy, cognitive-behavioral therapy, existential, person-centered, psychodynamic, and solution-focused) and worked in a variety of settings (e.g., hospital, academic, community mental health, and forensic hospital); independent practice (41.6%) was the most commonly reported work setting. Participants represented all geographic regions of the United States.

Measures

Patient Health Questionnaire. The Patient Health Questionnaire (PHQ-9; Kroenke, Spitzer, & Williams, 2001) is a self-report measure of depressive symptoms. Each item targets a specific depressive symptom (e.g., anhedonia, depressed mood, sleep disturbances, or fatigue). For the purpose of this study, we adapted the instructions of the PHQ-9 to assess participants' perceptions of their hypothetical clients' depressive symptoms. For example, the sample item "Over the past 2 weeks, how often have you been bothered by any of the following problems: little interest or pleasure in doing things" was adapted to "Over the past 2 weeks, how often has the client been bothered by any of the following problems: little interest or pleasure in doing things." Participants rated the frequency of each item (i.e., symptom) for the client on a 4-point scale ranging from 0 (*not at all*) to 3 (*nearly everyday*). Total scores ranged from 0 to 27, with higher scores indicating more severe depression. The PHQ-9 has strong internal consistency reliability (alphas range from .86 to .89) and interrater reliability (alpha of .88) between participant and interviewer (Kroenke et al., 2001). The PHQ-9 is widely used to screen for depression in clinical practice and research (Kroenke, Spitzer, Williams, & Löwe, 2010). Alpha for this study was .77.

Generalized Anxiety Disorder Scale. The seven-item Generalized Anxiety Disorder Scale (GAD-7; Spitzer, Kroenke, Williams, & Löwe, 2006) is a self-report measure for anxiety based on criteria for generalized anxiety disorder. Each item addresses a specific anxiety symptom (e.g., nervousness, restlessness, excessive worrying, or irritability). Similar to the PHQ-9, we adapted the GAD-7 to assess participants' impressions of their clients' anxiety symptoms. A sample item is "Over the past 2 weeks, how often has the client been bothered by any of the following problems: feeling nervous, anxious, or on edge." Participants were requested to rate the frequency for the client on a 4-point scale. Scores for each item ranged from 0 (*not at all*) to 3 (*nearly everyday*). Total scores ranged from 0 to 21, with higher scores indicating greater anxiety. The GAD-7 has strong internal consistency reliability with alphas ranging from .89 to .92 across clinical and general populations (Löwe et al., 2008; Spitzer et al., 2006). Alpha was .84 for this study.

Flourishing Scale. The eight-item Flourishing Scale (FS; Diener et al., 2010) is a measure of perceived well-being. The FS assesses one's subjective sense of their relational functioning, self-esteem, purpose in life, optimism, and competence. Items were rated on a 7-point Likert scale, ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Total scores ranged from 8 to 56, with higher scores indicated higher well-being. Items were adapted for this study to tap perceptions of the hypothetical client. For example, the sample item "I am a good person and live a good life" was adapted to read "The client is a good person and lives a good life." The FS has been demonstrated to have strong internal consistency, with alphas ranging from .87 to .89 (Diener et al., 2010; Howell & Buro, 2015) and moderate convergent validity with other measures of well-being (Diener, Emmons, Larsen, & Griffin, 1985). Alpha was .82 for this study.

Job Satisfaction Subscale. The three-item Job Satisfaction Subscale (JSS) subscale is a brief measure of global job satisfaction from the Michigan Organizational Assessment Questionnaire (Cammann, Fichman, Jenkins, & Klesh, 1983) that captures an individual's affective reaction to their job. We used the JSS to measure participants' perceptions of their clients' current job satisfaction. The items also were adapted to assess perceptions of the hypothetical client. For example, the item "All in all, I am satisfied with my job" was adapted to "All in all, the client is satisfied with her job." Each item was rated on a 7-point Likert scale ranging from 1 (*strongly disagree*) to 7 (*strongly agree*). Summed scores range from 3 to 21, with higher scores indicating higher job satisfaction. Despite its brevity, the JSS has demonstrated acceptable internal consistency reliability ($\alpha = .84$) and good construct validity; a meta-analysis found that higher JSS scores have correlated positively with hypothesized precursors of job satisfaction, including social and organizational support and person–environment fit, and

correlated negatively with job stressors (Bowling & Hammond, 2008). Alpha was .78 for this sample.

Work and Meaning Inventory. The Work and Meaning Inventory (WAMI; Steger, Dik, & Duffy, 2012) is a 10-item measure that assesses the perceived meaningfulness of an individual's work. The measure comprises three subscales: Positive Meaning (i.e., the degree to which an individual finds positive meaning in their work), Meaning-Making Through Work (the degree to which they feel their work contributes to broader life meaning), and Greater Good Motivation (the degree to which they view their work as positively contributing to society). The sum of the three subscales results in an overall meaningful work score. Items were adapted for this study to reflect perception of the hypothetical client's meaningful work. A sample item is "The client has discovered work that has a satisfying purpose." For this study, items were rated on a 3-point Likert-type scale ranging from 1 (*absolutely untrue*) to 3 (*absolutely true*). Total scores ranged from 10 to 30, with higher scores indicating more meaningful work. The meaningful work total score has been demonstrated to positively relate to life satisfaction and desirable work outcomes, including job satisfaction and career commitment, and to negatively relate to depression and undesirable work outcomes, such as intention to withdraw from the occupation and days absent from work (Steger, Dik, & Duffy, 2012). Alpha was .88 for this study.

Therapist Personal Reaction Questionnaire. The 15-item Therapist Personal Reaction Questionnaire (TPRQ; Tryon, 1989) comprises two subscales that tap therapists' (a) feelings about working with clients and (b) impressions of their clinical work. Consistent with the aim to examine initial impressions of the hypothetical client, we used the first subscale (TPRQ-1) to evaluate participants' attraction toward working with the hypothetical client. The TPRQ-1 consists of seven items rated on a 5-point Likert scale, ranging from 1 (*not characteristic*) to 5 (*highly characteristic*). Total scores range from 7 to 35, with higher scores indicating higher levels of therapist attraction toward the individual as a client. A sample item is "I have a warmer, friendlier reaction to this client than to others I have seen." The TPRQ-1 has been demonstrated to have high internal consistency reliability (alpha of .89), with higher scores being associated with more attended therapy sessions (Tryon, 1989). The full TPRQ has moderate internal consistency reliability with alphas ranging from .68 to .87 (Thompson et al., 2014; Tryon, 1989). Alpha was .80 for this study.

Procedures

We recruited licensed mental health practitioners who had worked with at least one client in individual psychotherapy within the past 3 years via e-mail and listservs of professional organizations. We collected e-mail addresses using Internet searches of therapists (using Google and Psychology Today) and the Association of Psychology Postdoctoral and Internship Centers database. We contacted administrators for listservs of professional organizations (e.g., Society for Psychotherapy Research and state chapters of the American Counseling Association, National Association of Social Workers, and the American Association of Marriage and Family Therapy) to request permission to post recruitment information. Participants were provided with a brief description of the study (i.e., to examine mental health professionals' conceptualizations of clients) and a link to the online survey. Participants provided informed consent for participation. All participants were randomly assigned to one of the four video vignette conditions. After viewing the video of the client, participants responded to the Vignette Manipulation Check items described in the Pilot Study and then completed all study measures based upon their perceptions of the hypothetical client in the video. Finally, they responded to a demographic questionnaire. Following survey completion, participants were given the option to have $1 donated to the National Alliance on Mental Illness and debriefing information.

Results

We analyzed observed differences across the four client vignettes as a manipulation check. Participants were grouped according to their video condition (social class and sexual orientation). Differences between participants assigned to one of the two lower class conditions (Videos A and C) and participants assigned to one of the two higher class conditions (B and D) were tested. Results indicated that participants assigned to the lower class video conditions estimated the client's income level as significantly lower ($M = 2.57$, $SD = 1.23$) than participants assigned to higher class conditions, $M = 7.60$, $SD = 1.86$; difference $= -5.033$ [-5.422, -4.644]; $d = 3.19$; $t(255) = -25.496$, $p < .001$. Participants assigned to Conditions A and C also rated the client's social class category as significantly lower than those assigned to Conditions B and D ($M = 2.43$, $SD = 1.020$, and $M = 4.88$, $SD = .498$, respectively; difference $= -2.452$ [-2.648, -2.255]; $d = 3.05$; $t(255) = -24.573$, $p < .001$).

Next, we examined participant's impressions of client sexual orientation. Out of the 126 participants assigned to Lesbian Conditions A and B, all 126 indicated that the client was a "lesbian woman." Out of the 131 participants assigned to straight Conditions C and D, 130 identified the client as a "straight woman" (one participant did not respond). In combination, results from the validity check confirmed that participants detected the intended differences in the client portrayals (i.e., based upon social class and sexual orientation) in the video conditions.

Hypothesis 1a and 1b

We examined differences between the two social class conditions (i.e., Videos A and C were grouped together, and Videos B and D were grouped together). Consistent with Hypothesis 1a, clinicians who viewed the client portrayed as lower social class rated her as having more symptoms of depression and anxiety, as being less satisfied at work, as having lower levels of meaningful work, and as having lower levels of flourishing as compared with clinicians who viewed the client portrayed as higher social class (Table 1). Contrary to Hypothesis 1b, there were no differences in clinicians' ratings of their positive feelings toward working with the hypothetical client (i.e., client attractiveness) based on the client social class portrayed by the client (Table 1).

Exploratory Hypothesis 1

We examined differences across the two sexual orientation conditions (i.e., Videos A and B were grouped together, and

Table 1
Differences by Social Class and Sexual Orientation Vignette Conditions

	Social class									
	Low			High						
Measure	*M*	*SD*	*n*	*M*	*SD*	*n*	95% CI	*t*	*d*	*df*
PHQ-9	2.89	0.42	121	2.76	0.46	125	[0.02, 0.24]	2.25*	0.30	244
GAD-7	2.80	0.59	122	2.49	0.67	120	[0.15, 0.47]	3.83**	0.49	240
TPRQ	2.00	0.65	122	2.06	0.71	126	[−0.23, 0.11]	−0.69	0.09	246
FS	3.41	0.87	122	4.01	0.76	126	[−0.80, −0.39]	−5.73**	0.73	246
JSS	2.88	1.00	116	4.10	1.13	126	[−1.48, −0.94]	−8.80**	1.14	240
WMI	1.73	0.35	115	2.10	0.25	127	[−0.44, −0.29]	−9.34**	1.22	240
	Sexual Orientation									
	Lesbian			Straight						
	M	*SD*	*n*	*M*	*SD*	*n*		*t*	*d*	*df*
PHQ-9	2.85	0.44	119	2.80	0.45	127	[−0.057, 1.633]	0.911	0.11	244
GAD-7	2.80	0.45	114	2.68	0.65	128	[−0.243, 0.087]	−0.930	0.21	240
TPRQ	2.12	0.67	120	1.94	0.67	128	[0.006, 0.343]	2.04*	0.27	246
FS	3.84	0.81	120	3.60	0.81	128	[0.028, 0.458]	2.22*	0.29	246
JSS	3.60	1.22	120	3.42	1.22	122	[−0.131, 0.490]	1.14	0.15	240
WMI	1.97	0.34	120	1.89	0.36	122	[−0.010, 0.168]	1.75	0.23	240

Note. Equal variances assumed. CI = Confidence Interval; GAD-7 = Generalized Anxiety Disorder Scale; TPRQ = Therapist Personal Reaction Questionnaire; FS = Flourishing Scale; PHQ-9 = Patient Health Questionnaire; JSS = Michigan Organizational Assessment Questionnaire Job Satisfaction Subscale; WMI = Work Meaning Inventory.
* $p < .05$. ** $p < .01$.

Videos C and D were grouped together). Results indicated that clinicians did not rate the hypothetical client differently on symptoms of depression, anxiety, meaningful work, or job satisfaction based upon client sexual orientation (Table 1). Clients who were portrayed as lesbian were rated as being significantly more attractive to work with and as having significantly higher levels of flourishing as compared with clients portrayed as straight (Table 1).

Exploratory Hypothesis 2

Finally, we examined potential interaction effects (i.e., Social Class × Sexual Orientation) using a series of two-way analyses of variance. Results revealed no evidence for interaction effects for any of the six outcome variables. There were significant main effects for social class for all criterion variables except for the TPRQ and main effects for sexual orientation on the FS and TPRQ (Table 2). Gabriel post hoc tests were then examined to understand mean differences across vignette conditions using a series of one-way analyses of variance (Table 3). For depression, there was a significant mean difference between the low social class straight and high social class straight conditions (.228 [.022, .435], $f = .347$, $p = .022$). For anxiety, there were significant mean differences between the low social class straight and the high social class lesbian (.366 [.664, .068], $f = .465$, $p = .008$) and high social class straight conditions (.342 [.045, .640], $f = .435$, $p = .015$). For flourishing, there were significant mean differences between the low social class straight and high social class straight (−.741 [−.362, −1.121], $f = .831$, $p < .001$) and high social class lesbian (−.797 [−.420, −1.17], $f = .900$, $p < .001$) conditions, as well as between the low social class lesbian and high social class lesbian conditions (−.417 [−.024, −.810], $f = .452$, $p = .031$). For job satisfaction, there were significant mean differences between the low social class straight and high social class straight (−1.273 [−.759, −1.788], $f = 1.220$, $p < .001$) and high social class lesbian (−1.336 [−.830, −1.842], $f = 1.301$, $p < .001$) conditions, as well as between the low social class lesbian and high social class lesbian (−1.135 [−.615, −1.655], $f = 1.075$ $p < .001$) and high social class straight conditions (−1.072 [−.544, −1.600], $f = 1.000$, $p < .001$). Finally, for meaningful work, there were significant mean differences between the low social class straight and high social class straight (−.378 [−.232, −.523], $f = .679$, $p < .001$) and high social class lesbian (−.430 [−.286, −.573], $f = .782$, $p < .001$) conditions, as well as between the low social class lesbian and high social class lesbian (−.346 [−.120, −.493], $f = .616$, $p < .001$) and high social class straight conditions (−.294 [−.146, −.443], $f = .518$, $p < .001$).

Discussion

This study used a vignette-based quasi-experimental design to examine the influence of social class and sexual orientation on licensed mental health practitioners' perceptions of a hypothetical client across six criterion variables. Participants were presented with one of four versions of a video vignette of a hypothetical client played by a paid professional woman actor. The depiction of the client across the four vignette conditions varied only on descriptors of her social class and sexual orientation. Results demonstrated that participants detected the intended social class differences based on the descriptors of the client and perceived the client to be lesbian or straight in a manner that was consistent with the cues presented in the vignettes. Results indicated that sexual orientation and social class influenced mental health practitioners' views of straight and lesbian clients who present as being from

Table 2
Tests of Interaction Effects Between Social Class and Sexual Orientation on Outcomes

Measure	Condition	*df*	*F*	*p*	η^2
PHQ-9					
	SC	1	5.06	.025*	.020
	SO	1	1.04	.310	.004
	SC × SO	1	3.33	.069	.014
GAD-7					
	SC	1	13.99	.000*	.056
	SO	1	0.54	.463	.002
	SC × SO	1	0.20	.658	.001
TPRQ					
	SC	1	0.35	.557	.001
	SO	1	4.00	.047*	.016
	SC × SO	1	0.00	.994	.000
FS					
	SC	1	31.59	.000*	.115
	SO	1	4.46	.036*	.018
	SC × SO	1	2.48	.117	.010
JSS					
	SC	1	76.24	.000*	.243
	SO	1	0.92	.340	.004
	SC × SO	1	0.25	.617	.001
WMI					
	SC	1	86.37	.000*	.266
	SO	1	3.01	.084	.012
	SC × SO	1	0.16	.690	.001

Note. SC = Social Class Condition. SO = Sexual Orientation Condition. PHQ-9 = Patient Health Questionnaire. GAD-7 = Generalized Anxiety Disorder Scale. TPRQ = Therapist Personal Reaction Questionnaire. FS = Flourishing Scale. JSS = Michigan Organizational Assessment Questionnaire Job Satisfaction Subscale. WMI = Work Meaning Inventory.
* $p < .05$.

higher and lower social classes, and revealed no evidence of an interaction effect between social class and sexual orientation.

Consistent with Hypothesis 1a, the licensed mental health practitioners who viewed the client portrayed as lower social class (i.e., those who viewed the low social class lesbian and low social class straight vignettes) rated her as having more symptoms of depression and anxiety, as being less satisfied at work, as having lower levels of meaningful work, and as having lower levels of flourishing as compared with the mental health practitioners who viewed the client portrayed as higher social class. These findings lend further support to those from previous research (Goodman, Pugach, Skolnik, & Smith, 2013; Thompson et al., 2012, 2018) that highlight the presence of social class in the therapy room and that indicate that mental health practitioners notice clients' social class information. Findings also extend previous research by examining, for the first time, the presence of mental health practitioners' potential assumptions and biases toward clients based upon the client's work-related information. Specifically, results showed that participants who viewed the video vignette of the client who stated that she works in a grocery store as having lowered levels of meaningful work and as being less satisfied in her job as compared with those who viewed the vignette of the client who stated that she works as a lawyer in a small law firm. This finding is interesting given that no other information about the client's career history, intended career trajectory, or affective responses toward her work was provided.

These results highlight the importance of better understanding why mental health practitioners may rate clients from higher versus lower social class backgrounds differently. One explanation that has been offered by some authors (Garb, 1997) is that such findings may be indicative of a pattern whereby mental health practitioners underpathologize clients who are perceived to be from more upper class backgrounds, perhaps due to their increased likelihood of identifying with, and thereby empathizing with, clients who are perceived to be more similar. An alternative explanation that has been offered by some (Lott, 2002) is that clients who are from lower social class groups may be overpathologized by mental health practitioners. Finally, it seems possible that this finding may reflect mental health practitioner's acknowledgment of increased systemic barriers experienced by individuals from lower social class backgrounds. Accordingly, mental health practitioners may perceive clients' reported symptoms and environmental context as being more negative and assume that clients are likely to be adversely impacted as a result. Further research is needed to better understand the factors that motivate mental health clinicians to perceive clients differently based upon social class.

Contrary to Hypothesis 1b, there were no differences in clinicians' ratings of their feelings of attraction to working with the hypothetical client based on the client's social class. This finding is consistent with previous research (Thompson et al., 2014), and one interpretation is that this sample of licensed mental health practitioners was not dissuaded from wanting to work with a client who was portrayed to be from a lower social class background, even though they perceived her to have higher levels of anxiety and depression and lower levels of flourishing, job satisfaction, and meaningful work. Another interpretation is that the therapists in this sample accurately detected that the client was from a lower social class background and were responding in a socially desirable manner so as to not present themselves as biased against clients from lower social class backgrounds (though it is important to note that a tendency toward socially desirable responding did not seem to affect ratings on other criterion variables). The fact that these results are inconsistent with those from previous research with a sample composed of counselor trainees (Smith et al., 2011) highlights the need for researchers to carefully situate their

Table 3
Means and SDs for Vignette Condition by Criterion

	Criteria									
	PHQ		GAD		FS		JS		WMI	
Vignette	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
1	2.86	.41	2.75	.59	3.62	.81	2.99	1.03	1.78	.35
2	2.84	.47	2.48	.69	4.04	.76	4.12	1.13	2.12	.24
3	2.91	.43	2.84	.60	3.24	.89	2.79	.97	1.70	.34
4	2.68	.44	2.50	.66	3.98	.77	4.06	1.14	2.07	.26

Note. Vignette 1 = Lower Class Lesbian; Vignette 2 = Higher Class Lesbian; Vignette 3 = Lower Class Straight; Vignette 4 = Higher Class Straight; PHQ-9 = Patient Health Questionnaire; GAD-7 = Generalized Anxiety Disorder Scale; TPRQ = Therapist Personal Reaction Questionnaire; FS = Flourishing Scale; JSS = Michigan Organizational Assessment Questionnaire Job Satisfaction Subscale; WMI = Work Meaning Inventory.

findings within the context of their samples and to examine participant characteristics that may impact these relationships. For example, one concern related to the TPRQ as a measure is that participants are asked to rate their level of attractiveness toward working with the client in comparison with other clients with whom they have worked. It is likely, therefore, that such ratings are subject to participants' typical caseloads. Specifically, mental health practitioners' perceptions of clients seem likely to vary by their primary clinical setting (e.g., community mental health vs. independent practice), clinical training history (e.g., type of degree and license attained), clinical experience with diverse clients, and personal economic context and social class consciousness (Thompson et al., 2015). Future research would benefit from a new or refined measure and from large samples to examine therapist factors that may contribute to differences.

Results from Exploratory Hypothesis 1 indicated that clinicians did not rate the hypothetical clients differently on symptoms of depression, anxiety, meaningful work, or job satisfaction based upon client sexual orientation. The client portrayed as lesbian, however, was rated as being significantly more attractive to work with and as having significantly higher levels of flourishing as compared with the clients who were portrayed as straight. This finding should be considered alongside results from previous research that demonstrated that clinicians and counseling trainees rated gay and lesbian clients as operating better in their significant relationships, as being more motivated for therapy, and as having higher levels of perceived social functioning as compared to their straight counterparts (Biaggo et al., 2000). In combination, these results may suggest that practitioners have positive feelings toward working with lesbian clients.

An alternative, more cynical interpretation consistent with that posited by others (Biaggo et al., 2000) is that mental health practitioners may hold lowered expectations for gay and lesbian clients as compared with their straight counterparts that lead of underpathologizing LGB clients. Another interpretation is that practitioners may be missing or downplaying the systemic stressors that lesbian women face. In this study, the lesbian client explicitly stated, "My coworkers don't know about my girlfriend or know that I am a lesbian, so I'm scared to be myself at work. I'm afraid that they'll judge me and that my boss won't promote me." Yet, this sample of mental health practitioners did not perceive there to be any differences in meaningful work or job satisfaction between the clients portrayed as lesbian and straight. More research is needed to further ascertain these exploratory findings.

Finally, results revealed no evidence for interaction effects for any of the six outcome variables. In other words, this sample of mental health practitioners did not rate the client portrayed as lesbian and from a lower social class lower or higher than the client portrayed as straight and from a lower social class, or the client portrayed as lesbian and from a higher social class lower or higher than the client portrayed as straight and from a higher social class. These exploratory results represent the first to examine therapist perceptions of clients based upon the potential intersection of client social class and sexual orientation and therefore should be interpreted within the context of limitations to the study design and sample.

Limitations and Directions for Future Research

Although we modeled our vignettes from those in previous research (Mohr et al., 2009; Thompson et al., 2014), the vignettes may have impacted the findings. Using quasi-experimental designs to investigate client identities is inherently limited, given that there is no way to separate actual lived experiences. Second, the descriptions of the client were purposefully written using neutral language to avoid the image of a client who may more closely align with popular stereotypes or severe levels of pathology. The client was presented with identical symptomology, and the vignettes did not imply that she had negative personal characteristics or ability levels. It is possible that vignettes with different details about the client's personality or relationship functioning would have produced different results.

We intentionally chose to use video vignettes because previous researchers (Dougall & Schwartz, 2011; Thompson et al., 2014) have posited that some previous vignette-based studies may have produced null findings because participant reactions were not strongly evoked. We anticipated that using video vignettes may more closely simulate an actual client, given the potential that additional stimulus cues (e.g., appearance and voice) may be more likely to elicit emotional responses. It is important to note that this assertion, however, has not yet been empirically examined, and we cannot assume that the mental health practitioners who participated in this study were able to fully embrace the hypothetical client as a real-life client.

For this study, the same middle-aged White woman (a professional actor hired for this study) played the client in all four vignettes. This was intentional to avoid potential confounds related to the client based upon appearance, speech and language, or age. Our design did not allow for a more nuanced examination of the intersections among other identities. Further research is needed to understand the implications of other client identities (e.g., race and ethnicity, language, and physical appearance) on practitioners' perceptions. Indeed, previous results (Neubeck & Cazenave, 2000; Shin, Smith, Welch, & Ezeofor, 2016) suggest that a vignette depicting a woman who also is a member of an underrepresented racial or ethnic group may be rated more negatively than a counterpart who is White. Using video vignettes to examine the presence of racial bias in therapists' perceptions of clients seems promising given that previous research (Shin et al., 2016) has demonstrated the presence of racial biases based solely upon a hypothetical client's name. Taken together, future research is needed to further disentangle biases (e.g., racial bias) that may intersect with class bias and heterosexism.

Although the client portrayed as lesbian in this study was rated more favorably on some characteristics than the client portrayed as straight, it is important to note that this finding may not generalize to clients with other sexual identities or to those whose gender expression is perceived to be nonbinary. Indeed, evidence from a series of studies (Eubanks-Carter & Goldfried, 2006; Mohr, Israel, & Sedlacek, 2001) suggests that therapists may judge bisexual clients and gay men more harshly than lesbian women. Thus, caution is needed when generalizing these preliminary findings to sexual orientation or gender expression more broadly.

Results also may be limited by the sample. Although this sample included a diverse group of licensed mental health practitioners across some domains (i.e., work setting, region of the United

States, and age), it was limited in others (i.e., women, individuals who self-reported being from more middle-class to upper class backgrounds, and individuals who identified as White/European American were overrepresented). Future research with more diverse samples of licensed mental health practitioners is needed to more carefully investigate the impact of therapist identities.

Finally, further research is needed to disentangle therapists' own values and beliefs that may affect their perceptions of clients and/or of particular client presenting concerns. For example, previous findings have shown that therapists' personal attitudes about sexual orientation (e.g., levels of homophobia) relate to their perceptions of clients (Barrett & McWhirter, 2002; Gelso et al., 1995). It seems similarly possible that the extent to which therapists hold beliefs related to economic mobility (i.e., beliefs in the Protestant Work Ethic) and classism could have implications for how they view and engage with clients from varying social class backgrounds. Finally, we did not include a measure of social desirability, given its limitations when assessing multicultural constructs (Boysen & Vogel, 2008), but research that examines implicit bias (Ajzen, 2011) among therapists would be informative.

Implications for Practice

Despite limitations, results highlight implications for clinical training and practice. Coupled with previous research (Biaggo et al., 2000; Thompson et al., 2012), results underscore the need to deepen our understanding of the relationship of social class and sexual orientation to clinical attributions and, more importantly, the experiences of clients in psychotherapy. As noted previously (Thompson et al., 2015; Whitcomb & Walinsky, 2013), mental health practitioners notice the presence of client social class and sexual orientation as client identities and social group memberships within the context of psychotherapy. Practitioners and clinical supervisors, therefore, are encouraged to centralize these as important cultural variables that have implications for psychotherapy processes and outcomes. Findings also underscore the need for formal training in graduate and continuing education programs that prioritize social class as a complex cultural identity that intersects with other client identities and are relevant for psychotherapists to consider in client assessment and conceptualization.

Further, findings highlight the need to consider client's work-related information as influencing the perceptions therapists and trainees may hold toward clients. The results related to therapists' perceptions of the client's job satisfaction and meaningful work represent the first to investigate these relationships and suggest that therapists make inferences about clients based on cues that may reflect class-based stereotypes (e.g., assuming clients in trade or manual occupations are less satisfied with their work) and ultimately impact work with clients. Attending to career constructs within the context of psychotherapy is important and is consistent with calls from vocational psychologists (Blustein, 2006) who have highlighted the central role of work in individuals' lives, as well as with scholars (McDermott, 2006) who have highlighted the need to attend to sexual orientation and workplace discrimination.

Because misattributions about clients based upon client identities or social group memberships may limit therapists' effectiveness in working with clients (Witkin, 1982), it is important for therapists to closely attend to clients' beliefs and experiences by explicitly inquiring about their lived experiences. For example, as guided by the SCWM (Liu et al., 2004), therapists are encouraged to examine their own and their clients' economic cultures (e.g., expectations to seek upward social mobility) and experiences of classism to understand how their own economic context contributes to their perceptions of clients. In addition, therapists are encouraged to attend to how their personal values and beliefs regarding sexual orientation and gender identity may affect their tendency to under- or overpathologize clients or to miss important and salient experiences that may be impacting clients' lives. This includes (as in this study) a client who expresses fear related to being fired from their job if their boss and coworkers learn about their relationship. In other words, attending to potential interactions based upon client and therapist characteristics in our clinical training and practice is important.

Finally, although increasing awareness of one's biases is an essential initial step toward breaking prejudices (Plant & Devine, 1998), psychotherapists also must be concerned about the consequences of implicit and explicit biases in order to take action to eliminate their presence. According to Devine and her colleagues (Plant & Devine, 1998), as people become aware of the triggers that prompt biased responding and gain knowledge to replace their biases, they will become motivated to take action to eliminate the biases. Although not yet tested within samples of psychotherapists, participating in bias reduction interventions may be useful. Existing bias reduction interventions include training in the development of five components: stereotype replacement, perspective taking, counterstereotypic imaging, individuation, and increasing opportunities for intergroup contact (Devine, Forscher, Austin, & Cox, 2012). Participation in these interventions has been demonstrated to reduce implicit gender bias within hiring committees (Devine et al., 2017) and race bias toward peers (Devine et al., 2012). Psychotherapists may, therefore, benefit from training in these five strategies to reduce the presence and influence of unintentional bias in their work with clients.

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