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RESEARCH IN PROGRESS

An Initial Examination of Mental Healthcare Providers' Big 5 Personality and Their Preferences for Clients

Taylor R. Rodriguez[1] · **Joye C. Anestis**[2]

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Abstract Compared to clients' personality and perspectives in psychotherapy (e.g., preferences), less research characterizes mental healthcare providers (i.e., those who have provided direct mental healthcare services). Prior work finds that provider personality configurations are unique relative to other professions, and provider perspectives of clients differ as a function of their own and their client's personality. The current study expands this literature by utilizing trait and profile-level analyses in a sample of 176 mental healthcare providers (largely US-based). Profile-level findings demonstrated that most providers were high in agreeableness and conscientiousness. When compared to a normative sample, providers demonstrated higher trait-level agreeableness and neuroticism and lower conscientiousness. Providers' preferences regarding the personality of potential clients were also explored, and these findings indicated that some providers prefer a client with personality traits similar to their own. At the profile level, most providers preferred clients who had (1) high agreeableness and conscientiousness and low neuroticism or (2) average across traits. This preliminary examination can stimulate research regarding the impact of providers' individual differences on psychotherapy.

Keywords Big five · Personality · Preferences · Mental healthcare providers

✉ Taylor R. Rodriguez
taylor.rodriguez@rutgers.edu

[1] Department of Psychology, School of Arts and Sciences, Rutgers, The State University of New Jersey, New Brunswick, NJ, USA

[2] Department of Health Behavior, Society, and Policy, School of Public Health, Rutgers, The State University of New Jersey, New Brunswick, NJ, USA

Abbreviations

Agree/A	Agreeableness
AIC	Akaike information criteria
aLMR	Adjusted Lo-Mendell-Rubin
APA	American psychological association
BIC	Bayesian information criteria
BLRT	Bootstrapped likelihood ratio test
Con/C	Conscientiousness
d	Cohen's D, effect size
Exp	Years of clinical experience
Ext/E	Extraversion
LPA	Latent profile analyses
M	Mean
Mdn	Median
Mini-IPIP	Mini-international personality item pool
NEO-PI-3	NEO-personality inventory-3
Neur/N	Neuroticism
Open/O	Openness
r	Correlation coefficient
SD	Standard deviation

An Initial Examination of Mental Healthcare Providers' Big 5 Personality and Preferences for Clients

While much research has focused on what the client brings into treatment, providers also have unique personalities, prior experiences, and values that can influence therapy perspectives, process, and outcomes. Treatment preferences are one aspect that differs between mental healthcare providers and laypersons (e.g., providers desire less therapist directiveness; Cooper et al., 2019) and has been shown to influence treatment (Swift et al., 2011). As such, providers must be aware of their personal preferences to ensure that they are

not generalizing these views to their clients or influencing their work in other ways (Cooper et al., 2019). However, there is limited empirical understanding of providers' preferences, as much as this research has focused on clients or other layperson samples. Additionally, while there is evidence to suggest that providers' personal relational styles and characteristics impact their relationships with clients (e.g., Orlinsky et al., 2020), there is limited research examining providers' traits from a broadband perspective (e.g., Big 5 personality) and how they may influence professional preferences. This is despite the influential role that both providers' and clients' personalities play in treatment (e.g., Rosenkrantz & Morrison, 1992). As such, the present study aimed to bridge the treatment preferences and broadband personality literatures by examining providers' personality and their preferences for a potential clients' personality.

The Big 5 has five dimensional traits: Neuroticism, Extraversion, Agreeableness, Conscientiousness, and Openness (McCrae & John, 1992). To date, there are only two studies that use this model to characterize mental healthcare providers. Saarino (2011) found three Big 5 personality profiles among Finnish substance abuse treatment providers, describing three distinct groups of providers: (1) those high in openness, agreeableness, and extraversion, and low conscientiousness, describing providers who are intellectually curious, excitable, altruistic, trustworthy, social, warm, and flexible (Digman, 1990); (2) those with largely the opposite traits, high neuroticism and conscientiousness, low agreeableness and extraversion; (3) those with average levels of each trait. Saarino and colleagues (2011) emphasize that the characteristics of the first provider group largely resembles the description of an ideal therapist in terms of interpersonal functioning and the potential to build a strong alliance (Skovholt & Jennings, 2004). However, this study found no differences in interpersonal functioning across groups, suggesting that interpersonal skills may be acquirable despite preexisting personality traits (Saarino et al. 2011). Given the scarcity of other research in this vein, the generalizability of these findings has yet to be determined, warranting future research to examine potential personality profiles in providers.

In an attempt to further the empirical understanding of psychotherapists' personality, Peter and colleagues (2017) compared a sample of German-speaking psychotherapists to adults in other professions. Psychotherapists had lower levels of neuroticism and higher extraversion and agreeableness (Peter et al., 2017), suggesting that providers have more emotional stability, sociability, warmth, and assertiveness (McCrae & Costa, 1987) than those in other fields. The results illuminate personality styles among providers that may facilitate relationship and social skills, empathy, and overall abilities to provide a trusting relationship, put their personal opinion aside, and open themselves up to a client's emotional experience. However, it is notable that gender differences emerged, as female psychotherapists had lower levels of ambition and assertiveness but higher levels of optimism and intuitiveness (Peter et al., 2017). Given these gender-specific results and the limited literature comparing broadband personality traits of other providers and laypersons, further research is needed to determine the extent to which these findings apply to other samples.

Despite the scarcity of literature characterizing providers in the Big 5 framework, some work has demonstrated that providers' Big 5 traits and other characteristics impact therapeutic processes and outcomes. For example, providers with certain interpersonal styles have better client outcomes (Heinonen et al., 2014) and stronger therapeutic alliance (e.g., Ackerman & Hilsenroth, 2003; Chapman et al., 2009). Specifically, provider characteristics such as flexibility, honesty, confidence, warmth, and openness are associated with a strong alliance while rigidity, uncertainty, distance, aloofness, and distractedness are some characteristics associated with a weaker alliance (Ackerman & Hilsenroth, 2001, 2003). When considering the Big 5 personality framework, trainee providers with average levels of neuroticism (rather than low) and average levels of openness (rather than high) facilitated better client-rated alliance (Chapman et al., 2009). Beyond therapeutic alliance and treatment outcomes, personality also impacts providers' professional views. For instance, whether the provider perceives the client's personality as likable impacts providers' judgments of how the client behaved, selection of intervention, and the severity of psychopathology (Lehman & Salovey, 1990; Strupp, 1958). Client personality traits also have implications for the providers' views of the emotional climate of therapy (Wogan, 1970), and provider personality traits have been associated with their positive or negative ratings of a client with borderline personality traits (Rosenkrantz & Morrison, 1992).

Given evidence of the impact of personality on perceptions of clients, providers may also have preferences regarding the personality of the clients they work with. Most extant literature regarding providers' preferences has been focused on preferences when they seek their own therapy (e.g., type of treatment; Norcross et al., 2009). One recent study also considered the therapist characteristics that a provider prefers, indicating that providers prefer less therapist directiveness and more emotional intensity compared to laypersons (Cooper et al., 2019). However, providers' preferences related to their professional role with a client has yet to be empirically examined.

There has, however, been much empirical exploration of clients' treatment preferences, so much so that the consideration of preferences is considered an aspect of evidence-based practice (American Psychological Association, 2006). Clients matched to their preferred treatment are significantly less likely to prematurely drop out from treatment (odds ratio

[OR] = 0.59, $p < 0.001$; Swift et al., 2011) and more likely to adhere to treatment (Dunlop et al., 2017). Extant literature suggests that when asked about treatment preferences, the interpersonal traits of providers and relationship variables are of particular importance to clients (compared to evidence of treatment efficacy; Swift & Callahan, 2010). As such, there has been increased attention on preferences of therapists' traits, including personality (e.g., Russell et al., 2020). Potential clients prefer a provider with Big 5 personality characteristics similar to their own (Anestis et al., 2020). Clients with a personality-congruent provider demonstrate improved therapeutic bond (Taber et al., 2011) and treatment outcomes (Dougherty, 1976; Werbart et al., 2018). Coleman (2006) found that global similarity of Big 5 personality profiles among client-provider dyads was associated with symptom reduction, while each of the five factors of personality was unassociated. This highlights the importance of considering personality profiles rather than focusing only on one trait at a time. These findings are also consistent with the understanding that humans tend to seek out individuals who are similar to them (McPherson et al., 2001). If people like those who are similar to themselves and generally have preferences for how others present or behave, then the same principle likely applies to providers.

The current study aims to (1) further explore mental healthcare providers' personality traits compared to that of a normative sample and (2) examine providers' preferences for a potential client's personality. In furtherance of Aim 1, the first hypothesis is that providers will demonstrate higher agreeableness and extraversion and lower neuroticism compared to a normative sample, in line with Peter and colleagues (2017). Hypothesis 2 is that providers will be characterized by one of three personality profiles identified by Saarino (2011): (1) high openness, agreeableness, and extraversion and low conscientiousness, (2) high neuroticism and conscientiousness, low agreeableness and extraversion, and (3) average across traits. To explore Aim 2, the personality of a client the providers would most likely to work with in a clinical setting was examined. These analyses are largely exploratory; however, Hypothesis 3 is that providers would prefer a client that is similar to their own self-reported personality characteristics (McPherson et al., 2001).

Methods

Participants

Mental Healthcare Providers

Self-identified mental healthcare providers (i.e., provided direct client services; $N = 205$) were recruited by sending emails to relevant ListServs (e.g., counseling graduate students), graduate school training programs (e.g., clinical psychology, social work), mental healthcare providers (through local externship sites and online searches), and professional organizations (e.g., Society for the Advancement of Psychotherapy). Data were examined for response quality. Four participants were excluded for answering ≥ two of thirteen Chapman Infrequency Scale (Chapman & Chapman, 1986) items incorrectly; one was excluded for failing a direct attention check and answering one Chapman item incorrectly. Twenty-four additional providers were excluded due to excessive missingness.

In all, 176 mental health providers comprised the final sample used in the analyses. A majority lived in the USA ($n = 169$; 96.0%) and identified as White ($n = 152$; 86.4%), heterosexual ($n = 133$; 75.6%), and female ($n = 142$; 80.7%). Ages ranged from 22 to 76 ($M = 35.6$, SD = 11.63). Most providers held a graduate degree (41.5% PhD, 33.7% Master's) while 35.8% were current graduate students. Clinical experience ranged from < 1–50 years (Mdn = 6). The majority were either in clinical ($n = 104$; 59.1%) or counseling psychology ($n = 31$; 17.7%), identified their theoretical orientation as cognitive-behavioral ($n = 94$; 53.4%), and worked in hospital/organized human service settings ($n = 52$; 29.5%) and/or university training clinics ($n = 47$; 26.7%).

General Population Comparison Group

A normative, general population sample ($n = 305$; 49.5% female; 97.7% White; age $M = 51.20$, SD = 11.67) was derived from the public database of the Eugene-Springfield Community Sample (Goldberg, 2018). Despite demographic differences between this group and the current study's sample, this community sample was selected because it was used for developing the Big 5 scale employed in this study and has been a primary source for lexicon-based structures of personality (Saucier et al., 2020). As such, these data are particularly well suited to serve as a comparison for other samples utilizing the same Big 5 measures. Individuals from the original database ($N = 570$) were only included in the study if they completed post-secondary education so that the groups had comparable education levels.

Measures

Descriptive statistics and internal consistency reliable data are reported in Table 1.

Mini-International Personality Item Pool (Mini-IPIP; Donnellan et al., 2006)

The Mini-IPIP is a 20-item short-form of the 50-item IPIP-representation of Goldberg's (1992) Big 5 lexical markers. Participants were asked to rate how accurately a statement

Table 1 Descriptive statistics and correlations for main variables

	Participants' self-ratings					Preferred client—mini-IPIP					Preferred client—descriptors					
	Neur	Ext	Open	Agree	Con	Neur	Ext	Open	Agree	Con	Neur	Ext	Open	Agree	Con	Exp
Self-ratings																
Neur	–															
Ext	−0.12*	–														
Open	−0.08	0.17*	–													
Agree	−0.09	0.14	0.19**	–												
Con	**−0.32****	−0.00	−0.09	0.26**	–											
Pref. client mini-IPIP																
Neur	0.05	0.10	0.04	0.17*	−0.14	–										
Ext	0.16*	0.20**	−0.00	0.05	0.04	−0.16**	–									
Open	0.20**	0.02	**0.34****	0.18*	−0.09	−0.07	**0.32****	–								
Agree	0.02	0.03	0.07	**0.38****	0.20**	−0.21**	**0.34****	**0.42****	–							
Con	−0.09	−0.10	−0.18*	0.09	0.29**	**−0.56****	0.22**	0.25**	**0.44****	–						
Pref. client descriptors																
Neur	−0.02	0.03	0.06	0.12	0.03	**0.54****	−0.06	0.03	−0.07	**−0.32****	–					
Ext	−0.01	0.29**	0.01	0.16*	0.01	0.02	**0.39****	0.11	0.20**	0.03	−0.09	–				
Open	0.12	0.08	0.05	0.10	−0.06	0.18*	0.23**	**0.34****	0.20**	0.04	0.13	0.19*	–			
Agree	0.04	−0.08	−0.11	0.09	0.05	−0.22**	0.11	0.23**	**0.34****	**0.33****	−0.23**	0.12	0.23**	–		
Con	−0.12	−0.04	−0.13	0.18*	0.17*	−0.17*	0.20**	0.06	**0.35****	**0.34****	−0.17*	**0.35****	0.06	0.44**	–	
Experience	−0.26**	0.12	0.02	0.01	0.16*	−0.04	−0.02	0.04	0.10	0.07	−0.09	0.16*	0.06	0.06	0.14	–
Mean	11.13	12.18	16.13	17.97	14.53	12.09	13.13	14.85	15.41	13.41	−0.17	0.37	3.44	3.92	3.12	9.47
SD	3.28	3.95	2.80	1.90	3.70	2.68	2.01	2.33	2.27	2.43	4.65	3.56	3.57	3.61	3.78	9.68
α	0.74	0.86	0.71	0.62	0.82	0.67	0.54	0.71	73	0.70	–	–	–	–	–	–
Average *r*	0.42	0.61	0.38	0.29	0.53	0.33	0.23	0.39	0.40	0.36	–	–	–	–	–	–

Correlations in bold at least medium sized based upon Cohen (1988) benchmarks

Neur neuroticism, *Ext* extraversion, *Open* openness, *Agree* agreeableness, *Con* conscientiousness, *Exp* years of clinical experience, *SD* standard deviation

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

describes them on a scale of 1 (very inaccurate) to 5 (very accurate). Neuroticism, Extraversion, Openness, Agreeableness, and Conscientiousness are calculated by mean item responses. Reliability values and descriptive statistics are similar to findings from prior studies (e.g., Donnellan et al., 2006) and suggest acceptable reliability (Clark & Watson, 1995).

Modified Mini-IPIP

In order to assess the personality of a preferred client, the Mini-IPIP was administered with internally modified instructions: "Describe a client that you would most like to work with in your role as a mental healthcare service provider. Consider what type of person you would most likely choose to work with, in comparison to other clients…" The questions and response scale do not differ from the original Mini-IPIP. Cronbach's alpha and interitem correlations fell within acceptable ranges.

Sliding Scale Big 5 Personality Descriptors

As an alternate measure of preferred client personality, participants were asked to rate how much of each Big 5 trait they would prefer in a client on a sliding scale from a low score description (− 10) to a high score (10) description. Descriptions were derived from the NEO-Personality Inventory-3 (NEO-PI-3; Costa & McCrae, 2010).

Demographics

The demographics questionnaire was adapted from the University of Massachusetts Boston Comprehensive Demographics Questionnaire (Suyemoto et al., 2016) and APA's (2015) Survey of Psychology Health Service Providers (Hamp et al., 2016).

Procedure

The corresponding author received approval for data collection by the University of Southern Mississippi's Institutional Review Board. Data collection was completed online and remotely. Following electronic informed consent, each participant completed the demographics questionnaire, the Mini-IPIP and modified Mini-IPIP (counterbalanced), and the sliding scale measure. All participants who passed quality assurance checks were able to enter their name into an optional drawing for a $5 gift card (50 gift cards were given in total). Of these individuals, 69.3% chose to enter into the drawing.

Results

Mental Healthcare Providers' Personality

Mean comparisons via *t*-tests were conducted to compare providers' scores on each personality trait relative to the normative sample. The results (see Table 2) partially supported hypotheses. Effect sizes are reported and described according to common interpretive benchmarks (small, $d = 0.20$; medium, $d = 0.50$; large, $d = 0.80$; Cohen, 1988; Ellis, 2010). As expected, compared to the normative sample, providers demonstrated higher agreeableness ($d = 0.72$, medium-sized effect). Contrary to hypotheses, providers demonstrated higher neuroticism ($d = 0.58$) and openness ($d = 0.20$) and lower conscientiousness ($d = -0.25$), relative to the normative sample, with effects ranging in size from small to medium. Unexpectedly, providers and the normative sample did not differ in extraversion ($d = 0.11$).

Latent profile analyses (LPAs) were conducted to model personality trait configurations of mental healthcare providers. LPA model fit (see Table 3) was determined utilizing both statistical and practical criteria; classes comprising of less than 5% of the sample are likely of little practical significance (Geiser, 2013). While model fit of providers' personality configurations was not consistent across statistics [i.e., Akaike Information Criteria (AIC), Bayesian Information Criteria (BIC), Adjusted Lo-Mendell-Rubin (aLMR), and Bootstrapped Likelihood Ratio Test (BLRT)], the 5- and 6- class models had at least one class comprised of < 5% of the sample. Thus, the 4-class

Table 2 Comparing Mini-IPIP scale scores among providers and normative sample

	Providers ($n = 176$)		Normative ($n = 305$)				
	Mean	SD	Mean	SD	*t*	*p*	Effect size *d*
Neuroticism	11.13	3.28	9.25	3.19	6.17	< 0.001	0.58
Extraversion	12.18	3.95	11.77	3.30	1.15	0.25	0.11
Openness	16.13	2.78	15.50	3.21	2.16	< 0.05	0.20
Agreeableness	17.97	1.90	16.16	2.79	8.40	< 0.001	0.72
Conscientiousness	14.53	3.70	15.32	2.86	− 2.43	< 0.05	− 0.25

SD standard deviation

Table 3 Fit statistics for latent profile analyses

	BIC	AIC	Adjusted Lo-Mendell-Rubin	*p*	Bootstrap LRT	*p*
Self-ratings						
2-Class	4468.30	4417.57	54.64	< 0.001	56.40	< 0.001
3-Class	4470.27	4400.52	28.14	0.081	29.05	< 0.001
4-Class	**4472.81**	**4384.04**	**27.60**	**0.316**	**28.49**	**< 0.001**
5-Class	4486.71	4378.91	16.59	0.607	17.13	0.118
6-Class	4491.51	4365.69	25.89	< 0.05	26.70	< 0.001
Preferred client *Mini-IPIP*						
2-Class	3958.00	3908.00	84.18	0.102	86.90	< 0.001
3-Class	**3937.56**	**3867.93**	**50.45**	**0.244**	**52.07**	**< 0.001**
4-Class	3925.02	3836.41	45.74	0.233	47.21	< 0.001
5-Class	3937.69	3830.09	17.74	0.486	18.32	0.088
6-Class	3946.26	3819.67	18.32	0.615	18.92	0.081
Preferred client *Descriptors*						
2-Class	**4774.70**	**4724.15**	**70.62**	**< 0.05**	**72.90**	**< 0.001**
3-Class	4776.95	4707.45	27.80	< 0.05	28.70	< 0.001
4-Class	4772.66	4684.21	34.14	0.403	35.24	< 0.001
5-Class	4788.65	4681.25	14.49	0.436	14.96	1.000
6-Class	4796.95	4670.59	15.83	0.656	16.27	0.667

The bolded models were deemed to be the best fitting

model was judged to be superior. Class 1 (10.3%) was characterized by low agreeableness and conscientiousness (Behavior Prone); Class 2 (44.3%) by high agreeableness and conscientiousness (Agreeable Self-Disciplined); Class 3 (14.9%) by high neuroticism, openness, and agreeableness and low conscientiousness (Warm, Directive, Demonstrative); and Class 4 (30.5%) by low agreeableness (Disagreeable). Figure 1 presents the *z*-score transformed indicator means by class. Consistent with the LPA literature (e.g., Ekblom-Bak et al., 2020), *z*-scores within the range of − 0.5 and 0.5 were considered average, those below − 0.5 low, and those above 0.5 high.

Providers' Preferences for Clients

Preliminary examination of the associations between self-reported provider personality traits and preferred client descriptions involved zero-order correlations. Effect sizes are reported and described according to common interpretive benchmarks (small, $r = 0.10$; medium, $r = 0.30$; large, $r = 0.50$; Cohen, 1988; Ellis, 2010). The results with the modified Mini-IPIP suggest that providers higher in extraversion, openness, agreeableness, and conscientiousness described a preferred client with the same traits (small- to medium-sized correlations; Table 1). When preferred clients were described using the sliding scale measure, only the

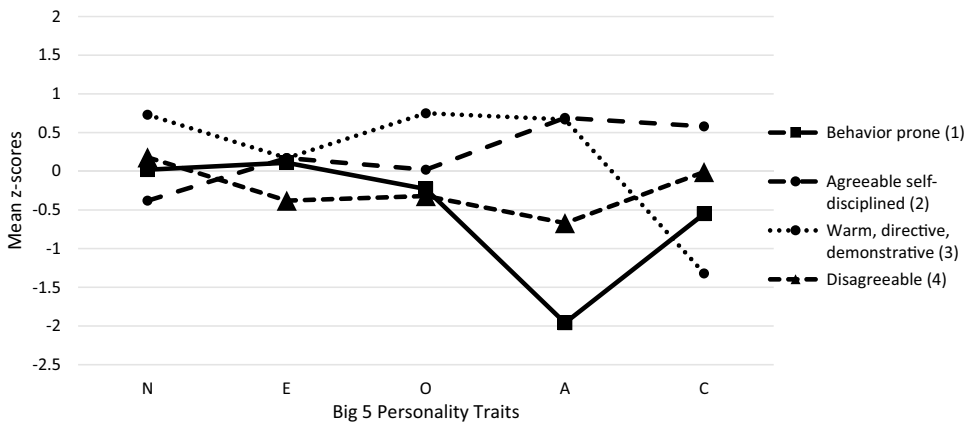

Fig. 1 Provider self-report personality trait profiles (Mini-IPIP). *N* neuroticism, *E* extraversion, *O* openness, *A* agreeableness, *C* conscientiousness. All scores z-score transformed for ease of interpretation

findings regarding extraversion (0.29) and conscientiousness (0.17) were replicated. Furthermore, several unique and unexpected trends were observed. Provider neuroticism was positively associated with preferred client Mini-IPIP ratings of extraversion (0.16) and openness (0.20). Provider openness was negatively associated with preferred client Mini-IPIP ratings of conscientiousness (−0.18). Provider agreeableness was positively associated with preferred client Mini-IPIP ratings of openness (0.18) and neuroticism (0.17), and preferred client sliding scale ratings of extraversion (0.16) and conscientiousness (0.18). Provider conscientiousness was positively associated with preferred client agreeableness (0.20) assessed via the modified Mini-IPIP.

Preferred Client Personality Profiles

Exploratory LPAs were conducted for the ratings of a preferred client in order to model personality configurations of preferred clients. The results for the modified Mini-IPIP suggested better model fit with each increased number of classes from two to five (see Table 3). Findings were not consistent across aLMR and BLRT. Of note, the 4–6-class models had at least one class that was comprised of < 5% of the sample. The 3-class model was judged to be the most appropriate (See Fig. 2). Class 1 (6.8%) is characterized by high neuroticism, and low openness, agreeableness, and conscientiousness (Neurotic); Class 2 (22.2%) by high agreeableness and conscientiousness, as well as low neuroticism (Warm, Collaborative); and Class 3 (74.2%) by average levels across traits (Average).

When preferred client personality was assessed via the sliding scale descriptors, a 2-class solution was deemed to be the best fitting (see Table 3). The findings across BIC, AIC, BLRT, and aLMR values were not consistent. However, the 3–6-class models had at least one class comprised of < 5% of the sample. Thus, the 2-class model was judged to be most appropriate (See Fig. 2). Class 1 (38.8%) was characterized by low agreeableness and conscientiousness (Behavior prone), and Class 2 (61.2%) by high agreeableness and conscientiousness (Warm, Collaborative).

Correlations Between Provider and Preferred Client Personality Profiles

The probability of participants falling into each self-report class and the probability that their preferred client would fall into each preferred client classes were calculated. Correlational analyses were then conducted between probabilities to

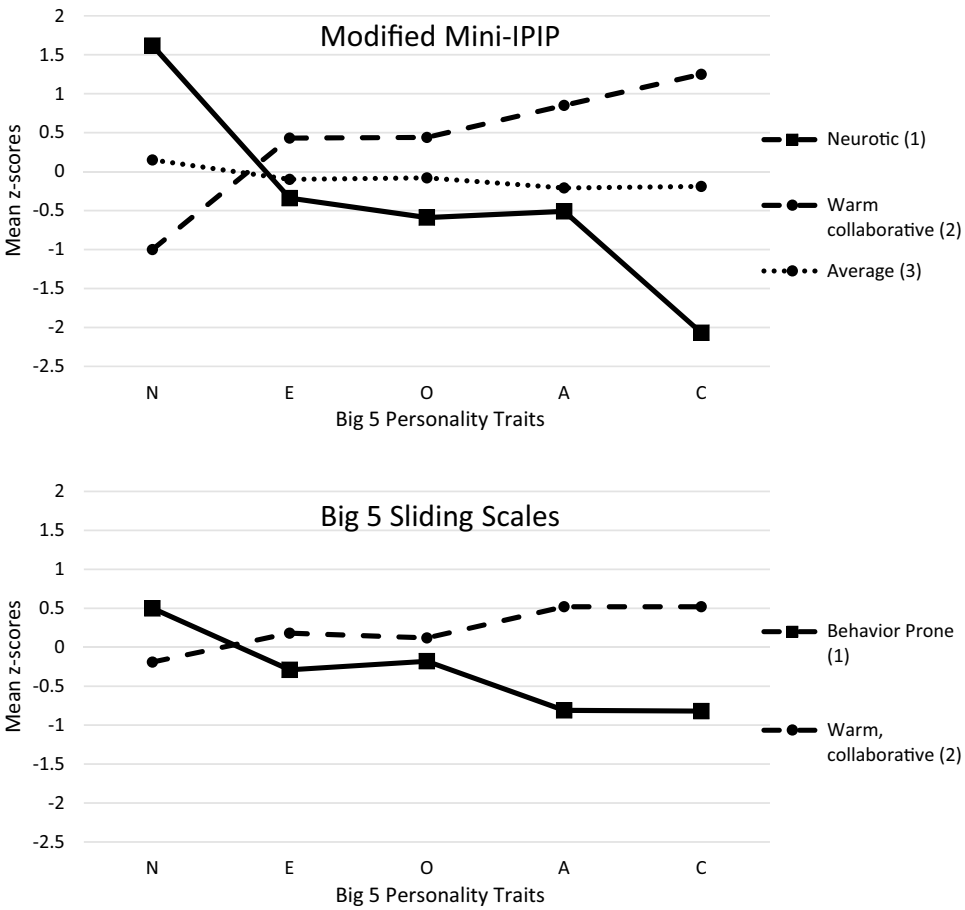

Fig. 2 Preferred client personality trait profiles. *N* neuroticism, *E* extraversion, *O* openness, *A* agreeableness, *C* conscientiousness. All scores z-score transformed for ease of interpretation

investigate whether a provider with a certain profile prefers a client with another particular profile. There were no statistically significant associations, and all correlations were negligible/small-sized (*r*s ranged 0.02–0.14).

Discussion

The current study aimed to replicate and expand upon prior work characterizing the personality of mental healthcare providers. Additionally, the study explored preferences that providers may have regarding clients' personality. Hypothesis 1 was that, compared to a normative sample, providers will demonstrate more agreeableness, less neuroticism, and higher extraversion. Hypothesis 2 was that providers would be characterized by three personality profiles: (1) open, agreeable, extraverted, flexible; (2) disagreeable, introverted, neurotic, rigid; and (3) average. Hypothesis 3 was that providers would prefer a client with personality similar to their own. Overall, initial results did not support the hypotheses, although unique personality traits and profiles of providers and preferred clients were evident.

Like Peter et al. (2017), providers in the current study had a higher level of agreeableness relative to a normative sample. Inconsistently, however, providers in the current study had lower levels of trait-level conscientiousness and more trait-level openness than the normative sample. These traits suggest that providers demonstrate more trustworthiness, curiosity, interpersonal flexibility, and straightforwardness than those in other professions (Digman, 1990). Traits such as these can facilitate strong relational and therapeutic skills for providers to foster a curious, non-judgmental, and attentive therapeutic environment (Peter et al., 2017). However, recent work has also demonstrated that above average levels of openness and agreeableness among providers are related to poorer client-rated treatment outcomes (Delgadillo et al., 2020). Extreme levels of these traits may contribute to less therapist directiveness, unconventional treatment ideas, less adherence to treatment protocols, and overall, less agreement between the client and therapist in treatment (Delgadillo et al., 2020). It is evident that a therapist's disposition can impact their clinical practice, emphasizing the importance of increased awareness of these traits to facilitate the mitigation of potential negative outcomes.

Contrary to Peter et al. (2017), providers in the current sample had higher trait-level neuroticism than the normative sample. Higher scores on neuroticism may be explained by gender differences, as females tend to demonstrate higher scores on neuroticism than males (e.g., Weisberg et al., 2011) and most of the provider sample was female. However, neuroticism may also reflect a tendency to seek personal psychological treatment (Norcross & Guy, 2005) and common experiences with psychological difficulties (e.g., professional burnout; Rupert et al., 2015). As such, providers with higher neuroticism are presumably more sensitive to negative affect and are in vulnerable positions when providing mental healthcare services to distressed individuals. Recent work has emphasized that when these providers have mitigating characteristics (e.g., secure attachment style) and psychological resources (e.g., emotional intelligence) they demonstrate positive coping and effective clinical practice, resulting in favorable client outcomes (Heinonen & Nissen-Lie, 2020). In the current study, providers' self-reported neuroticism likely reflects an openness and willingness to report psychological difficulties which suggests a self-reflective nature. As such, the higher neuroticism in the current sample may help these providers develop a deep understanding, warmth, and empathy for clients; traits that are important and consistent predictors of clients' treatment outcomes (Heinonen & Nissen-Lie, 2020).

Comparisons of providers and the normative sample were generally inconsistent with the findings of Peter et al. (2017). Inconsistencies may be a function of cultural differences, as the providers from the previous study were recruited from Germany, Austria, and Switzerland and the current study's providers were largely from the USA. When comparing German and American cultures, German culture is less individualistic, more risk avoidant, and more evaluative of problems prior to determining a solution (see Lehmann-Willenbrock et al., 2014 for a review). These and other cultural differences should be considered, particularly because of the culture–personality relationship that can be demonstrated by regional differences in personality profiles across the world (e.g., Schmitt et al., 2007). For instance, openness tends to differ regionally even among German-speaking countries (e.g., Germany is lower in openness than Switzerland; Schmitt et al., 2007). While it is unclear how these cultural differences may a play a role in the current study's inconsistencies with Peter et al. (2017), it is important for further research to be conducted in order to establish the generalizability of both studies.

In addition to mean-level comparisons, four personality profiles of providers were evident, none of which were descriptively consistent with the three profiles found in prior work (i.e., Saarino, 2011) which may be reflective of the limited research in this area. The majority of providers characterized themselves as high in agreeableness and conscientiousness (Agreeable Self-Disciplined, 44.3%). This is somewhat consistent with potential clients' preferred therapists; undergraduates and individuals from the community preferred a Collaborative Confident therapist with high agreeableness and conscientiousness, and low neuroticism (Anestis et al., 2020). Given these similarities, many people likely have an accurate picture of what some providers are like and, given the implications for a preference match, are likely to react positively to providers with these traits. Of

note, however, a minority of providers in the current study described themselves as directly the opposite, or Behavior Prone (10.3%). These traits may be a mismatch with a client's preference and can lead to potential conflict in treatment. These findings highlight the importance of expanding research to determine the extent to which a personality preference match or mismatch may impact treatment. With the Behavior Prone profile representing the least number of providers and the Self-Disciplined profile representing most providers, it is possible that people with low agreeableness and conscientiousness are less attracted to mental healthcare than those with high levels of these traits. However, it may also be possible that agreeableness and conscientiousness increase through clinical training and work. Future directions may include longitudinal investigations of personality throughout clinical training and careers.

Consistent with exploratory hypotheses, there were similarities between the providers' self-rated personality profiles and that of their preferred clients at the zero-order level. Most providers (44.3%) demonstrated high agreeableness and conscientiousness; 61.2% of providers indicated a preference for a client with these traits based upon the sliding scale ratings and 22.2% based upon the modified Mini-IPIP. Additionally, providers higher in most traits preferred a client with the same traits based upon the Mini-IPIP, and responses to the sliding scales descriptors replicated these findings for those high in extraversion and agreeableness. The sliding scale ratings may have differed from the modified Mini-IPIP because providers were not given the opportunity to also rate themselves on a sliding scale for each trait. Some of these exploratory findings support the broader literature suggesting that people prefer those that are similar to themselves (e.g., McPherson et al., 2001).

Notably, other associations emerged that were inconsistent with the similarity hypothesis. Providers' neuroticism was not associated with preferred client traits of neuroticism but was associated with extraversion and openness, albeit with only the Mini-IPIP. As previously discussed, these providers may be particularly vulnerable to high affect, and they may recognize the difficulties that can come when working with a client who is also high in neuroticism. This may have led these providers to prefer a client who would be open to the therapy and social rather than prone to negative affect. Self-ratings of openness were negatively associated with preferred client conscientiousness on the Mini-IPIP. As such, providers who are more curious and creative report preferences for a client who is laid back, less goal-oriented, and less organized. Providers high in openness likely enjoy a more creative treatment process, and they may prefer clients who are more likely to be flexible and less likely to have specific expectations for treatment, allowing for a more fluid course of treatment. Participants' self-rating of conscientiousness was associated with a preferred client's agreeableness with the Mini-IPIP. This suggests that providers who are more organized, structured, and goal-oriented prefer a client who is more cooperative and understanding. A client high in these traits will likely allow for a provider to implement structure into treatment without much combativeness or many disagreements. For self-ratings of agreeableness, positive associations were evident for preferred client traits of neuroticism and openness for the Mini-IPIP and extraversion and conscientiousness for the sliding scale descriptor. Given many associations, these findings may demonstrate that these providers do not have strong preferences for any one type of client which is reflective of their tendencies to be accommodating, cooperative, and affectionate.

Preliminary associations between self-rated personality profile configurations and those of preferred clients did not support the similarity hypothesis. The most preferred personality profile of clients using the sliding scale measure was Warm, Collaborative (61.2%) and using the modified Mini-IPIP was Average (74.2%), both of which may be indicative of a client that would be easy to work with. For example, individuals high in extraversion are social and warm (McCrae & Costa, 1992), so it may be easier to establish a therapeutic relationship with these clients, relative to those lower in this trait. The Neurotic profile, identified using the modified Mini-IPIP, was the least preferred (6.8%), despite the fact that high neuroticism is common in mental health settings (Jennings et al., 2017). It is important for future work to replicate these findings and to consider reasons for providers' preferences.

The current study provides insight into mental healthcare providers' unique personality profiles and which client personalities are most preferable to providers. If replicable, these preliminary findings have implications for further understanding providers' personal and professional characteristics as well as potential biases that can impact treatment. Implicit biases may impact access to care, clinical screening and diagnosis, treatment process, and crisis response (Merino et al., 2018); thus, self-awareness is a key quality of an effective provider (APA, 2017). Mental healthcare providers should monitor and consider how their personal values may influence professional decisions (Knapp et al., 2017). As such, providers may benefit from conducting personality self-assessments and utilizing this information to consider how their dispositions may influence professional decisions.

Limitations of this preliminary study must also be considered. Since only self-report measures were used, monomethod bias may inflate correlation sizes. Additionally, the Mini-IPIP instructions were internally modified. Future research may consider other methodology. The sample was relatively small and homogeneous, limiting generalizability. Most providers were in the field of psychology which

is not representative of the full range of mental healthcare providers. Most providers were White women, which reflects the demographics of many workers in psychology (APA Center for Workforce Studies, 2015). Notably, 24% of the current sample endorsed a sexual orientation other than heterosexual, a higher proportion of sexual minorities than the general US population (3.5–5%; Pew Research Center, 2013). Given the exploratory nature of this study, further research is needed to address these limitations, potentially with larger and more diverse samples.

The current study provides initial support for the consideration of mental healthcare providers' personality. This study was the first to compare providers to a normative group utilizing the Big 5 and a sample largely from the USA. Additionally, this was the first exploration of providers' preferences of clients based on personality. Findings support the idea that providers have unique personality characteristics relative to the general population and unique preferences regarding client personality. These findings can stimulate future research regarding the impact of providers' preferences and personality on therapeutic process and outcomes.

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Declarations

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