

**University of Nevada, Reno**

**The Effects of Social Media Marketing on Help-Seeking Behavior**

A dissertation in partial fulfillment of the requirements for the degree of Doctor of Philosophy in  
Counselor Education and Supervision

by

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### **Abstract**

This study was designed to determine if a mental health professional's web presence with use of social media icons (or badges) would impact upon the perceived competence of that therapist. The icons were those of the three major social networking sites, Facebook, Twitter, and Google Plus. The 162 participants consisted of undergraduate students enrolled at two major universities located in the western United States. Three mock web pages were designed, one with no social media icons presented, one with social media icons which laid claim to a low number of Likes, Followers, and Pluses (terms of art used by Facebook, Twitter, and Google Plus respectively), and one with social media icons which laid claim to an extraordinarily high number of Likes, Followers, and Pluses. Participants were evenly split between males and females, and then placed at random into groups of 27 that then viewed one of the three mock web pages. Participants were asked to rate the fictional therapist as to perceived overall competence, as well as to indicate their willingness to make initial contact with that therapist. The measurement instrument used was the Counselor Rating Form – Short Version (CRF-S). Results were not statistically significant. Findings and potential for future research are discussed.

### Acknowledgements

In the fall of 2006, shortly after ending a business career that had spanned 25 years, and shortly before I turned 50, my wife and I were out for a walk along the riotous colors of the Caughlin Creek Trail in Reno, Nevada, where we lived. She asked me, “Now what? If you had to decide *at this very moment* what to do with the rest of your life, what would you do?” The answer then, and now, was to become a counselor and a counselor-educator. This dissertation is a kind of capstone on an effort that has lasted nearly ten years, fully one-sixth of my life to date.

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## Chapter One

The study described herein has examined the impact of a therapist's web presence – specifically, the *social networking elements* of that web presence – on help-seeking individuals and their reported willingness to make initial contact. Are help-seekers attracted to or dissuaded by a therapist's apparent social media presence? The idea, for example, of a therapist claiming a wide array of Likes and Followers may be discouraging to help-seekers who are not particularly social themselves. Does this then silently limit the therapist's ability to provide help? Or, conversely, does an apparent social media presence actually enhance their perceived likeability, trustworthiness, etc.? We simply do not know.

Help-seeking behavior can be understood as the steps an individual takes to enter into a relationship with a counseling professional (Farmer, Farrand, & O'Mahen, 2012). Help seeking by an individual cannot be viewed apart from the relationship or potential relationship between the individual seeking the help and the mental health professional offering the help. In the process of examining the variables that affect help-seeking behavior, it is important to consider that no variable can be understood alone, apart from other variables (Leong, 2008). Variables can include a professional's location, gender, hours of operation, insurance coverages accepted, perceived age, as well as the perceived trustworthiness, expertness, and social attractiveness of the therapist (Nasar & Devlin, 2011).

That said, once an individual does decide to seek help, it appears that a major factor that contributes to positive outcomes is a perceived congruence between the values of the provider of counseling services to the individual seeking help (Claiborn, 1986). How providers of mental health services react to the many variables involved in help-seeking behaviors, attitudes, and expectations can greatly affect the outcome of the future therapeutic relationship (Leong, 2008).

When confronted by a physical or mental health problem, help-seekers increasingly turn to online resources by means of Internet web site searches. Indeed, seven-in-ten adult Internet users say they have searched online for information about a range of health issues (Pew Research Center, 2014). By implication, the results of such searches offer users any number of web pages hosted by doctors, nurses, therapists, social workers, corporations such as drug companies and hospital networks, lay-persons who blog about health-related topics, as well as the web sites hosted by WebMD and Wikipedia. The list is nearly endless. For example, a simple Google search performed using the search term “am I depressed?” garnered nearly sixteen million results.

Consulting the Internet with health-related concerns increasingly replaces face-to-face interaction with professionals (Stadtler, Bromme, & Kettler, 2009). Online information searches typically start with a general search engine such as Google or from within a social networking site (Fox & Duggan, 2013). Seekers will often focus on the first few search results that are listed by the search tool (Zhang, 2012) and will visit as many as five websites from that list (Zhang, Broussard, Ke, & Gong, 2014). The quality of the information on these pages can vary widely, and when a commercial website is visited, the information is intended to promote or sell a service or a product (Tate, 2009). Marketing professionals have come to recognize the importance of leveraging the reach of social networking as a sub-set of the Internet (Tsiotsou, 2015). Companies, professionals and even governmental organizations have sought to establish branded sites within the larger social networks of Facebook, Twitter and Google Plus (Divol, Edelman, & Sarrazin, 2012).

Facebook, the largest of the so-called social networking sites (“SNSs”), was established in 2004 by Mark Zuckerberg, and recently announced that over one billion users accessed its site

in just one day (Facebook, 2015). According to Facebook, its mission is to enable individuals in the sharing of information among family, friends, and co-workers. The Facebook “Like” icon has become synonymous with positive feedback. In a recent Reuters news article, Facebook went so far as to assert that the Like button is now an accepted and vital part of Internet commerce (Reuters, 2016).

Twitter, another of the major SNSs, was established in 2006, and claims more than three hundred million active users (Twitter Incorporated, 2016). Twitter value is measured by the number of “Followers” one accrues to one’s Twitter posts.

The third major SNS, Google Plus, was established in 2011 and claims some four hundred million registered users worldwide and over 100 million active monthly users (Gigacom, 2015). Google Plus uses something similar to the Like and Follower designation and calls it a “Plus.”

All three of the referenced SNSs have professional/commercial pages as well as personal pages (Lipsman, Mudd, & Bruich, 2012). In 2013, Facebook announced that it had 25 million small business pages, most of which were professional service firms (including lawyers, accountants, therapists, and real estate agents) (Sterling, 2013). A milestone was reached in 2012 when it was noted that 100% of the *Advertising Age Top 100 Advertisers* had established a social media presence (Lipsman et al., 2012).

It is important to note the extent to which social media consumers actually spend time within sites such as Facebook, Twitter, etc. According to Null (2013), users spend upwards of 6 hours per month on Facebook. Data released one year later in 2014 indicate that, on average, American Internet users spend nearly three-quarters of an hour daily on social media (Bennett,

2014). The potential for exposure to any number of SNS web pages is therefore, by implication, substantial.

By some estimates, upwards of 70% of psychotherapy clients reported finding information about their therapist either through Google or Facebook (Kolmes & Taube, 2014). With such reach, social media sites are placing information about therapists, through their web presence, directly in front of help-seekers on a daily basis. The importance of how a professional presents herself in an online environment is paramount (Cain, Scott, & Akers, 2009).

Moreover, and given the nature of social media wherein the principal activities include the exchange of messages, news items, photos, short videos, jokes, as well as the rapid sharing of information through “liking,” “sharing,” “tweeting,” and “plussing,” social media transactions are often seen as leaning toward the trivial (MacDonald, Sohn, & Ellis, 2010). The question arises: Can a therapist’s web presence within social media work to also trivialize what they do? The impact upon attributes such as trustworthiness and expertness is a relevant question (Childs & Martin, 2012).

If we assume that potential therapy clients consider themselves to be consumers of mental health services, then as such they will want some degree of assurance that the therapists and counselors from whom they seek services are indeed competent (Zur, Williams, Lehavot, & Knapp, 2009). Either from the therapist’s basic web page or from the therapist’s social media presence, help-seekers are able to determine information about degrees, licensure, and relevant therapeutic experience, and are able to select such professionals on the basis of location and hours of operation (Herrigel & Kovacs, 2010). Not surprisingly, therapists and other mental health professionals may use their web sites to encourage help-seekers to make initial contact (Kolmes, 2012).

How professionals present themselves and their qualifications is important (Cain et al., 2009). A recent survey of 124 undergraduate and graduate students at a large western American university found that mental health practitioners are held to an even higher standard than other categories of professionals (Glab, 2014). The act of “friending” a client on Facebook, itself a questionable boundary violation, was considered by potential clients to be more unprofessional of mental health practitioners than other professionals (Peluchette, Karl, Coustasse, & Emmett, 2012).

### **Need for the Study**

The need for this study arises from what we do not know about the nature of therapists’ web presence; and, specifically the extent to which their social media presence (as evidenced by social media “badges” on their web page) is potentially an off-putting, attractive, or a benign factor to help-seeking individuals. The need for the study is best explained by first examining what constitutes ethical behavior and, in specific, ethical advertising practice on the part of therapists and other mental health professionals. After all, in order to grow their practice a therapist is not unlike any other business in terms of a need for advertising, brand awareness and consumer perception (Gottlieb, 2012). To the extent that a therapist advertises from within a social network such as Facebook, they are leveraging the reach of the SNS as well as possible power of social networks to raise the likelihood that the help-seeker will actually choose one therapist over another (Vogel, Wade, Wester, Larson, & Hackler, 2007). The nature of social networks and the use of so-called “badges” that count the numbers of Followers, Plusses, and Likes, however, present unique ethical challenges (Glab, 2014).

Advertising by a mental health professional is permitted (AAMFT Board of Directors, 2015). The American Counseling Association in its 2014 Ethics Guide specifically permits

advertising that is not false, misleading, deceptive or fraudulent, while at the same time permitting testimonials provided they are not solicited from clients or former clients who may be vulnerable to undue influence (ACA Governing Council, 2014). The ACA further restricts the use of statements by others (testimonials) to those that are accurate and upon which the counselor has made all reasonable efforts to ensure that the statements are not misleading.

While the use of testimonials is, to some degree, permitted by various codes of ethics, the value and import of those testimonials has not been examined specifically with reference to a therapist's web page. The mere presence of a count of so-called Likes, Followers, and Pluses, however, can be considered a proxy measure of the positive word-of-mouth attributed to the therapist's page (Hoffman & Fodor, 2010). But the use of badges, which count the numbers of Likes, Followers, and Pluses, is not specifically addressed by any of the relevant codes of ethical practice.

Their *power* as a testimonial, in the context of advertising by therapists, has also not been examined. The social testimonial has been researched for many decades (Buttle, 1998). It reached a seminal point with the work of Solomon Asch who, in his 1955 study, convinced unaware experimental subjects, despite clearly visible evidence to the contrary, that one of three lines marked on Card A was a length match for another line drawn on Card B (Asch, 1955). Asch used a group of confederates and their persuasive commentary (i.e., testimony) to convince the subjects that the two lines, obviously of different lengths, were the same (Buttle, 1998). Others have written that the testimonial is more influential on behavior than alternative sources (Arndt, 1967). The nature of those alternatives, usually personal in nature (which is to say, from members of one's social network), are viewed as being more trustworthy (Murray, 1991). But in the context of advertising by mental health professionals, the power of the testimonial has not

been examined. Thus, this study was designed to fill an obvious gap and to set the table for further inquiry.

### **Purpose of the Study**

It is a modern day conundrum: Counselors who advertise may wish to leverage the incredible reach of SNSs but may not realize the extent to which such advertising affects how they are perceived by help-seekers (Glab, 2014). The current study focused on how a social media presence affected the participant ratings of a therapist and, further, whether they would seek to establish a therapeutic relationship. The goal and purpose of the study is to inform members of the profession about their online presence within social media networking sites.

In short, the study sought to determine the effects of social media *badging*, which is clearly a proxy for positive word-of-mouth and testimonial affirmation (Hoffman & Fodor, 2010), on the perception of study participants as to that therapist's trustworthiness, interpersonal attractiveness, and expertise. When someone engaged in help-seeking comes across the web page of a therapist who proudly asserts some number of Likes, Followers, and Pluses, what is the effect of such claims upon that help-seeker's perception of that therapist? Is it of benign impact, or does it negatively or positively affect a different perception of the therapist's perceived expertness, attractiveness or trustworthiness? The profession has solidly stood for testimonial advertising that is not coerced or otherwise sought from a current or former client of the therapist. But the mere act of liking, following or "plussing" a therapist's presence could very well come from a current or former client and the therapist would not know. Moreover, there could be an impact that reaches far beyond mere positive affirmation and either persuades or dissuades those seeking help. We do not know. This study sought to add to the dearth of literature surrounding the issue.

### **Rationale for the Approach Used**

The social media aspects of a therapist's web presence which hinder or enhance the ultimate decision by the help-seeker to actually present for treatment have not been investigated. Indeed, after an initial web search for a counselor, many other factors may animate the final decision to see or not to see any given therapist, including those that have no web presence whatsoever (Vogel et al., 2007). The study described herein examined only those aspects of the web presence which relate to social networking and their impact upon perceived counselor competence. As will be set forth more fully in Chapter 3, the study varied the "counts" of Likes, Followers, and Pluses from none at all, to low, then to high. Social media badges (or icons) with associated counts were placed on mock web pages in a way that is similar to the ways in which such badges are used today in live pages. The rationale is simply this: help-seekers turn to the Internet in increasing numbers and are confronted by an array of advertising techniques and tactics. This study examined one aspect alone and that is social media badging.

### **Research Questions**

This study examined the impact of a therapist's web presence with regard to social networking. Specifically, it asked whether perceptions of counselor competence differ based upon the presence of (1), an extraordinarily high number of Likes, Followers, or Pluses, (2), a nominal or un-extraordinary number of Likes, Followers or Pluses, or (3), an absence of social media icons on the counselor's web page altogether. This is what will be referred to as the *variability of social media claims* (also as *variable social media badging claims*, or *VSMB*) that a therapist may make by use of social media badges (or by not using badges at all).

The study examined these perceptions from the points of view of 162 undergraduate students drawn from populations at two large universities located in the western United States.

Participants were separated into equal numbers of men and women in an attempt to understand potential differences in how men versus women perceive counselor competence relative to the use of social media badges.

Thus, these are the principal questions which arose from the study's design:

1. Do perceptions of counselor competence, as measured by the Counselor Rating Form – Short Version, differ based upon the level of social media badges/icons on a counselor's web page?
2. Do perceptions of counselor competence, as measured by the Counselor Rating Form – Short Version, differ by *gender*?
3. Is the effect of level of social media badging on scores from the Counselor Rating Form – Short Version - different for males than for females?

### **Limitations and Delimitations**

The study came with certain limitations. First, the study isolated only three web pages for examination by participants. As mentioned in the introduction, a simple web search for a therapist will present the help-seeker with literally thousands of potentials. This study was not designed to provide insight into specifically which of the many potentials a help-seeker will choose. What draws a help-seeker to one web page versus another? The study did not examine this. Follow-on research is replete with possibilities including an attempt to extend the research to more natural search situations with real information needs.

Secondly, for the sake of experimental control, the mock web pages did not include photographs of the fictional therapists. Considerable research exists as to the preferences of men versus women for male versus female therapists, and on the interpersonal attractiveness of the physical characteristics of a therapist (Cash, Begley, McCown, & Weise, 1975). This study

sought to examine the impact of social media presence alone. The confounding variable of physical attractiveness was avoided; however, it may be that this is a limitation insofar as the combination of physical attractiveness and social media presence are concerned.

Third, as the study involved a group of 162 participants, it presented with the inherent limitation of a small sample size. Larger sample sizes in educational research have been shown to contain smaller sampling error, greater reliability and the increased power of a statistical test as applied to the data (Isaac, 1971). Economic reality and time constraints precluded the selection of a larger sample, but even with the smaller size we can be assured of acceptable reliability in estimations of sampling errors (Isaac, 1971). The present study's sample size was computed using an *a priori* analysis using G\*Power (Allgemeine Psychologie, 2016), with a power of .80 and an alpha level of .05. Perhaps as a positive offset to this, the procedure of drawing from two, rather than one, university was seen as possibly ameliorating the limitation as to sample size.

Fourth, the mock web pages were displayed for a relatively short duration of time (less than five minutes, or about the amount of time it took to examine the page and complete the CRF-S). With realistic searches, help-seekers often "park" at a page for many minutes and hours while considering a professional's services on offer (Glab, 2014). This could mean that only the short-term effects of the intervention on participant's ratings of the therapists were measured. Future research should investigate the longer term effects of the presence or absence of social media badges and Like, Follower and Plus counts.

Fifth, the study made the assumption that Facebook, Twitter and Google Plus will continue to exist. As with any technology, competitive pressures abound. Already, Facebook faces emergent competitive activity from the likes of Ello, Instagram, and others (Cannarella &

Spechler, 2014). By some accounts, Facebook is actually losing members in a key demographic: 18 – 24 year olds (Mander, 2015). Twitter has suffered from growth problems of its own, and a consequent decline in its public market valuation (Goel, 2015). Whether alternatives will copy or otherwise model themselves on the testimonial aspects that Facebook, Twitter, and Google Plus embrace remains to be seen.

Sixth, the study sought participants of reasonably similar ages at two major university campuses located in the western United States. The students were drawn primarily from teacher preparation classrooms at both campuses, and from a business administration class at one of the two schools, with an expectation of a relatively tight range of reported ages. This is relevant insofar as the so-called “digital native” generation is concerned – those young people born at or after the dawn of the Internet age and therefore quite at home perusing web pages. This may well be a limitation of the study and is discussed in Chapter 5.

Finally, while the mock web pages were largely similar except for the presence or absence of social media badges, the differences however slight might have confounded the findings. For example, the mock pages differed as to the font used, color of background images, overall length of the page to accommodate social media icons, and so forth. It could be that the participants reacted differently to different elements of the page at the same time they were reacting to the presence or absence of social media badges. Future research should investigate this aspect.

## Chapter Two

### Review of Literature

#### Introduction

In Chapter One, this study was outlined in terms of how a given therapist's web presence might impact the willingness of a help-seeking person to seek treatment from that therapist. Specifically, the study looked at the use of social media badges, or icons, on a therapist's web page as an advertising highlight to draw potential clients. The absence of an icon, or icons, was used as a control set. The literature review, therefore, will look at social badges as testimonials, social influence theory and the interactions with testimonial advertising, help-seeking behavior in general, progressing then to help-seeking behavior in the era of Internet and social media networking, and finally, an examination of the literature surrounding the differences between male and female Internet use in the contexts of social networking and help-seeking behavior.

Of interest is the history of and the uses for testimonials within advertising and, specifically, within web page presentations. To provide additional depth, the literature review will focus on a history of testimonials, and their permitted and proscribed use by therapists as a function of the various codes of ethics. As we have seen, the use of social media badging (shown as icons that proclaim various numbers of Likes, Followers, and Plusses) may be seen as a proxy for testimonial claims (Hoffman & Fodor, 2010).

The research questions ask whether the presence or absence of social media badging on a therapist's web page impacted perceived counselor competence as measured by the Counselor Rating Form – Short Version (CRF-S). The CRF-S, and its predecessor, the longer version Counselor Rating Form, were developed as a means of testing counselor influence strength (Corrigan, Dell, Lewis, & Schmidt, 1980). Influence in psychotherapy will therefore be

examined in this literature review, beginning with the landmark work of Strong (1968) in which he examined the interpersonal aspects of counseling as a process of influence. Of note is Strong's use of cognitive dissonance theory (Festinger, 1957), and the notion that counselors' attempts to change client behavior or opinions would precipitate dissonance in those clients. Strong postulated that the extent to which counselors are perceived as competent - that is, as expert, attractive and trustworthy - would reduce the likelihood of certain client reactions to therapy. This is known as Strong's Social Influence Theory, a phrase to be used repeatedly throughout.

The literature review will also examine, as background, recent studies involving Festinger's theory, coupled with Strong's social influence stance. Indeed, the very basis of the study itself was the notion that the presence of a social media badge, or icon, would precipitate dissonance in some people. For example, if someone is not particularly social themselves, then the presence of a social networking stance on the part of the therapist may be dissuasive (Glab, 2014). The dissonance may arise between the help-seeker's view of themselves versus their view of the therapist.

Finally, the literature review will examine how women and men *approach* help-seeking and the ways in which gender plays a role in the *selection* of a therapist. The study separated participants by gender and then asked them to rate counselors based upon three different mock web pages: (1), a web page for a therapist with no social media badging, (2), a web page with icons of nominal or *un-extraordinary* counts of Likes, Followers, and Plusses, and (3), a web page with extraordinary counts of Likes, Followers, and Plusses. An examination in the literature of the differences between genders in help-seeking is therefore warranted.

### **History of Testimonials and Their Use by Therapists**

Testimonial advertising is advertising that is framed in a consumer's own words, in which a consumer elaborates on their personal experience with a product or a service (Shimp, Wood, & Smarandescu, 2007). Testimonials in advertising are not new. The earliest recorded use, in print advertising, was in 1849 in the *London Illustrated News* for an advertisement of a new kind of chess set. The Staunton Chess Set was the first of its kind, with pieces that were universally understood (as to the king, queen, etc.) and the first in mass production (Fersht, 2010). The editors of the *News* thought so much of the product that they lent their testimonial to the advertisement that appeared in later editions.

Testimonial advertising has been shown to enhance a consumer's buying decision (Brown & Reingen, 1987). Close acquaintances, or those who are perceived by the consumer to be "just like me," are more influential than impersonal or distant sources. In older, offline environments (print advertising, television and radio), market research conducted three and four decades ago found that, in particular, friends are more influential than mere acquaintances in a consumer's decision making process (Friedman & Friedman, 1979). That Facebook elected to make use of the moniker "friend" should not therefore be surprising, nor should the use of social media by large marketing organizations.

Traditional marketing research long ago established the power of friends in influencing decision making (Brown & Reingen, 1987). A study from the 1970s ( $N = 143$ ) showed that consumers in product and service evaluation relied upon ratings by others as evidence of the precise nature of the product or service; in other words, other people's evaluations were seen as "mediators of fact" (Burnkrant & Cousineau, 1975, p.207). Of course, the study predated modern social networking by 30 years and did not examine the power of inferential evaluations

through the use of Likes, Followers, and Plusses. Still, the results of the study found their way into modern advertising methods and the use of testimonials (Chang, Chen, & Tan, 2012).

Studies of the impact of testimonials in E-commerce are relatively new (Spillinger, 2012). Testimonials can serve as a kind of cue when embedded in a web page, a clue as to the overall trustworthiness of the site. Indeed, testimonials were shown to raise the overall level of trust in a website and, by extension, the willingness of consumers to both rely upon it and purchase through it (Wang & Emurian, 2005). Social media provides a potentially powerful type of endorsement through the use of monikers such as friends, likes, and plusses (Chang et al., 2012).

In a review of studies of some of the first online social networks from the 1980s and 1990s (Garton, Haythornthwaite, & Wellman, 1997), in the context of testimonial strength, it was found that use of the term “friend” further strengthened ties “associated with trust and closeness, while acquaintances and strangers were associated with weaker ties” (p. 1). Their review predated Facebook by nearly a decade and did not include any segmentation as to type of friend, gender, nor as to an audience of consumers. In other words, the ties which were strengthened were those between a friend and the endorsed product or service. The present study segmented male versus female help-seekers and examined the impact of the *assumed* tie as evidenced by the use of the term friend or follower, or by executing the Like, Follower, or Plus action.

Facebook itself in a 2010 study found that people who click a Facebook Like button “are more engaged, active, and connected than the average Facebook user” (Facebook, 2010, p. 34). The Like button offers a means by which companies, providers, marketers, and even individuals may attract fans. Among Facebook users, it is understood that the act of clicking on a Like

button will generate content tailored to that users “newsfeed.” Thus, marketers are keen to encourage a Like action so that the user is presented with brand-specific news in later visits.

Hoffman and Fodor (2010) determined in their study that such actions become a proxy measure for testimonial advertising; which is to say that the more Likes a page has, the more perceived value a page holds. Their study did not, however, examine whether the mere presence of Likes (and Followers and Pluses) had any potential dissuasive impact. In the present study, Like, Follower, and Plus buttons (including Twitter’s Follow button, and Google’s Plus button) were used as a proxy for the presence of positive testimonial claims and their possible persuasive or dissuasive impact.

Testimonial advertising in the mental health field has had a varied history and can be seen through the evolution of the various codes of ethical practice which govern the wider fields of counseling psychology, psychology itself, and marriage and family therapy (McCully, 1962). The American Counseling Association, itself an amalgamation of three separate professional organizations, did not publish its first ethical code until 1988 (ACA Governing Council, 2014) and largely mimicked the American Psychology Association’s 1967 Code of Ethical Practice. Neither codes made mention of testimonials and, in fact, the 1988 ACA Code went so far as to *require* counselors to promote counseling at every turn. Therefore, and for purposes of this review of relevant literature, the codes of ethical practice governing the psychology profession were analyzed.

The American Psychology Association first references guidelines for advertising in their code from 1969 (Koocher, 1977), which required that professionals not publish or otherwise promulgate testimonials. Advertising by professionals was otherwise permitted. In 1975, the Federal Trade Commission (FTC) issued a variety of regulations which sought to loosen

prohibitions on advertising of any kind in an effort to promote transparency and the consumer's right to choose (Koocher, 1977). While the FTC targeted several professions and not specifically counselors and counseling psychologists, most professional bodies nonetheless took notice and adjusted their codes. Advertising prohibitions were either eliminated or loosened considerably (Nannes, 1976, sec. Virginia State Association of Professions). Beyond this, there is nothing in the literature as to what promoted any of the professional organizations to address testimonials, but by the late-1980s most, if not all, had adopted prohibitions on testimonials unless informed consent had been sought and secured from the client (Shead & Dobson, 2004). It is reasonable to assume that abuses had occurred between 1976 and the late-1980s even though the effectiveness of such advertising tactics was unknown one way or another (Koocher, 1994).

By the turn of the 21<sup>st</sup> century, testimonial advertising had waned. A 2002 study found that only a handful (4.5%) of mental health professionals' web sites used testimonials from current clients, a practice that violates section C.3.b of the APA Code of Ethics, while only four (of  $N = 44$ ) used testimonials from former clients, a practice that is permitted by the Code (Heinlen, Welfel, Richmond, & O'Donnell, 2003). All of this predates social media badging (the use of Likes, Followers, and Plusses) and therefore does not address the proxy for endorsements such badges can be. The present study examines the extent to which therapists' perceived competence was enhanced, diminished, or unaffected by the presence of badges.

### **Social Influence Theory at Work in Counseling**

Thus far we have seen that social media badging (as a proxy for testimonial endorsements), has not been examined in terms of its effect. In order to assess its impact, the present study tested help-seekers' perceptions of a therapist who employed such advertising tactics on their web pages. To do so, the Counselor Rating Form (Short Version) was used as a

measurement instrument. The instrument itself was developed from the work of Michael LaCrosse and Azy Barak in their seminal work (Barak & LaCrosse, 1975). To understand the instrument in context, we now turn our attention first to social influence theory or, more specifically, to counseling as an interpersonal influence process (Strong, 1968).

Whether a counselor is effective may well be a function of the extent to which the therapist is able to effect a change in various opinions held by the client and thereby attain the therapeutic goals established (Strong, 1968). Various studies from social psychology are relevant, including work in verbal operant conditioning (Goldstein, 1966). What occurred was a synthesis of various research findings in social psychology, beginning with the notion that what a client expects from therapy may differ from, and must therefore be negotiated with, the therapist's expectation and vice versa. Otherwise known as expectancy research, the resulting inquiries were based upon a number of theses including perceptual hypothesis theory (Bruner, 1942), and expectational approaches to group organization (the structure and operation of a group may be explained in terms of the behaviors of its members in interaction) (Stogdill, 1959). In short, these works (among others) combined to implicate the role of expectation as a powerful and overarching determinant of human behavior (that is, what we expect to see we often seek to see) (Goldstein, 1966). Others have referred to this as *confirmation bias*.

Goldstein's work (1966) encompassed the work of Festinger and his theory of cognitive dissonance (Festinger, 1957), which held that everyone has a basic tendency toward consistency of cognitions about oneself and the environment in which they operate. If there is *inconsistency*, and in particular *psychological inconsistency*, dissonance is created. Dissonance leads to discomfort, both physically and psychologically, and we make attempts to reduce that discomfort (Zimbardo, 1960). Said another way, when we are confronted in therapy, by a therapist (offering

a different viewpoint on a troubling matter), of the potential for looking at ourselves or our circumstances in a different way, we get uncomfortable and seek to reduce that discomfort.

The discomfort may be for a moment, or it may linger for a period of time. However, it is *how* we go about reducing such discomfort that is crucial to an understanding of Strong's assertion of counseling *as an interpersonal influence process*, and warrants additional review.

Festinger (1957) postulated five means of reducing that discomfort. In the context of a therapeutic relationship and of a troubling matter told to the therapist in an attempt to get help, the client can, (a) conform his opinion to that of the therapist, (b) discredit the therapist and thereby reduce the cognitive weight of the therapist's opinion, (c) retreat and devalue the troubling matter which led to the therapist's differing opinion, (d) attempt to change the therapist's opinion (through counter-persuasion), or (e) reconfigure the troubling situation in ways which reduce the dissonance. An example is helpful.

If a client presents to a therapist with considerable worry (read: anxiety) over a situation at her place of employment, the therapist will undertake to understand precisely what has occurred. The client will relate, say, that she has had a fight with her superior about how to perform her job. She is at first angry but in time comes to a place of extreme worry that she has mishandled the matter. She is troubled. The therapist, having listened, will offer that perhaps the client has come to realize that she was in fact incorrect in her perception of the superior as somehow over-reaching and unduly authoritarian in her assessment of how the job ought to be performed. This opinion (on the part of the therapist) creates discomfort – dissonance – in the client. The boss cannot be right, she thinks, and how dare this therapist take the boss's side! According, then, to Festinger (1957), the client will seek to reduce that discomfort by choosing either to, (a) agree with the therapist and together develop a strategy to re-approach the superior,

(b) discredit the therapist by thinking, or perhaps even voicing, the opinion that the therapist has no idea what he is talking about, (c) retreat and offer that the whole matter was not that big a deal to begin with, (d) attempt to persuade the therapist that she, the client, is right in her reaction, or (e) suggest that perhaps there was a middle ground that she had not thought of before, thereby reconfiguring the entire affair as less than troubling.

This is important to the proposed study insofar as dissonance may arise when viewing a web-based advertisement of a therapist which presents, or does not present, social media badges suggesting testimonially that the therapist is worthy of approaching for help. Help-seekers may seek to reduce the dissonance, the discomfort with that therapist's web presence, by (a) agreeing that the testimonials would appear to rank that therapist as somehow trustworthy, expert, or interpersonally attractive, (b) dismissing that therapist as incompatible with the help-seeker's worldview in some manner, (c) deciding that such testimonial claims are irrelevant, (d) making a note to discuss the web presence with the therapist at their first session (thusly creating an opening gambit in the therapeutic relationship), or (e) retreating and dismissing cognitively (or, for that matter, by subsequent external behaviors) any concerns for the social media presence of that therapist.

We return to Strong's (1968) assertions that if four of Festinger's five avenues of dissonance reduction are tried and do not work, then the client is left with the first avenue, that of agreeing with the counselor. Influence has therefore occurred.

Strong (1968), however, sought to understand the *characteristics* of a therapist who is able to influence in such a successful manner. Referencing an earlier work of three researchers in this area (Hovland, Janis, & Kelley, 1953), Strong asserted that perceived counselor credibility and attractiveness were crucial elements of a therapist who engages in successful opinion

change. Strong (1968) reconfigured credibility as *perceived expertness* (the extent to which the therapist is perceived to be a source of a valid opinion) and *trustworthiness* (the extent to which the client actually wants to believe the therapist). He accepted Hovland, Janis and Kelley's (1953) definition of *attractiveness*, adding that a therapist's "attractiveness is based on his perceived similarity to, compatibility with, and liking for" the client (Strong, 1968, p. 216). Note that this has very little to do with *physical* attractiveness, although that too could be a factor.

It would appear, therefore, that a therapist who possesses the necessary characteristics of perceived expertness, trustworthiness, and interpersonal attractiveness, is more likely to influence an opinion change in his or her client. Strong (1968) asserted that in counseling, "the counselor attempts to influence his client to attain the goals of counseling" (p. 215). Each of the three characteristics are leveraged by the successful therapist in some shape, manner, or form.

We turn now to each of three characteristics, beginning with expertness.

### **Expertness**

A counselor will attempt to maximize his or her perceived expertness through the use of objective markers of professional accomplishment, such as diplomas and licenses hanging on the office wall, bookshelves filled with important theoretical works, busts of Freud and Jung, and even a certain dishevelment of the office surroundings (stacks of letters, unread research papers, etc.) (Raven, 1965). Recent research by Nasar (2011) confirmed the notion that perceived professionalism was maximized through the use of so-called vanity wall presentations of diplomas, certificates, etc. The study ( $N = 76$ ), however, was limited to participants' examination of pictures of fictional therapists' offices and not of their advertisements.

Professional advertisements, whether online or off, attempt to mimic this objective presentation of expertness by listing the highest relevant degree, state licenses or other

jurisdictional certifications, and professional accomplishments such as being a member of a relevant professional organization (APA, ACA, AAMFT, etc.). Such presentations are condoned by the American Psychological Association (APA), the American Counseling Association (ACA), and the American Association of Marriage and Family Therapists (AAMFT), among others.

Strong (1968) also set forth the importance of the counselor's *behavior* as an indicator of, or evidence for, expertness. For example, the attempt by any therapist to provide structure and context to a counseling session is seen as evidence of the counselor's expertness (Truax et al., 1966). More recent research is seen as further validating this construct (that is, the notion of providing structure and context) through a study ( $N = 281$ ) which used the CRF-S (among other instruments) to rate the quality of graduate student advisors (Schlosser & Gelso, 2001). The findings indicate that as structure (configured as purposeful guidance in this study) increased, so too did ratings of perceived expertness of the advisor by the advisee. This is directly relevant to the present study insofar as perceived expertness may be seen as a function of structure, which in turn supports both Strong's and Truax's examination of counselor *behavior*. However, the Schlosser and Gelso study (2001) did not examine the relationship between *inferred* behavior (from the presence or absence of social media badging) and the potential for perceiving expertness, inasmuch as it predated Facebook and other SNS by several years. Recall that Strong's assertion was that a client must "perceive the therapist as knowing what he is doing" (Strong, 1968, p. 221).

### **Trustworthiness**

As for trustworthiness, Strong (1968) extended the works of Raven (1965) and Raven's notion of "legitimate influence." The client has, to a greater extent, accepted this characteristic

in seeking help from, and establishing a therapeutic relationship with, the therapist to begin with. It is further strengthened by the behavior of the therapist in session, through attentive interest in the client's welfare, close listening, an optimistic view of the client's situation, and an assurance of confidentiality. Of particular note is Strong's comment that the avoidance of statements that evidence some sort of "exhibitionism or perverted curiosity" (Strong, 1968, p. 222) are crucial in the maintenance of legitimate influence. Certainly, *mistrust* can deter help-seeking (Thom, Hall, & Pawlson, 2004). Recall from the introduction to this proposed study that the tendency of social media toward the trivial was seen as a potentially negative side-effect of using social media icons in advertisements (MacDonald et al., 2010). Will help-seekers be attracted to, repulsed by, or be indifferent to, the notion that a therapist is active in social media? A review of the literature uncovered no studies which sought to understand how use of social media badging might animate the potential for being seen as somehow exhibitionistic. The present study examined, among other things, the impact upon perceived trustworthiness by the use of such badges.

Recent research has found some degree of support for the idea that one's online social network can increase perceptions of trustworthiness when the network has accorded positive word-of-mouth (that is, testimonial) to a product or service (Pan & Chiou, 2011). In their work, Pan and Chiou studied the perceived trustworthiness of certain products by a group ( $N = 262$ ) of graduate business students when reading through commentary posted by close social friends and acquaintances versus those of distant or unknown people. Their research indicated a strong ( $p < .05$ ) relationship between the closeness of friends and the value accorded the word-of-mouth. However, their work examined the credibility of the posted *words* as perceived by the participants and not the mere *presence* or absence of positive word-of-mouth. A fundamental

assumption of the present study was that the use of social badging, as opposed to simply the written word, is in effect a proxy for positive testimony (Hoffman & Fodor, 2010).

Beyond this, the search for literature found nothing on the specific characteristic of trustworthiness of counselors, psychotherapists, and psychologists, around which individuals form an opinion during the process of therapist selection. The present study attempts to fill at least part of this gap by examining the effect of social media badges in a therapist's web presence on help-seeking behavior.

### **Interpersonal Attractiveness**

Finally, and as to the work of Hoveland, Janis, and Kelley (1953), Strong (1968) accepted their working definition of attractiveness as based on the therapist's liking of the client. In other words, we like therapists who like us (Montoya & Insko, 2008). And we *especially* like them if they share our opinions (Byrne, Griffin, & Golightly, 1966). One's peer group or, in the current vernacular, one's social network, is a major source of attitudinal disposition toward someone who is either held in esteem by the group or not. The further removed from the peer group, the less persuasive power that network holds for the individual. Moreover, perceived similarity of opinion on crucial matters produces even more reciprocal liking than is the case with non-crucial or unimportant matters (Byrne, 1961). In other words, the more important the issue, the more weight we assign to the opinions of our peer group. A decision to seek counseling is easily assumed to be an important issue and will result in a disproportionate valuing of the opinions of friends.

Strong (1968) concluded his analysis of interpersonal attractiveness by arguing how the behavior of the counselor in session will implicate either an increased or a decreased perception of interpersonal attractiveness (despite the similarity of opinion or *perceived* similarity). Thus,

the therapist could very well negate the power of whatever interpersonal attractiveness has been previously established by behaving in such a way as to invalidate the client's initial perception. Behavior, in turn, is a function of training and in particular, the therapist's positive regard and interpersonal warmth (Truax et al., 1966). Considerable skill is required when proceeding from positive regard and interpersonal warmth (what Strong called "non-possessive warmth" p.222) and into, for example, *counselor self-disclosure*. This latter therapeutic technique is fraught with risk, particularly if the client somehow perceives the disclosure as a kind of exhibitionism (Strong, 1968). This was also a risk, as we have seen, in the area of trustworthiness.

Could a therapist's claim of social media success, as evidenced by counts of Likes, Followers, and Pluses, be an example of exhibitionism? We do not know and recent research is sparse. Given the widespread use of the Internet and, in specific, the various social networking sites, we can infer that this is not the case. In other words, as the notion of Liking something as become ubiquitous, is it a given? However, and further to the present study, a web page is one thing, while *claiming* so many likes, followers, and pluses, is quite another. Therapists and their marketing consultants may believe that having social media badges with counts of likes, followers, and pluses, is an important element in a successful marketing plan, but could it be a step too far? Is the badge, with an associated claim of some number of social networking fans, an example of a certain kind of exhibitionism that Strong warned us about? Do therapists (perhaps naively) assume that perceived attractiveness is enhanced by the use of such badges?

The present study sought to answer such questions.

### **Help-Seeking Behavior in the Internet Era**

Therapists may believe it useful or helpful to showcase that some number of people have liked, followed, or plused their web page. The present study assumed that the motives for such

placements are altruistic and intended only to reach out to those in need; in other words, to be helpful. Social media badging is also seen as good business. But is it a good way to reach those seeking help?

New therapists are especially confronted by the presumed need for a social media presence in order to facilitate help-seekers. Gottlieb (2012) talks about how she was urged (by various marketing consultants engaged to grow her then-newly formed counseling practice) to reach out in new and innovative ways, including the use of Facebook, Google Plus, and Twitter, the writing of blogs, and an active web presence that would translate into a prominent position when Googled by potential clients (Gottlieb, 2012). “Clients,” she said, “need to feel personally connected to you at all times” (p. 1). Further, and at the suggestion she says of an APA representative in the State of Colorado, Gottlieb was encouraged to “increase my social media presence” (p. 2). There was no reference to any research supporting the efficacy or, for that matter the potential pitfalls, of such an advertising strategy.

When confronted by a physical or mental health problem, help-seekers increasingly turn to online resources by means of Internet web site searches. From the most recent survey conducted, seven-in-ten adult Internet users say they have searched online for information about a range of health issues (Pew Research Center, 2014). By implication, the results of such searches offer users any number of web pages hosted by a variety of health care professionals, as well as corporations such as drug companies and hospital networks, lay-persons who blog about health-related topics, and web sites hosted by WebMD and Wikipedia. The list is nearly endless.

Consulting the Internet with health-related concerns has replaced face-to-face interaction with professionals (Stadtler et al., 2009). Online information searches typically start with a general search engine such as Google or from within a social networking site (Fox & Duggan,

2013). Seekers will often focus on the first few search results that are listed by the search tool (Zhang, 2012) and will visit as many as five websites from that list (Zhang et al., 2014). The quality of the information on these pages can vary widely, and when a commercial website is visited, the information is intended to promote or sell a service or a product (Tate, 2009).

Marketing professionals have come to recognize the importance of leveraging the reach of social networking as a sub-set of the Internet (Tsotsou, 2015). Companies, professionals and even governmental organizations have sought to establish branded sites within the larger social networks of Facebook, Twitter and Google Plus (Divol et al., 2012).

Credibility is crucial. Woolley and Peterson (2012) studied the efficacy of a Facebook site with regard to health-seeking behavior and found that most of their research subjects believed online information to be credible, and further, that Facebook-based health information would have a significant impact on their *future* help-seeking efforts. For example, their study (with an initial  $N = 802$ , but which ultimately garnered only 90 responses) found that help-seeking behavior increased 25% after being exposed to a Facebook-based site (Woolley & Peterson, 2012). The researchers suggested that high visibility and attention-grabbing site content was critical to return-visits. The chief limitation of their study was its small sample size ( $N = 90$ ). Beyond this, the study was by design aimed at what occurred *within* a Facebook site. Thus, the help-seeker was not asked to rate the counselor on the basis of their social media presence since such presence was already evident.

Credibility is defined here as perception. Said another way, credibility is not necessarily something we can magically create (although we can try) but rests in the eye of the beholder (Flanagin & Metzger, 2007). In an earlier work ( $N = 1,041$ ), Flanagin and Metzger also found that reference information found on the Internet was perceived as more credible than reference

information found in other, more traditional sources (Flanagin & Metzger, 2000). This has important implications for help-seeking behavior. A study in 2006 ( $N = 570$ ) found that those who have sought health-related information online and perceived it as initially credible, tended to validate the credibility of that information through their social networks (Ybarra & Suman, 2006). A 2001 study ( $N = 33$ ) used a focus-group approach to understanding trends in help-seeking behavior among adolescents and found that the social networks in which these students moved were among the principal means of validating mental health related information found on the Internet and elsewhere (Wilson & Deane, 2001). Again, this study predated Facebook by five years but is nevertheless useful insofar as social networking and perceived credibility is concerned.

Wilson and Deane (2001) also found that positive experiences with seeking help predicted future help-seeking behavior, and that such positivity was reflected back into the social group. The implication here is that by means of social media badging, advertisers of counseling services may be looking to emulate and thereby promote the social influence on help-seeking behavior.

Help-seeking on the Internet is also rather impersonal and does not require the disclosure of need in an immediate sense. In other words, the searching of the Internet for a therapist does not mean that anyone need know about it. This has been referred to as the *hyper-personal effect* (Walther, 1996) and has as its principle attribute the idea that people can better express themselves *online* rather than *off*. Said another way, rather than turning to a friend or family member and running the risk of exposure and the stigma that may thereby attach (Vogel et al., 2007), the help-seeker is empowered by the Internet to seek far and wide. Therefore, for someone in need and searching for a therapist, there are fewer obstacles to an unfettered search.

Fewer obstacles, however, can also mean fewer boundaries and the search for help can at times appear endless. Absent any sort of filter, an Internet search for a therapist in, say, Los Angeles is likely to return many hundreds of options. Here, briefly, an examination of modern search technology's location tracking ability.

Google and other search engines, such as Microsoft's Bing, permit a user to authorize the engine to utilize the present location of the computer from which the search is being made. Otherwise known as *location tracking*, this feature will work to limit search results to a specified radius, a distance from the user's present location, and thereby, a more digestible count. The radius can be changed by the user, either for one search alone or as a default value. This is also a feature on most smartphones, which are increasingly the platform from which searches are performed. In 2013, the Pew Center released data indicating that 61% of Americans (and an equal number of Canadians) now own smartphones (Sterling, 2013). Data from 2014 indicate that 56% of smartphone-based searches have local intent (MediaCT, 2014). Interestingly, this same research indicated that 60% of those smartphone-based searches resulted in use of the so-called "click-to-call" button, which would launch a telephone call to the specific result selected. Thus, the search for a local therapist is made that much easier and far less daunting.

Help-seeking in a Facebook world is indeed different. The Internet has transformed how we search for nearly all kinds of products and services and has replaced the Yellow Pages as the reference point of choice. Its ability to remove obstacles and thereby the stigma associated with a mental health question or concern has been further refined by the location tracking technology employed by the major search engines. It is easy to see why therapists would want a presence on the Internet.

But the review of literature failed to uncover any research on the impact that a therapist's web presence, and specifically their use of social media icons and related counts of likes, followers, and pluses, might have on help-seeking behavior. The present study therefore sought to fill the gap and propose future avenues of additional inquiry.

### **Help-Seeking Behavior: Differences between Men and Women**

Across a variety of cultures and ethnicities, it has been found that men are less likely to seek help for mental health issues than are women. This seems to apply as well across a wide spectrum of mental health related issues. For example, a recent study from Australia ( $N = 4,764$ ) revealed how women are more likely to seek help for problem gambling by a margin greater than two to one (Slutske, Blaszczynski, & Martin, 2009). Men are less likely to seek help in areas of depression and anxiety because of perceived shame and the fear of associated stigma (Baxter, Salmon, Dufresne, Carasco-Lee, & Matheson, 2016). Across a wide variety of mental health-related issues, men are seen as far less likely to seek help (Bayer & Peay, 1997).

To the extent that there are differences, culturally, in how men seek help, only Asian-Americans have been examined in previous research. For example, Atkinson and Gim's (1989) study of 557 Asian-American students at a major west coast American university found virtually no difference between men and women in help-seeking attitudes. The researchers concluded that *both* male and female Asian-Americans would consider seeking therapy for a troubling matter if that issue could cause shame to the family (Atkinson & Gim, 1989). This same imperative has not been found in the more dominant European-American culture. The present study did not therefore segregate participants by ethnicity or race given that only Asian Americans have been examined in previous research and the findings appear to indicate no significant difference in their tendencies to seek help based on gender.

In terms of their presence online, men and women approach the Internet in different ways. Women have been found to have wider social networks than men and prefer to use the Internet for education, communication, and personal enrichment (Thayer & Ray, 2006). Gender use patterns, such as women's preference for personal growth, remain consistent with age. In a 2000 study, Weiser studied some 500 students at a Texas university and concluded that age was insignificant with regard to gender differences; in other words, age matters far less than gender when it comes to use of the Internet for purposes of education, communication and personal enrichment (Weiser, 2000). Of note is one of Weiser's conclusions: "Clearly, businesses trying to attract women need to consider this information carefully and create appropriate advertising campaigns" (p. 176).

Although not specifically a follow-on study to Weiser's work from 2000, Thayer and Ray (2006) recruited 174 participants split evenly between men and women to determine, among other things, if gender played a role in online communication preferences. They reported no significant differences across gender groups with regard to online communication; however, mean scores did indicate a trend towards women's preference for relationship building online. A reasonable inference is that women will perceive social networking badges as more attractive.

Indeed, in a 2012 study ( $N = 219$ ), researchers found that women spend more time on Facebook (and other social networking sites) compared to men, and that they posted more photos and more information about themselves than did men. The implication here for the present study is that women will perceive the presence of social networking icons, and related counts of Likes, Followers, and Pluses, differently than do men.

Often, anyone with an issue that could be related to mental health challenge will turn to their general health practitioner first. However, even in this men are less likely to see a primary

care physician (Addis & Mahalik, 2003). Courtenay (2000) found that when they do see a physician, men ask fewer questions than women. Moreover, most people (men *and* women) will eventually turn to a primary care physician for what are ostensibly mental health issues (Bayer & Peay, 1997). Data as to whether they are ultimately referred to a mental health practitioner is somewhat obscured by health information privacy laws.

The present study therefore assumed that a man's reactions to a therapist's web presence would be different. Its research questions were set accordingly. This was the reason for separating participants by gender, and later for the question as to age in a supplemental information sheet which was completed by the participants as they engaged in the study. (Other qualitative, open-ended questions were asked in the course of the study, but they will not be examined here and will, instead, form the basis for future research).

## **Chapter Three**

### **Methods**

#### **Brief Review of the Literature as to Methods**

People seeking the services of a counselor (hereinafter “help-seekers”) are increasingly looking on the Internet for initial information. By some estimates, nearly two thirds of help-seekers find a therapist by utilizing a search engine such as Google or by visiting a directory of covered services and approved providers at the web site of their managed care provider (Pew Research Center, 2014). It is increasingly likely that a help-seeker would encounter the social networking presence of a counselor on Facebook, Twitter or Google Plus. These social media employ a feedback mechanism known, respectively, as Likes, Followers, and Pluses. Help-seekers may consider reference to a claimed number of Likes, Followers, or Pluses, to be either a confirmation of their choice (insofar as the counselor appears to be a match interpersonally) or off-putting (discouraging the help seeker from getting otherwise relevant and potentially helpful service from the counselor).

Those aspects of a therapist’s web presence which hinder or enhance the ultimate decision by the help-seeker to actually present for treatment have not been investigated. Indeed, after an initial web search for a counselor, many other factors may animate the final decision to see or not to see any given therapist, including those that have no web presence whatsoever (Leong, 2008). The study described herein instead examined only those aspects of the web presence which relate to social networking and their impact upon perceived counselor competence.

Therefore, the problem under investigation in this study was: Does perception as to counselor competence differ based upon the presence or absence of social media icons on the counselor's web page?

### **Liking, Following, and Plusing**

Liking (Facebook), Following (as on Twitter), or "Plusing" a page (in the case of Google Plus), is a form of what is known as User Generated Content. That is, when users of a product or service comment upon the quality and availability of a product or service, they are engaging in the development of content, which in days past was known as word-of-mouth marketing (Campbell, Cohen, & Ma, 2014). Word-of-mouth is a source of consumer information and forms a basis of interpersonal influence (Grewal, Cline, & Davies, 2003). But users of Facebook cannot leave anything but a *positive* "like," and Twitter is fundamentally based upon the network of "followers," itself a positive affirmation. One cannot "minus" a page on Google Plus. Thus, the intended impact of these platforms is entirely positive and no capacity exists for a balance of positive and negative feedback. To most users of social media, this is an understood emphasis.

As seen in the review of literature, there is a paucity of research on the impact of a seemingly high number of such positive affirmations. In other words, the question has neither been asked nor answered as to the numbers of affirmation above which the consumer might be suspicious.

In summary, the present study examined the impact of a therapist's social media presence (with various counts as to Likes, Followers, and Pluses) upon perceptions of that counselor as competent. Parenthetically, use of the terms *competent* and *perception/perceived* were operative at the time the measurement instruments were developed and later, when they were validated. Thus, those words have been used in this document.

### **Gender Differences as an Element in the Study**

We have also seen that there are differences in the help-seeking behavior and Internet use patterns of men versus women. Literature exists that supports the view that women will value a social media presence differently than will men (Thayer & Ray, 2006). Consequently, and to further our understandings in this area, the present study segmented participants by gender.

### **Questions for the Study**

The present study examined the impact of a therapist's web presence with regard to social networking. Specifically, it asked whether perceptions of counselor competence differed based upon the presence or absence of social media icons on the counselor's web page. The presence of social media was represented by the use of social media icons, or *badges*, with either very high counts as to Likes, Followers, and Pluses, or low counts. In a third condition, the control condition, there were no social media badges present. This is hereinafter referred to as the *variability of social media badges* (VSMB).

The study examined these perceptions from the points of view of a group of 162 undergraduate participants taken from student populations at two major universities located in the western United States. The group was separated into equal numbers of men and women.

Thus, these are the principal questions which arose from the study's design:

1. Do perceptions of counselor competence, as measured by the Counselor Rating Form – Short Version, differ based upon the level of social media badging/icons on a counselor's web page?
2. Do perceptions of counselor competence, as measured by the Counselor Rating Form – Short Version, differ by *gender*?

3. Is the effect of level of social media badging on scores from the Counselor Rating Form – Short Version - different for males than for females?

### **Investigation Variables**

The present study examined the effects of two independent variables, gender and the variability of social media claims, upon a dependent variable, the composite score from the Counselor Rating Form – Short Version. Social media claims were varied in three ways: first, as none (the control condition); second, those with low counts; and, third, those with high counts. This was indicated by use of the acronym VSMB, standing for Variable Social Media Badging. A counselor's perceived competence was assessed after viewing a mock web page which, depending upon the treatment condition, contained a VSMB value of zero or none (the control condition), a VSMB value of low, or a VSMB value of high. Participants were randomly placed into one of the three treatment conditions.

The CRF-S is a 12-item, seven-point Likert-type scale, ranging from 1 (not very) to 7 (very), as an assessment of the dimensions of counselor influence with clients. These dimensions are counselor attractiveness, expertness, and trustworthiness (Ponterotto & Furlong, 1985). Reliability and validity of the instrument were tested by Corrigan Schmidt (1983) and found that the factor structure of the CRF-S could be interpreted in terms of existing theory. Moreover, results suggested that the CRF-S could be used with both college and non-college populations in experimental and field settings. In their analysis, Corrigan and Schmidt (1983) reported that, "high item loadings indicated that raw score values can be used with confidence. The intercorrelations suggest that experimenters measure and account for all three dimensions when using any one of them as an independent or dependent variable" (p. 73).

To review, the three dimensions are drawn from the work of Strong, who in 1968 proposed a theoretical model for counseling, stressing that the therapist's expertness, trustworthiness, and interpersonal attractiveness, are crucial factors in the interpersonal influence exerted during counselling. According to Strong, *attractiveness* refers to a client's feelings of admiration for, and a concomitant desire to be like, their counselor. *Expertness* is defined as a client's belief that their therapist has the skills, training and knowledge to help them deal with their issues. *Trustworthiness* is defined as a client's perception of their counselor's openness, sincerity, and apparent absence of any sort of motive for personal gain (Strong, 1968). Taken together, these three characteristics relate to perceived competence.

To measure Strong's (1968) hypothesis that interpersonal influence would be more quickly and efficiently brought to bear in a counselling session, Barak and LaCrosse (1975) developed a Counselor Rating Form (CRF) from a list of 83 adjectives identified in previous research. From that list of 83 adjectives, Barak and LaCrosse selected 36, or 12 per dimension, to comprise the CRF.

Then, in 1983, Corrigan and Schmidt shortened the CRF, creating the CRF-S, or short form, comprised of three four-item subscales (Corrigan & Schmidt, 1983). Each subscale is summed, with scores ranging from 4 to 28. The higher the score on each of the subscales in the CRF-S would correspond to higher ratings of each of the three factors. The total score (or "composite"), which was used in the present study, is then a measure of *overall* perceived counselor competence.

Ponterotto and Furlong (1985) showed that the CRF-S has reliabilities comparable to that of the original CRF. Another analysis in 2000 reported that the CRF-S showed a "split-half reliability of .90 for Expertness, .91 for Attractiveness, and .87 for Trustworthiness" (Ray &

Altekruse, 2000, p. 23). Ray and Altekruse also reported that the CRF-S had been shown “to have some construct validity across both nonclinical and clinical samples” (p. 23). In the present study, the CRF-S will be used as an individual dependent measure in a non-clinical sample. The CRF-S is presented at Appendix E.

The independent variables (those which were manipulated in this study) came from the presentation of three faux, or ‘mock,’ web pages built specifically for this study. The three mock web pages presented, (1) a therapist who has a web presence but whose web page did not contain any reference to a social media presence or lay claim to any number of Likes, Followers, and Pluses (this was the control condition, referenced as VSMB = none); (2), a therapist who has a web presence and elected to include the use of social media badges that, in turn, claim only a small number of Likes, Followers, and Pluses (referenced as VSMB = low); and (3), a therapist who has a web presence and elected to include the use of social media badges that, in turn, claim an extraordinarily high number of Likes, Followers, and Pluses (referenced as VSMB = high). See appendices A, B and C, for the mock pages which were developed by the researcher for the study.

Participants were separated by gender. The three treatment conditions were no VSMB, low VSMB, and high VSMB. The design of the analysis was therefore a 2x3 Factorial ANOVA.

### **Participants**

Undergraduates enrolled in a variety of courses offered by two large university located in the western United States were asked to volunteer to participate in this research project. The researcher worked carefully to evenly split the participants between 81 men and 81 women. When it was felt necessary by the course instructor, students were offered extra credit for their participation in the research experiment, but payment was not offered. Additionally, in order to

ensure the non-participating students did not feel any kind of coercion, alternative non-research methods of earning the same number of extra credit points were offered. However, none of the participants opted for extra credit.

Institutional Review Board approval was sought and obtained from the researcher's home university, and then under an established protocol, the second university recognized that approval. Thus, a separate IRB approval was not needed at the second university. IRB approval documentation is included as Appendix F.

Participants randomly joined the study in equal groups of 27. Insofar as the proposed statistical method is a two-way independent ANOVA, each group saw one web page and not another. Each group was separated by gender and care was taken to ensure equal  $n$ 's in each of the ANOVA cells of analysis.

### **Study Procedure**

The students ( $N = 162$ ) were separated first by gender into two groups, males and females. From these gendered groups, random assignment into one of three sub-groups for females and three sub-groups of males was performed. Then, the groups (six groups, separate from each other) were shown a mock web page, with each group shown a different page as to the variability of social media claims. The web pages were largely similar as to the name of the therapist, professional credentials, office location and business hours, and telephone number. The mock web pages were built by the researcher using a commonly available web design application for windows. See appendices A, B, and C, for the mock pages used. Participants completed the CRF-S while viewing the page, and the CRF-S was then collected.

In addition to the CRF-S, the participants were asked to complete a short information sheet requesting age and gender. If the participant wanted to know the outcome of the study, or

to have the opportunity to ask any follow-up questions, the information sheet provided space for an email address. The information questionnaire is shown as Appendix D.

Whenever possible, the six groups of students were shown the web pages via a provided link that they could use from their own computers or smartphones. In all cases, the web pages were also shown on large, overhead projection screens.

The participants were briefed at the outset and told that the purpose of the study is was to gauge their perception of professional competence of counselors based on a hypothetical web presence. The researcher did not call attention to anything about the web pages including the presence or absence of social media badges. Discussion amongst the participants was discouraged.

Subsequent to viewing the mock web pages, and completing the rating forms and information sheets, all participants were debriefed as to the true intent of the study (which was to gauge the impact of social media claims by the fictional therapist). The researcher also provided participants his e-mail address for purposes of obtaining additional information or to learn the results of the study.

A total of 162 completed forms and 162 information sheets were collected from six groups of 27 participants. Groups one, two, and three were of females who saw, respectively, mock web pages with no VSMB, low VSMB, and high VSMB. Groups four, five, and six were of males who saw, respectively, mock web pages with no VSMB, low VSMB, and high VSMB. (VSMB is an acronym standing for *Variability of Social Media Badges* (or claims), which in this case were manipulated as none (the control condition), low, and high.)

**Data Analysis and Statistics**

A 2 x 3 factorial ANOVA was used to analyze the collected data. Results are further set forth in Chapter 4. This research design was comprised of the two independent variables (IV) of gender (male and female) and *variable social media badging* (or “VSMB”), by means of three mock web pages with no, low and high, VSMB. See Table 1 for a depiction of the matrix.

The dependent variable (DV) is the rating of perceived counselor competence obtained by means of administering the Counselor Rating Form – Short version following the presentation of the fabricated web pages. The analysis evaluated the effects associated with the IVs singularly and in combination with each other (interaction effects).

**Table 1**

*2 x 3 Independent Factorial ANOVA Design*

Fabricated Web Page Designs			
Gender	Mock Web Page with <b>No</b> Social Networking Badging	Mock Web Page <b>with</b> Social Networking Badging <i>and</i> Nominal Counts	Mock Web Page <b>with</b> Social Networking Badging <i>and</i> Extraordinarily High Counts
Male	Mean Rating Score awarded by male participants ( <i>N</i> = 27) for pages displaying no social badging	Mean Rating Score awarded by male participants ( <i>N</i> = 27) for pages <b>with</b> badging <i>and</i> nominal counts	Mean Rating Score awarded by male participants ( <i>N</i> = 27) for pages <b>with</b> badging <i>and</i> extraordinarily high counts
Female	Mean Rating Score awarded by female participants ( <i>N</i> = 27) for pages displaying no badging	Mean Rating Score awarded by female participants ( <i>N</i> = 27) for pages <b>with</b> badging <i>and</i> nominal counts	Mean Rating Score awarded by female participants ( <i>N</i> = 27) for pages <b>with</b> badging <i>and</i> extraordinarily high counts

The CRF-S was originally designed with supplemental inquiries: one additional *quantitative* question and three *qualitative* questions as to the participant's reaction to the fictional therapist. Corrigan and Schmidt (1983) sought to identify potentially mediating influences in rating the counselor and wanted therefore to give participants an opportunity to explain their answers. Their answers were then used in establishing validity and reliability of the instrument (Corrigan & Schmidt, 1983).

The quantitative question asked how likely they were to make contact (rating their answer on a seven point Likert-based scale, ranging from Not Very to Very). The first of the three qualitative questions then asked the participant to explain their answer (with space allowed for a detailed response). Responses to the quantitative question as to likelihood, along with the first qualitative, open-ended question (asking the participant to explain their Likert-based score) were analyzed and results are set forth in Chapter 4.

The second qualitative question asked the participant what they liked most about the therapist, while the third question asked the participant what they liked least about the depicted therapist. Participant responses to questions two and three were not evaluated for purposes of this present study; they will be examined in future research stemming from this study.

### **Concluding Remarks as to Sample Size**

Field (2013) refers to statistical power as the probability that a given test will find an effect assuming one exists in the population. Further, he says that "using power to calculate the necessary sample size is the more common and, in my opinion, more useful thing to do" (Field, 2013, p. 70). As the calculation of sample size is very cumbersome, this study's sample size was computed using G\*Power, wherein the proposed power of the study is used to calculate sample

size (Allgemeine Psychologie, 2016) by means of an *a priori* analysis with a power of .80 and an alpha level of .05

## Chapter Four

### Results

This chapter presents the results of the study. A brief summary of the process by which data were collected is presented, along with an examination of its procedural fidelity, followed by a summary of the statistical test employed. Demographic data concerning the participants is reviewed followed by the results of the test and an analysis of the numbers obtained.

As the literature review highlighted, the use of social media badges lay in a rather murky area of the ethics of the profession. Further, the help-seeking approaches employed by men and women differ, and could differ more or less as social media aspects of a web page differ. Counselors, not unlike any other business endeavor, have taken to social media to advertise their services. But they have gone one step further: They have leveraged the reach and power of social media in that advertising effort. And, as such, the use of social media implies a certain readership and “brand loyalty” that carries with it the use of testimonial. Testimonials are specifically prohibited if they are sought from current clients; yet, the use of social media’s Likes, Followers, and Plusses, are in effect and purpose a testimonial claim that the therapist makes when they claim some number of attestations on their web page. Those claims, which can vary based on the numbers of people who click like, follow, or plus, could very well act to persuade help-seekers that the therapist is trustworthy, expert, and interpersonally attractive; or, conversely, it could dissuade help-seekers of those same attributes.

The measurement used is one of perceived counselor competence, which encompasses those three attributes of perceived trustworthiness, expertness, and interpersonal attractiveness. Chapter One of this dissertation set forth the specific foci of the study, by asking three principal questions with respect to the use of social media icons (or badges) on a counselor’s web page:

1. Do perceptions of counselor competence, as measured by the Counselor Rating Form – Short Version (the CRF-S), differ based upon the variability of social media claims on a counselor’s web page?
2. Do perceptions of counselor competence, as measured by the CRF-S, differ by gender?
3. Is the effect of level of social media badging on scores from the CRF-S – different for males than for females?

### **Research Data, Procedural Fidelity, and Statistical Test**

To answer these questions, data were obtained through CRF-S forms completed by 162 participants drawn from the student populations at two large universities located in the western United States. Each of the participants viewed a mock web page and then completed a CRF-S form. The CRF-S, made up of 12 therapist characteristics, is designed using a Likert-based scale of one to seven (see Appendix E). These 12 scores varying from one to seven were then added together to form a combined score. The combined scores were analyzed by means of a factorial ANOVA seeking to uncover differences between social media claims and gender, and any interaction effects as well.

Data were obtained over the course of two weeks during which time the researcher visited several classes comprised of at least 25 students each. In some cases, the classes were comprised of more than 100 students. Based on a convenience approach, participants were invited to participate who were then attending classes within the Colleges of Education and Business Administration at two major universities located in the western United States. Men and women were invited equally to participate, both in accordance with the approval granted by the researcher’s home university Institutional Review Board (to ensure voluntary participation) and to ensure an even split of genders in the study.

The original study design flow was adhered to; that is, a procedural flow of identifying classrooms with adequate numbers of male and female students, the random assignment of males and females into the six groups who would then see only one mock web page, the briefing of those groups as to what was being asked of them, the actual presentation of the mock web page to each group for several minutes, completion of the Counselor Rating Form – Short Version and its supplemental question and information sheets, followed then by a debriefing as to the true intent of the study. Procedural fidelity refers to the degree to which a research plan was implemented as designed (Ledford & Gast, 2014). Procedural *infidelity* therefore would be the incorrect implementation of the designed procedures and thereby constitute a threat to the internal validity of the study. Appendix G sets forth the study's design flow. In order to minimize the chances for infidelity, Ledford and Wolery (2013) suggest that a dichotomous checklist be devised, completed prior to the intervention, and then immediately following each planned intervention. The checklist used for this study is set-forth in Appendix H. Results were 100% as to the procedures designed and then followed.

The ANOVA was designed in a two-by-three matrix examining the results of the scoring by gender versus the variability of social media claims (ranging from no claims at all, to low numbers, and finally to high numbers of Likes, Followers, and Pluses). The advantage of such an ANOVA is its implicit simplicity when examining for interactions among independent variables when compared to the dependent variable (Field, 2013), which in this case is the composite score obtained from the CRF-S forms completed by the participants.

The specific effect size statistic used was Omega<sup>2</sup>. It was performed by hand using data calculated by the Factorial ANOVA.

The number of participants who completed the CRF-S exceeded the required  $N$  of 162 by 24. Of the 186 forms collected, 20 were missing answers in one or more of the 12 characteristics rated. Those forms were removed and not included in the ANOVA. There were four forms completed in error (e.g. a low score was in fact thought to be a high score, etc.) and they too were not included in the ANOVA. Consequently, all 162 forms which were used in the ANOVA were completed correctly.

In all cases, the forms which were included in the ANOVA were accompanied by an information questionnaire which confirmed the participant's age and gender. These data were used in deriving descriptive demographic statistics.

#### **Demographics and One-Way ANOVA as to Age**

Table 2 sets forth specific descriptive statistics about the sample, which totaled 162 students, equally split between men and women, with ages ranging from 18 to 30. Participants were drawn from two major American universities located in the western United States.

**Table 2***Demographics of the Population Sample*

Data Title	University 1	University 2	Combined Data from Both Universities
Total <i>N</i>	82 (50.6%)	80 (49.4%)	162
Males	54 (67%)	27 (33%)	81
Females	28 (35%)	53 (65%)	81
Age Range	18 - 30	18 - 29	18 - 30
Median Age	21.1	22.1	21.5
Mode Age (Males)	22	19	-
Mode Age (Females)	22	21	-
Youngest	18	18	-
Eldest	30	29	-
Youngest	18	18	-

The descriptive statistics shown in Table 2 are consistent with the targeted student population – upper classmen in the two universities. An average age of 20 – 22 was expected. In terms of convenience, the classrooms that were approached were largely within the Colleges of Education at the two schools, consequently a weighting toward females was expected, which was in fact the result. The addition of one classroom from within the College of Business Administration at University 1, was expected to heavily weight the numbers of males at that university, which it did. In terms of gender, none of the participants self-identified as anything other than male or female. The even split between the genders was a design objective and was met.

A One-Way ANOVA was performed on age to determine the extent of any confounding effects as to an unequal distribution of ages. Said another way, were ages equally distributed when random assignment of participants was made (into the social media badging condition groups)? Table 3 presents the results of the ANOVA on age by VSMB.

**Table 3**

*Summary of the One-Way ANOVA*

Source	Sum of Squares	<i>df</i>	Mean Square	<i>F</i>	Sig.
Between Groups (Age and VSMB)	161.148	2	80.574	16.037	$p < .001$
Within Groups (Age)	798.852	159	5.024		
Total	960.000	161			

Given that the One-Way ANOVA resulted in significance ( $p < .001$ ), further analysis of the means of the ages in each of the VSMB conditions is warranted. Table 4 sets forth descriptive statistics for each of the treatment conditions of VSMB=non, VSMB=low, and VSMB=high.

**Table 4**

*Descriptive Statistics as to Age in the Treatment Groups*

Treatment Groups	N	Mean	Std. Deviation	Std. Error	Minimum Age	Maximum Age
VSMB = none	54	22.04	1.893	.258	19	26
VSMB = low	54	22.46	2.178	.296	20	29
VSMB = high	54	20.17	2.597	.353	18	30
Totals	162	21.56	2.442	.192	18	30

While the difference in mean ages was significant ( $p < .001$ ), it was quite small at approximately two years between the lowest mean (in VSMB = high) and the highest mean (in VSMB = low). The possibility exists that with a larger sample in future research, the results might be different and could provide an interesting approach, namely to determine the extent to which age and high levels of social media badging result in different perceptions as to counselor competence. The resulting difference here however, while significant, was too small to warrant additional analysis. We now turn to the results of the factorial ANOVA.

**Results of the Factorial ANOVA as to Gender, VSMB, and Interaction**

The current study utilized a 2 X 3 factorial design (gender by varied social media badging counts) to address the three questions of the study. To explore the presence of main effects and interactions, a two-way ANOVA was conducted to explore the impact of social media presence on the level of perceived counselor competence (the dependent variable) as measured by the Counselor Rating Form – Short Form. The study focused exclusively on the composite score

and not the individual 12 subscale scores. Those subscale scores will form the basis of additional papers in the future. Table 5 sets forth the results of the ANOVA.

**Table 5**

*Summary of the Factorial ANOVA*

Source	<i>SS</i>	<i>df</i>	<i>MS</i>	<i>F</i>	<i>p</i>
Gender	338.000	1	338.000	1.967	.163
VSMB	113.444	2	56.72	.330	.719
Gender*VSMB	74.778	2	37.39	.218	.805
Within (Error)	26,803.778	156	171.82		
Total	27,330.000	161			

*Note.* *df* = Degrees of Freedom. *p* = Significance. VSMB = Variability of Social Media Claims.

The results of the ANOVA, specifically the analysis of composite scores as awarded by males and females, return a *p* value of .163 ( $p > .05$ ) indicating that the differences in scores were not statistically significant; thus, there is no evidence that scoring of counselor competence differ on the basis of gender (research question 2). *Omega*<sup>2</sup> was computed by hand and a measure of .006 resulted indicating a small effect size.

The results of the ANOVA with regard to an analysis of composite scores in relation to varied social media claims return a *p* value of .719 ( $p > .05$ ) indicating that the difference in scores were not statistically significant; thus, there is no evidence that scoring of counselor competence differ on the basis of numbers of social media claims (research question 1). *Omega*<sup>2</sup> was computed by hand and a measure of .008 resulted indicating a small effect size.

Finally, the results of the ANOVA with regard to the interaction of gender and the variability of social media claims specify that the *p* value is .805 ( $p > .05$ ) indicating that the

interaction was not statistically significant; thus, there is no evidence that the effect of level of social media badging on scores on the CRF-S are different for males than for females (research question 3).  $\Omega^2$  was computed by hand and a measure of .009 resulted indicating a small effect size.

SPSS performed a test for homogeneity of variance using Levene's Analysis. The result was  $p < .05$ , indicating a lack of homogeneity. The  $F$  statistic for Levene's is calculated by diverging the data for each group from the group mean, and then comparing their absolute values.

A significance of  $p < .05$  indicates that in this ANOVA the assumption as to homogeneity of variances has been violated. In such cases, a data transformation would normally be performed. However, Field (2013), in suggesting that as Levene's test tends to be very powerful, especially when used with small sample sizes, it is probably not cause for real concern until the null is rejected at less than the .001 level (sig or  $p < .001$ ), states:

Statisticians used to recommend testing for homogeneity of variance using Levene's test and if the assumption was violated, using an adjustment to correct for it. However, people have stopped using this approach for two reasons. First, when you have violated this assumption it only matters if you have unequal group sizes: if you don't have unequal group sizes, this assumption is pretty much irrelevant and can be ignored. (Field, 2013, p. 194)

The Factorial ANOVA was designed assuming equal group sizes. The results achieved this, therefore data transformation was not conducted.

Supplemental information was sought through use of one additional quantitative, Likert-based, rating on the willingness of the participant to make contact with the fictional therapist, as

well as three additional qualitative questions on the CRF-S: (1) Please explain the rating you gave as to willingness to make contact, (2) Overall, what did you like the most about this therapist, and (3), Overall, what did you like the least about this therapist? A separate statistical analysis of the first question resulted in calculation of descriptive statistics (see Table 6).

Responses for the second and third qualitative questions were not analyzed for the present study and will, instead, form the basis of additional papers in the future.

**Results from the Questions regarding Likelihood to Make Contact**

Recall that one mock web page displayed no social media badging or counts whatsoever, the second mock web page displayed social media badging with low counts as to Likes, Followers, and Pluses, and the third web page displayed social media badging with high counts as to Likes, Followers, and Pluses. Participants were randomly placed into groups which then viewed only one of the three mock web pages.

Immediately following the Likert-based 12-item CRF-S was the following Likert-based question: How likely would you be to go to this therapist? Possible scores ranged from 1 for *Not Very* to 7 for *Very*.

Table 6 sets forth descriptive statistics regarding the scores awarded by the participants.

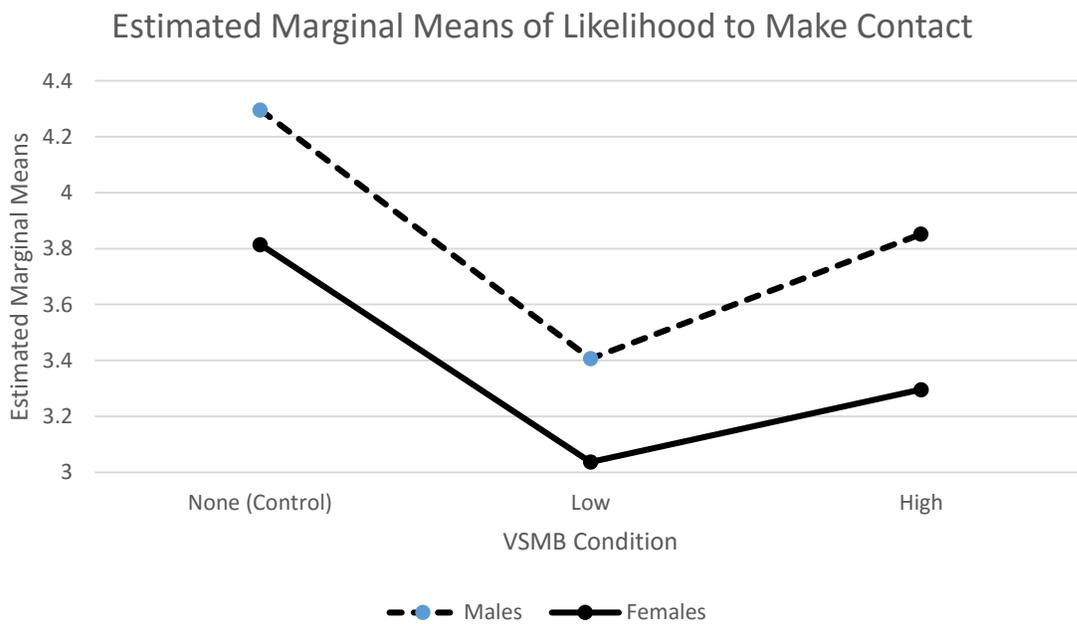
**Table 6**

*Descriptive Statistics Resulting from Likelihood Question*

Statistic	Variability of Social Media Claims		
	Non VSMB	Low VSMB	High VSMB
Mean of All Participants	4.056	3.222	3.574
Mean of Male Participants	4.296	3.407	3.852
Mean of Female Participants	3.815	3.037	3.296

The numbers reveal that the likelihood of making contact decreases when social media badges are introduced but then strengthens as social media claims increase from low to high.

Figure 1 displays the strengthening likelihood for both men and women.



**Figure 1.** Means of likelihood scores from the CRF-S as completed by men and women when viewing web pages with no varied social media claim (the control condition, VSMB = none), when viewing web pages with low claims as to number of Likes, Followers, and Pluses (VSMB = low), and then when viewing pages with high claims as to numbers of Likes, Followers, and Pluses. The question was answered by selecting one of seven scores ranging from 1 (Not Very) to 7 (Very).

The strengthening may well be due to the perspective employed by so-called digital natives who have come to expect a strong social media presence as a marker of success in both business and personal life. No social media presence, however, would seem to contradict this, unless the absence of social media was expected in light of the content. When present, however, and when shown as high, participants seemed to reward the therapist with a higher likelihood rating.

In addition to scoring the quantitative question as to likelihood of making contact with the fictional therapist, participants were asked to comment on the reasons *why* they selected the score they did. A thematic analysis was conducted in the following manner: the researcher became familiar with the responses by reading and reviewing them, the responses were then categorized based on discernible patterns, similar responses were tabulated, and finally representative quotes were captured. Table 7 sets forth the inductively developed thematic categories as a result of the manner of analysis set forth above.

Of the 162 CRF-S forms completed in this study, 151 participants offered commentary. Of those, 93 were procedural in nature, 19 were positive, 39 were negative, with 11 blanks.

**Table 7**

*Inductively Developed Thematic Categories*

Thematic Category	Counts and Percentages	Key Terms	Characteristic Responses
Procedural	93 (57%)	Font, Coloring, Completeness, Limited, OR Amateurish	Website very amateurish looking. Font of the website is too small. Colors were unprofessional looking.
Positive	19 (12%)	Flexible, Focused, Willingness, Nonjudgmental, Friendly, OR Sincere	Therapist seems very nice. Flexibility of hours is very good. Found myself liking the Doctor. Therapist sounds very welcoming and friendly.
Negative	39 (24%)	Lack of Specialties, Unfriendly, Unprofessional, OR Clichéd	The clichéd ways that the therapist attempted to show genuine care made me think they were inexperienced and unprofessional. The therapist seems very unprofessional and impersonal.
No Response	11 (7%)		

The preponderance of procedural commentary (57%) reflected the nature of the participants’ mean ages. Given the nature of so-called digital natives (those born at or after the

dawn of the Internet Age), they were perhaps overly focused on the mock web site's *design* rather than the *information* presented about the therapist. Having grown up with the Internet, these individuals are perhaps first and foremost swayed by web site design rather than content.

The next largest thematic category of negative commentary (24%) may well speak to issues surrounding the web pages themselves insofar as a professional web designer was not engaged to build them, nor was a marketing professional consulted in terms of overall presentation of information. These will help guide the researcher in the creation of future pages to be used in similar follow-on research.

### **Summary of Results**

This study sought to answer three research questions, which in turn were based upon the study's independent design – that of a 2x3 factorial ANOVA with two independent variables, (1) varied social media claims, and (2) gender; and one dependent variable, composite scores taken from the Counselor Rating Form-Short Version. Chapter Four has set forth the precise method of gathering data as well as the results of the statistical tests employed.

The ANOVA as to varied social media claims when examined against the dependent variable of counselor competence as measured by the CRF-S (the first of three research questions) resulted in no significance; in other words, there was no statistical significance between pages with no, low, or high social claims and the resulting competency score awarded by participants. The ANOVA as to gender when examined against the dependent variable of counselor competence as measured by the CRF-S (the second research question) resulted in no significance; in other words, there was no statistical significance between men and women when rating the counselor whose web page was viewed. Thirdly, the ANOVA as to the effect of varied social media claims and any differences between men and women (the last research question, the

so-called interaction effect) resulted in no significance; in other words, there was no observed interaction as to varied social media claims and men versus women.

An examination as to the likelihood of making contact with the fictional therapist resulted in an interesting finding; specifically, as social media are first introduced (rising from no claims whatsoever, to a low number of Likes, Followers, and Pluses), likelihood scores decreased. As social media claims rise from low to high, likelihood scores actually strengthened.

Lastly, a thematic analysis of answers to the qualitative question asking why participants gave the likelihood score that they did, resulted in a preponderance of commentary as to the *design* of the web sites rather than the *information* they contained.

We now turn to Chapter Five and a discussion of these results, along with an examination of study's limitations, implications for counselor education, research, and practice, as well as possible avenues for future research.

## Chapter Five

### Discussion

The nature of testimonial advertising has been understood as having very powerful effects on purchasing behavior. From its earliest uses in Great Britain in the 19<sup>th</sup> Century, to today's use of social media Likes, Followers, and Pluses, the power of testimonial advertising is used to convey to a potential buyer of product and service the confidence of knowing that one's peers have used and have liked a product. Marketing professionals are quick to use such testimonials to bolster claims of product or service utility to potential buyers. Professionals such as attorneys are renown in their use of testimonials, or faux testimonials, in late-night television advertising. However, the ethics of the counseling profession, based on the evolution of the ethics of the American Psychological Association, has somewhat constrained mental health professionals from using testimonial statements from clients, either former or current. If the garnering of such statements could be seen as potentially damaging to the therapeutic relationship, were sought through means of coercion (either overtly or covertly), or make claims as to outcomes that cannot be substantiated, then their use in advertising is specifically prohibited.

This is as perhaps it should be. However, the ethics of most professions have not yet specifically evolved to include or exclude what have become proxies for testimonial statements: claims of this or that many Likes, Followers, or Pluses on a professional's web page. While such claims have become routine in the marketing of household products and services, and form the basis of what many consider a modern marketing campaign, the use of social media badges on therapist's web pages has not previously been examined in the literature. The effect on help-seeking behavior – whether benign, negative or positive – has not been studied. The results of

this study, while statistically not significant, will hopefully inform the profession as to the potential of dissuasive impact upon such help-seekers as they peruse the Internet for information about therapists. The results of this study, moreover, will guide this researcher in future research specific to the power of such proxies (for testimonial claims) to affect help-seeking behavior.

This chapter presents limitations and delimitations of the study (with special attention paid to procedural fidelity discussed in Chapter Four, as well as the so-called ecological validity of the study), as well as an evaluation and interpretation of its findings with regard to its implications for counselor education, research, and practice.

### **Limitations and Delimitations; Procedural Fidelity and Ecological Validity**

As set forth in Chapter One, a number of prospective limitations were envisioned as the work began. In light of the results, each of those limitations is discussed in further detail.

First, the study provided for the creation of only three web pages for examination by participants. Participants were limited to just these three as they completed the measurement instrument, the Counselor Rating Form – Short Version. The mock web pages were virtually identical except for the presence or absence of social media badges.

This is a limitation insofar as real-world help-seeking is concerned. Internet users are increasingly used to “shopping” the Internet for medical and mental-health services. They may be attracted to one web presentation over another for any number of factors, including the availability of a therapist in their immediate geographic area, the overall look-and-feel of a web page in terms of color, font, spacing, visual attractiveness, etc., and the perceived physical attractiveness of the therapist when a picture is used. This study was not designed to provide insight into specifically which of the many potentials a help-seeker will choose. The use of varying colors or fonts, or pictures, or other sales-oriented elements of the modern web page,

could have introduced confounding variables into the work. For purposes of this discussion, such “*between therapist*” variance may well provide a basis for future research. Said another way, follow-on research could attempt to extend the research to more natural search situations with real information needs.

Secondly, as the study involved a group of 162 participants, it presented with the inherent limitation of a small sample size. Larger sample sizes in educational research have been shown to contain smaller sampling error, greater reliability and the increased power of a statistical test as applied to the data (Isaac, 1971). Economic reality and time constraints precluded the selection of a larger sample. And while a smaller size can nevertheless assure us of acceptable reliability in estimations of sampling errors (Isaac, 1971), a larger sample utilizing a different means by which participants would interact with the mock web pages might result in different and potentially significant findings.

The study was conducted in face-to-face sessions where the researcher presented the mock web pages in a classroom setting utilizing an over-head projection of the sites. This came with an inherent limitation given the time available to the researcher, the classroom instructor, and the participants. It was seen as an acceptable trade-off in terms of convenience and time. It is noteworthy that none of the participants reported feeling rushed.

Alternatively, future research might be conducted through a tightly controlled Internet-based approach whereby many more participants can be recruited and the measurement instrument completed interactively. The evolution of various secure means for such on-line research is now such that confounding variables (e.g. speed of connection, browser interactions, etc.) can be controlled.

Attendant to the size of the sample was the purposeful gathering of data at two universities of similar size and demographics rather than one. A small sample size taken at one university would have become its own limitation. Collections at two universities was seen as ameliorating this limitation. However, the similarity of the two schools is also a limitation and restricts generalizability of the results. Both schools draw from urban and rural populations, but one does so more than the other. The urban help-seeker undoubtedly has differing expectations and preferences particularly when it comes to the proximity of a mental health professional, while the rural or semi-rural help-seeker may well settle for whoever is closest. In other words, such expectations could have negated the presence or absence of social media badging. Future research, conducted with a far larger sample size and purposefully either limiting participation to urban populations or to rural populations may enhance the generalizability of findings.

Third, the mock web pages were displayed for a relatively short period of time (less than five minutes, or about the amount of time it took to examine the page and complete the CRF-S). The limitation was in place for purposes of minimizing the interruption to classroom activities. And, while procedural fidelity (Chapter Four speaks to procedural fidelity) was attended to in study design, the extent to which the process was set forth adequately in the checklist (see Appendix H) may present a limitation as to various of the steps involved. For example, English-speaking ability may be different with respect to routine classroom activities versus the skill needed to parse a web-page quickly. By way of another example, the time allotted to viewing the web pages conformed more or less with the time it took each individual group to both view the web page and complete the CRF-S. Some groups were faster than others (but none were given any less than 4 minutes) while others were prodded for completion at about the five-minute mark.

With realistic searches, help-seekers often “park” at a page for a long time, often leaving a page open for several hours, while considering a professional’s services being offered (Bennett, 2014). The help-seeker would have time to consider and perhaps do further background research on certain professional claims made on the web site (as to, for example, various credentials, which in the present study had to be explained to the participants). This could mean that only *short-term effects* of the intervention on participant’s ratings of the therapists were measured. Future research should investigate the longer term effects of the presence or absence of social media badges and Likes, Follower and Plus counts.

Short-term effects as a limitation speaks to the ecological validity, or lack thereof, that the study afforded. Due to the complex nature of how people view web pages (or any document, online or offline for that matter), there are many difficulties associated with measuring response to those web pages. Tests that are predictive of everyday behavior are described as being ecologically valid (Odhuba, van den Broek, & Johns, 2005). The web pages for this study were developed specifically for this study and differ in the quality of the typical pages used in real-life Internet marketing. Future research may want to consider using actual, existing pages.

Further to ecological validity and both the time afforded for viewing *and* the projection of the web pages onto over-head screens, the projection of a web page is atypical (at any length of time) when seeking a counselor in real life. Using mobile devices to have participants view the pages may rectify this possible limitation regarding the ecological validity of the study.

Fourth, the study made the assumption that Facebook, Twitter and Google Plus will continue to exist. As with any technology, competitive pressures abound. For example, during the course of the data collection, news stories circulated about the sudden stagnation and even

decline in the growth of Twitter's user-base. The social media icon employed by Twitter (that of a blue-colored bird) may well have been seen by participants as passé.

Facebook found itself embroiled in several reports of security lapses and political bias, the latter of which could have affected the mindset of many participants from University 2, whose political leanings are known to be rather conservative; while the former of which could have introduced concern into the mindset of participants from both universities whose students are acutely aware of the need for user privacy. And reports continue to surface about Facebook's declining importance to the lives of members in the key demographic of 18 – 24 year olds. This alone could constitute a major limitation given the mean ages of the six participants groups discussed in Chapter Four.

Anecdotally, however, the use of both Facebook and Twitter seems to continue apace at both universities. Google Plus is seen, on the basis again of anecdotal reports, as having certain utility and applicability and was not in appreciable decline at either university. But participants also reported that far more substitutes exist than this researcher had considered and that they were surprised the badging was limited to just the three "majors." Given the potential for substitutes, therefore, future research should include a wider range of social media platforms so as to minimize the potentially confounding effect of user fickleness.

Fifth, the study sought participants of reasonably similar ages at two major university campuses located in the western United States. This was accomplished. As was seen in Chapter Four, the median age across both campuses was 21.5 years. However, this implicates a limitation insofar as generalizability to other age groups is concerned. Moreover, this result places the research squarely in the so-called "digital native" generation – those young people born at or after the dawn of both Internet and social media eras – and precludes generalizability

to those help-seekers of slightly older age groups who do not have the immediate familiarity with various social media claims.

For example, the likelihood that contact would be made actually rose as the variability of social media claims rose from low to high. It was almost as if the therapist was seen as *more* approachable because of their prominent social media presence. Would this be the case with older help-seekers? Future research could be devised to help answer this question.

Finally, sixth, while the mock web pages were largely similar except for the presence of absence of social media badges, the differences which are present might confound the findings. For example, the mock pages differed as to the overall length of the page to accommodate social media icons. It could be that the participants reacted differently to different elements of the page at the same time they were reacting to the presence or absence of social media badges. Future research should investigate this aspect.

Those six limitations were envisioned at the outset of the study. Additional limitations became apparent as the study unfolded. Aside from the restricted use of only the three major social media platforms (as mentioned above), the distribution of ages, and the relatively unsophisticated presentation of the mock web pages emerged as limitations. They are discussed in turn.

An interesting question arose during analysis of ages and their distribution within the 3 treatment groups (VSMBs of none, low, and high). While a one-way ANOVA reported significance as to that distribution, the differences in means were not large enough to warrant further analysis. However, this begs the question as to whether age could play a role in evaluation of a therapist who makes very high claims of social media presence. The present

design did not contemplate a manipulation of ages (through matching, etc.) and this is a limitation that could be overcome in future research.

The relatively unsophisticated design of the web pages emerged as a limitation. Several of the procedural and negative comments made in response to the request that they explain their score as to “How likely would you be to go to this therapist,” made mention of the three pages’ design (see Table 7). This may be seen as a confounding variable not anticipated in the study’s design. Nevertheless, the pages did convey the basic information the researcher wished to convey and they adopted a similar look and feel as many such pages sampled in the development of the mock pages. Furthermore, they were developed with various studies in mind, studies which previously investigated the interpersonal impact of objective markers of expertness (Hovland et al., 1953; Nasar & Devlin, 2011; Raven, 1965), trustworthiness (MacDonald et al., 2010; Pan & Chiou, 2011; Thom et al., 2004), and interpersonal attractiveness (Montoya & Insko, 2008). With that said, future research would be better served to engage a professional design service to minimize the potential effect of this limitation.

Alternatively, the use of live pages found on the Internet, properly redacted, could serve to mitigate the limitation. Digital natives are socialized to know a mock page when they see one, and are equally adept at recognizing a real page, even if redacted. Selecting from a variety of pages and then doing a pilot on the resulting images prior to exposing them to participants might be one approach. Future work by this researcher will investigate this approach.

### **Implications for Counselor Education**

Counselor educators, particularly those engaged in the teaching of the ethics of the profession, have long been accustomed to discussing advertising and its pitfalls. Generally speaking, the counselor has long been advised to approach marketing from a conservative stance

(Vacc & Loesch, 1994). However, many current texts do not speak to advertising at all. The emergence of social media-based marketing is an entirely new twist, having come of age in only the past five to eight years. Consequently, the nature of counselor education is at best only peripherally aware of the potential advantages or disadvantages to having a presence on major SNS sites. Indeed, in the experience of this researcher, such aspects to counselor business management were not discussed at all.

As has been seen, and while there was no statistical significance found in the analysis of varied social media claims, gender, or interaction thereof, there were some interesting findings as to the impact of high social media claims (as to Likes, Followers, and Pluses) for the 162 participants enrolled in the study. When there is no social media presence evident on a counselor's web page, the likelihood of making contact for males carried an estimated marginal mean of 4.30, and for females an estimated marginal mean of 3.82. When social media is first introduced, those means dropped (to 3.4 and 3.0, respectively). However, when social media claims are set to high, the means rebounded (to 3.8 for males and 3.3 for females). The implication for counselor education is perhaps first and foremost the notion that digital natives are comfortable with a heavy social media presence, while somewhat nonplussed by a low count, which is to say that they may be put-off by the inability of anyone to garner such low numbers.

Secondly, counselor educators may well wish to revisit the notion of testimonial advertising as discussed in this study. As has been pointed out, the use of the Like, Follower, or Plus button, can be seen as a proxy for a testimonially positive referral among one's social network (Hoffman & Fodor, 2010). This comes with the pitfall of setting up unreasonable expectations as to outcomes of counseling and can become, thereby, a barrier to the therapeutic relationship.

Thirdly, and consistent with how the major SNS sites approach establishing and maintaining a presence therein, the potential for the trivial is significant (MacDonald et al., 2010). Help-seekers may look upon a Facebook presence, for example, as embodying the triviality of any other Facebook presence, and may be dissuaded because of it. Moreover, the acting of “friending” one’s current or potential therapist may be difficult to manage. Boundary violations may occur without the counselor actually realizing it.

Social influence theory suggests, among many other things, that exhibitionism can be perceived differently by different people and that it could have an impact on perceived trustworthiness. To some, the active presence on, say, Twitter or Facebook, may be seen as informative, professional, and as an element of care for the help-seeker. To others, the triviality of those same social sites may be seen as an exercise in self-aggrandizement and perhaps silliness. Strong speaks to this in his seminal work on social influence theory (1968) when he advises those in a position of influence to avoid such exhibitionism.

In sum, the potential that a social media marketing strategy will have a dissuasive impact on future help-seekers remains. Counselor educators are well advised to make note of that potential when discussing social media marketing with students.

### **Implications for Research**

The limitations and delimitations of this study have set forth several opportunities for adjusting future research to not only ameliorate those limitations, but to advance our understanding in the area of social media marketing and its impact on help-seeking behavior.

For example, the power of the testimonial has not been examined with regard to counselor advertising. This study found no significance with respect to the presence or absence of social media badges and related counts of Like, Followers, and Pluses, and the combined

impact on perceived counselor competence. However, the participants in the study demonstrated a strengthened willingness to make contact when social presence rose from low to high. This suggests that, to the digital native at least, an active social networking presence (as evidenced by very strong counts) is seen as an attractive aspect to the counselor's web presence. That this does not correspond to significance in terms of perceived counselor competence, however, renders this area ripe for additional research.

Mock web pages were designed for the study and were purposefully lacking in fancy graphics, pictures, animations, etc. This may have had a derivative effect of boring the participants. The use of real-life web pages (redacted appropriately, or used in their entirety with permission) may enhance research by drawing participants into a more likely information search scenario. The interactions of those variables – pictures, graphics, animations, etc. – if presented operationally in a manner which would foster understandable results, could provide invaluable data for the profession.

Social influence theory was used as a lens for purposes of this study primarily because of its currency in terms of counselor expertness, interpersonal attractiveness and trustworthiness. The nature of influence – that is, the ability of the counselor to effect changes in the opinions help by his or her clients – seems timeless. But it was developed at a time when the profession was in its infancy, for all intents and purposes, and therefore may be in need of some kind of update. Operant conditioning may have changed as well, in terms of what the present generation of help-seekers may be concerned. We may have conditioned an age group of help-seekers differently when we, in effect, change the very definition of “social” to include an active presence on one or more SNS sites. The lack of social networking presence may very well have

become a blemish on the counselor's overall web presence. Future research is implicated as to whether that is true or not.

### **Implications for Practice**

Finally, implications for practice may be found in the results of the study insofar as advertising is concerned. There is no requirement that a counselor be present on any SNS whatsoever. Business may be had from any number of extant sources including so-called "portal sites" where the counselor lists his or her practice among many others, hoping to differentiate by virtue of theoretical orientation, populations served, hours of operation, practice specialties, insurance plans supported, etc. Traditional forms of word-of-mouth referrals remain a strong source of new business, as do referrals from other therapists and medical practitioners.

If the therapist does intend to market his or her services by means of a social networking presence, the implications remain those of caution and conservatism. Testimonial advertising is still proscribed by many codes of ethic, particularly when sought from a current or recently terminated client. The action of liking, following, or plussing a therapist is seen as a proxy for such testimonial marketing and must be carefully managed by the therapist.

In the end, the ethic of care suggests that all professionals work to minimize any dissuasive impact their advertising may have on the help-seeker of any age, of any generation or gender. The results of this study do not suggest otherwise.

### **Summary Remarks**

In summary, while the study did not result in significance, the emergence of limitations works both to inform future research while also highlighting areas of concern for the profession. That composite scores actually rose when social media claims were set to high is revealing, particularly given the ages of the participants. So-called digital natives may be attracted to

therapists who make such claims, at the possible expense of equally talented therapists who do not or who do not have a social media presence whatsoever. Beyond the use of social media badges, the sophistication of web page design could also be a factor. The effectiveness of one web page design versus another is beyond the scope of this study and of this researcher's future work; nevertheless, what catches the eye of a help-seeker while "surfing" the Internet could be a previously unexamined aspect to providing needed help.

In the end, a therapist's web presence should be about providing an engaging web site which is designed with the therapist's targeted population and professional expertise in mind. Elements of that page should not work to dissuade help-seekers from making contact. The testing of social media badging is but one of the factors which could be examined from that perspective.

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## Appendices

### Appendix A:

#### Mock Web Page One

#### Dr. M. Demaster

Licensed Marriage and Family Therapist  
Specializing in Individuals, Couples, and Family Therapy

*Thank you for visiting my web page. I know that your search of a therapist is important to you. Therefore, on this page I will endeavor to quickly and succinctly tell you about my qualifications, licenses, specialties, and how you would go about contacting me for an initial appointment. Remember that even your inquiry to this page is confidential. I take our relationship quite seriously and like all therapists am bound by the ethical tenets of confidentiality.*

#### Welcome To My Counseling Page!

At **Demaster Counseling**, I believe that no need is too small, or voice too quiet to be heard. I believe that there is nothing more important than a healthy mind. I believe that with a helping hand, you can overcome any mental health issue. I offer traditional counseling, family therapy, and couples counseling. I provide a variety of therapeutic approaches that have been clinically proven to be effective.

I am a dedicated and experienced therapist who herself on giving clients the best care. I believe that each individual has the ability within themselves to reach their full potential, and it's my job at Demaster Counseling to help bring that out. To aid in the process, I conduct our sessions in a comfortable, private setting that allows my clients to relax and focus on become their best.

#### My services Include:

- Individual Counseling
- Relationship Counseling
- Group Therapy
- Depression
- Anxiety

#### My hours of Operation are:

Monday through Friday 9:00am - 9:00pm  
Saturday from 9am - 2pm  
Sunday - closed (but special appointments may be made)

#### My educational and training background includes:

- A bachelor's degree in psychology from the University of Wisconsin;
- A master's degree in education psychology, with an emphasis in marriage and family counseling from Indiana University; and,
- A doctorate in counselor education and supervision from the University of Iowa.

#### In addition, I have:

- Taken specialized training courses in dispute resolution;
- Have met all my annual continuing education requirements imposed by the professional bodies of which I am a member; and,
- Taught a variety of courses on counseling and specific counseling methodologies at my local university.

Whether you're a new client or you've been with me since the beginning, know that I will treat you with the utmost respect and care.

**Learn More Today!**

Call me toll-free on 1-800-324-9022

I am a member of the National Board of Certified Counselors, the American Association of Marriage and Family Therapists, and the American Counseling Association. I am also a member of several other local and state-wide professional bodies.

#### Payment Types



All Major Credit Cards

## Appendix B:

### Mock Web Page Two

#### Dr. M. Demaster

Licensed Marriage and Family Therapist  
Specializing in Individuals, Couples, and Family Therapy

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- Depression
- Anxiety

#### My hours of Operation are:

- Monday through Friday 9:00am - 9:00pm
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#### In addition, I have:

- Taken specialized training courses in dispute resolution;
- Have met all my annual continuing education requirements imposed by the professional bodies of which I am a member; and,
- Taught a variety of courses on counseling and specific counseling methodologies at my local university.

Whether you're a new client or you've been with me since the beginning, know that I will treat you with the utmost respect and care.

[Learn More Today!](#)

Call me toll-free on 1-800-324-9022

I am a member of the National Board of Certified Counselors, the American Association of Marriage and Family Therapists, and the American Counseling Association. I am also a member of several other local and state-wide professional bodies.

#### Payment Types



All Major Credit Cards

#### Why not follow me on social media!

110 followers

+1



260 followers  
Join us on Facebook!



212 followers

[Follow](#)

Synchronization

### Appendix C:

#### Mock Web Page Three

**Dr. M. Demaster**

Licensed Marriage and Family Therapist  
Specializing in Individuals, Couples, and Family Therapy

*Thank you for visiting my web page. I know that your search of a therapist is important to you. Therefore, on this page I will endeavor to quickly and succinctly tell you about my qualifications, licenses, specialties, and how you would go about contacting me for an initial appointment. Remember that even your inquiry to this page is confidential. I take our relationship quite seriously and like all therapists am bound by the ethical tenets of confidentiality.*

#### Welcome To My Counseling Page!

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I am a dedicated and experienced therapist who herself on giving clients the best care. I believe that each individual has the ability within themselves to reach their full potential, and it's my job at Demaster Counseling to help bring that out. To aid in the process, I conduct our sessions in a comfortable, private setting that allows my clients to relax and focus on become their best.

My services Include:

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**Learn More Today!**

Call me toll-free on 1-800-324-9022

I am a member of the National Board of Certified Counselors, the American Association of Marriage and Family Therapists, and the American Counseling Association. I am also a member of several other local and state-wide professional bodies.

**Follow me on social media! THOUSANDS already have!**

**Payment Types**



All Major Credit Cards

**55,660**  
Followers

↑ +320 yesterday  
↑ +507 on average

[Tweet it!](#)

 **Google+** 9999

 13,232 Likes and Growing Everyday!

**Appendix D:**

**The Information Questionnaire**

What is your age: \_\_\_\_\_

Gender (circle):      Female      Male

Please provide an email address if you would like to know the outcome of this study, or to ask any follow-up questions of the researcher.

Your identity will be protected and your address not shared.

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

**Appendix E:**

**The Counselor Rating Form – Short Version**

You have been placed into a group based upon your gender. We would like you to rate several aspects of the therapist shown on a web page. For each aspect below, there is a seven-point scale that ranges from “Not very” to “very.” Please mark with an “X” that point on the scale which best represents how *you* view the therapist. For example:

<b>FUNNY</b>
Not very     ___ <b>X</b> ___: ___: ___: ___: ___: ___: ___:     Very
<b>WELL DRESSED</b>
Not very     ___: ___: ___: ___: ___: ___: ___ <b>X</b> ___:     Very

These examples of ratings might show that the therapist does not joke around much, but dresses nicely.

Though all of the following aspects are desirable, therapists differ in their strengths. We are interested in knowing how you view these differences. Remember, your responses are completely anonymous. There is no way to associate you with the ratings you make.

**After you have completed the ratings, please fold this form in half and pass to the researcher.**

**Please rate the following characteristics (front and back) according to the web page you’ve just examined:**

**FRIENDLY**

Not very     \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_:     very

**EXPERIENCED**

Not very     \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_:     very

**HONEST**

Not very     \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_:     very

**LIKEABLE**

Not very     \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_:     very

**EXPERT**

Not very     \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_:     very

**RELIABLE**

Not very     \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_:     very

**SOCIABLE**

Not very    \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: very

**PREPARED**

Not very    \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: very

**SINCERE**

Not very    \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: very

**WARM**

Not very    \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: very

**SKILLFUL**

Not very    \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: very

**TRUSTWORTHY**

Not very    \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: very

**HOW LIKELY WOULD YOU BE TO GO TO THIS THERAPIST?**

Not very    \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: \_\_\_: very

**Please explain:**

---

---

---

**What did you like the MOST about this therapist?**

---

---

---

**What did you like the LEAST about this therapist?**

---

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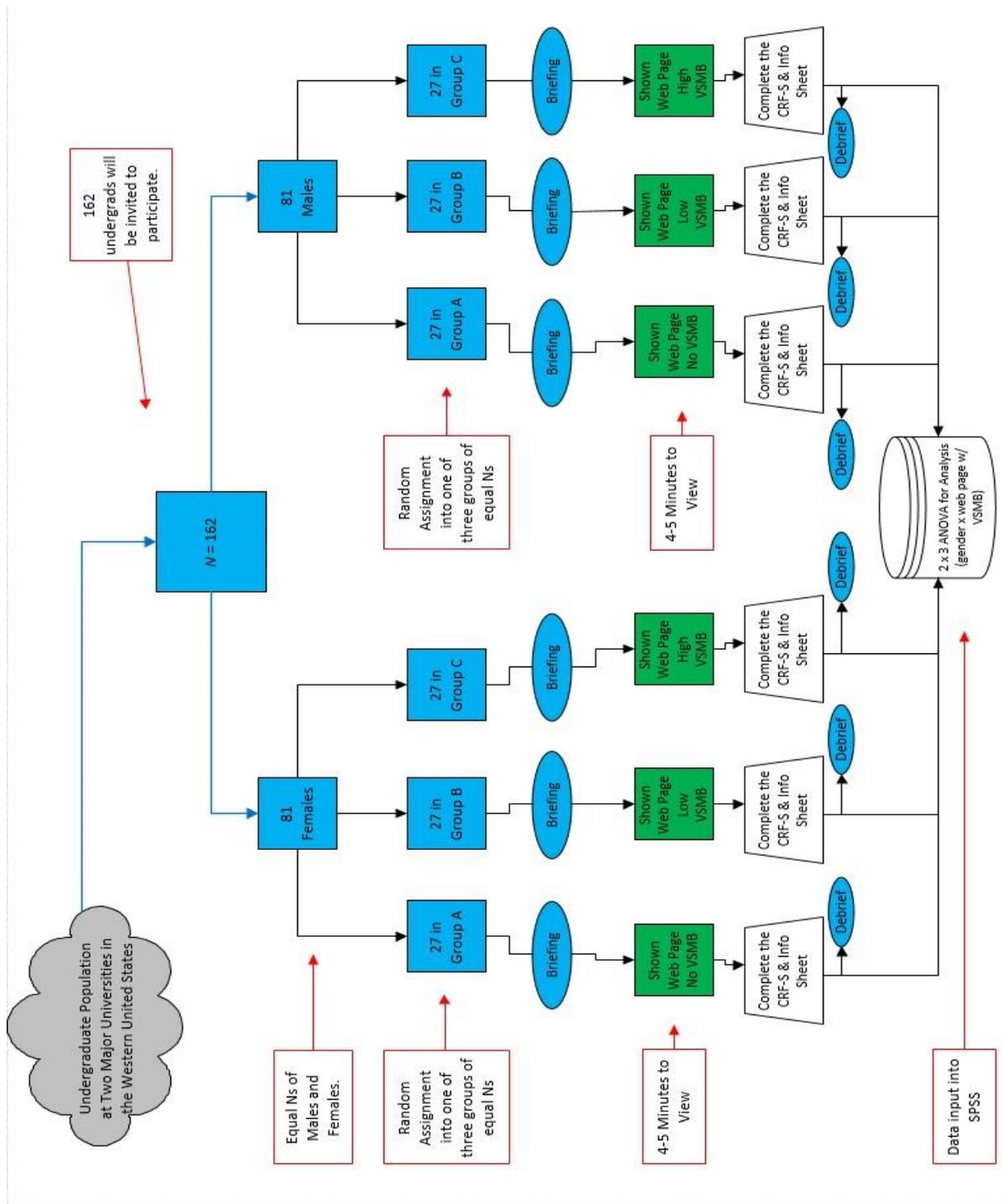
**Appendix F:**

**Certification of Approval for New Protocol: Exempt Research**

	University of Nevada, Reno	Research Integrity Office 218 Ross Hall / 331, Reno, Nevada 89557 775.327.2368 / 775.327.2369 fax <a href="http://www.unr.edu/research-integrity">www.unr.edu/research-integrity</a>
DATE: TO: FROM:	March 30, 2016 Thomas Harrison, PhD University of Nevada, Reno Institutional Review Board (IRB)	
PROJECT TITLE:	[881887-1] Investigating the effect of social media badging on help-seeking behavior	
REFERENCE #:		
SUBMISSION TYPE:	New Project	
ACTION:	DETERMINATION OF EXEMPT STATUS	
DECISION DATE:	March 30, 2016	
REVIEW CATEGORY:	Exemption Category #2	
--		
The Research Integrity Office, or the IRB reviewed this project and has determined it is EXEMPT FROM IRB REVIEW according to federal regulations. Please note, the federal government has identified certain categories of research involving human subjects that qualify for exemption from federal regulations.		
Only the Research Integrity Office and the IRB have been given authority by the University to make a determination that a study is exempt from federal regulations. The above-referenced protocol was reviewed and the research deemed eligible to proceed in accordance with the requirements of the Code of Federal Regulations on the Protection of Human Subjects (45 CFR 46.101 paragraph [b]).		
--		
<b>Reviewed Documents</b>		
<ul style="list-style-type: none"> <li>• Application Form - University of Nevada, Reno Part II Application (UPDATED: 03/18/2016)</li> <li>• Consent Form - Recruitment- Information Script for Classroom Presentation.docx (UPDATED: 03/28/2016)</li> <li>• Questionnaire/Survey - The Demographic Information Questionnaire.docx (UPDATED: 03/28/2016)</li> <li>• Questionnaire/Survey - The Counselor Rating Form Survey.docx (UPDATED: 03/28/2016)</li> <li>• University of Nevada, Reno - Part I, Cover Sheet - University of Nevada, Reno - Part I, Cover Sheet (UPDATED: 03/18/2016)</li> </ul>		
If you have any questions, please contact Nancy Moody at 775.327.2367 or at <a href="mailto:nmoody@unr.edu">nmoody@unr.edu</a> .		
<b>NOTE for VA Researchers: You are not approved to begin this research until you receive an approval letter from the VASNHCS Associate Chief of Staff for Research stating that your research has been approved by the Research and Development Committee.</b>		
Sincerely,		
		
Richard Bjur, PhD Co-Chair, UNR IRB University of Nevada Reno		Janet Usinger, PhD Co-Chair, UNR IRB University of Nevada Reno
This letter has been electronically signed in accordance with all applicable regulations, and a copy is retained within University of Nevada, Reno IRB's record.		

Appendix G:

A Procedural Flowchart of the Study



**Appendix H:****Checklist as to Procedures to be Followed**

<b>Proce- dure No.</b>	<b>Description</b>	<b>Pre-Test Execution</b>	<b>Post-Test Execution</b>
1	Identification of undergraduate student populations at two major Western American universities	Y- Completed as planned or N - Not completed as planned, in which case identify source(s) of participants and document deviation from plan.	Y- Completed as Planned or, N - Not completed as planned, in which case identify source(s) of participants and document deviation from plan.
2	Study design calls for 162 participants split evenly between 81 males and 81 females, then randomly assigned to one of six cells, or 27 participants per cell. <b>Pre-test</b> will make every effort to identify source(s) of participants (from classrooms) beforehand, while <b>Post-Test</b> will document the success of that effort.	Y - Completed as planned; that is, classrooms were identified which had adequate numbers of both males and females to complete the treatment, or, N, was NOT completed as planned, in which case document the process by which additional participants will be identified.	Y - Completed as Planned, or N - NOT completed as planned, in which case the study cannot be completed on the assumption of equal n's in each cell, or because equal numbers of males and females were not identified.
3	Randomly place each group of 27 into a treatment condition per the study design (that is, to view mock web pages with either no VSMB, low VSMB, or high VSMB)	Y - completed as planned; that is, 27 participants viewed a mock web page containing one of the three treatment conditions; or, N - not able to be completed. Document how this was resolved and note whether it violates the study design. It is NOT a violation of the study design to have more than 27, only less.	Y - Completed as Planned; that is, 27 participants (either male or female) were randomly placed into a group which then viewed one of three mock web pages; or, N - Not completed as planned, in which case the study will present with limitations as to the independence of the design, etc.
4	Confirm English reading ability, ability to see the front projection screen clearly (it will be displaying an introductory slide at this point containing only the name of the study and the researcher's email address and telephone number), and willingness to participate.	Y - completed as planned; or, N - not completed as planned, in which case document the measures taken to address the problems presented.	Not applicable.

5	Once the groups are in place, and prior to viewing the mock web pages, brief the group on the purpose of the study; which is to say, brief the participants on what you would like them to be doing for the next few moments, including the ultimate completion of the CRF-S and the supplemental information questionnaire.	Y - completed as planned; or, N - not completed as planned, in which case document the measures taken to address the problems presented.	Not applicable.
6	Hand-out the CRF-S and related supplemental information questionnaire.	Y - completed as planned; or, N - not completed as planned, in which case document the measures taken to address the problems presented.	Not applicable.
7	Immediately after the preceding procedure, display the mock web page for a period of not less than four minutes, onto over-head projection.	Y - completed as planned; or, N - not completed as planned, in which case document the measures taken to address the problems presented.	Not applicable.
8	Discourage talking among the participants.	Y - completed as planned; or, N - not completed as planned, in which case document the measures taken to address the problems presented.	Not applicable.
9	At about the four-minute mark, terminate the treatment and ask that all CRF-S forms be finished and handed into the researcher.	Not applicable.	Y - completed as planned; or, N - not completed as planned, in which case document the actual process by which the forms were completed, any inordinate amounts of time needed for completion, etc.
10	Once all CRF-S forms are in hand, commence with de-briefing of all participants in the group disclosing the "true" intent of the research study, offering to answer any quick and specific questions (so as not to take up any more classroom time than is necessary), then thanking them for their time.	Not applicable.	Y - completed as planned; or, N - not completed as planned, in which case document the measures taken to address the problems presented.
11	As soon as is practicably possible, score the CRF forms submitted and enter that data along with the age and gender of the participants into SPSS for analysis.	Not applicable.	Y - completed as planned; or, N - not completed as planned, in which case you are to document the deviation from plan. If a form was completed incorrectly, for example, note that and place to the side. If a form was incomplete, note that as well and place to the side, and so forth.