RESULTS (cont.)

Participants
The participants were 1286 counselors who completed measures of symptoms and therapeutic alliance across the course of their counseling at the network of Richmont Graduate University counseling centers the Chattanooga and Atlanta areas. Some 60 therapists from Richmont include graduate student interns, unlicensed master’s level clinicians, and licensed LPCs, MFTs, and psychologists. All client participants signed a release for the data to be collected as part of their informed consent. Counselors gave consent to provide demographic information on themselves. Inasmuch as ethnicity data on clients is not reported on the actual client survey forms, this was added only when available. Moreover, not all therapists chose to provide ethnicity data, leading to limited cases where both ethnicity of client and therapist were available.

Measure
Prior to each session, clients filled out a brief outcome questionnaire that is designed from a collaborative Outcome Resource Network (ACORN) by the Center for Clinical informatics and based on research showing the items to be effective in tracking progress. Items tracked the therapeutic alliance, affective symptoms (“Symptoms” in the data), religious coping, overall progress, and change in daily and social functioning. NOTE: The ACORN questionnaire is an anonymous outcome questionnaire that has 16-15 items written on a 4th grade reading level. The clients respond to the questions by selecting never, hardly ever, sometimes, often, or very often.

Procedure
These forms are uploaded to a secure online database free of identifying information, and collated by therapist and client. Data is then downloaded and analyzed using SPSS. NOTE: The higher the therapeutic alliance score, the more concern with the alliance.

Table 1 Ethnicity of Client & Ethnicity of Counselor Cross-tabulation

<table>
<thead>
<tr>
<th>Ethnicity of Client</th>
<th>Caucasian</th>
<th>African American</th>
<th>Latin/o/a</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>368</td>
<td>21</td>
<td>6</td>
<td>391</td>
</tr>
<tr>
<td>African American</td>
<td>21</td>
<td>7</td>
<td>0</td>
<td>28</td>
</tr>
<tr>
<td>Hispanic</td>
<td>3</td>
<td>0</td>
<td>0</td>
<td>3</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>2</td>
<td>0</td>
<td>0</td>
<td>2</td>
</tr>
<tr>
<td>Other</td>
<td>7</td>
<td>0</td>
<td>0</td>
<td>7</td>
</tr>
</tbody>
</table>

Note: Small Sample Size

Table 2 Test Group Statistics by Counselor Ethnicity

<table>
<thead>
<tr>
<th>Ethnic Match</th>
<th>N</th>
<th>Mean Therapeutic Alliance</th>
<th>t value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caucasian</td>
<td>CC</td>
<td>352</td>
<td>.08</td>
<td>-2.12</td>
</tr>
<tr>
<td></td>
<td>CA</td>
<td>21</td>
<td>.24</td>
<td></td>
</tr>
<tr>
<td>African</td>
<td>AA</td>
<td>7</td>
<td>.05</td>
<td>1.11</td>
</tr>
<tr>
<td>American</td>
<td>AC</td>
<td>15</td>
<td>.00</td>
<td></td>
</tr>
</tbody>
</table>

Note: CC stands for Caucasian therapist with Caucasian client. CA stands for Caucasian therapist with African American client, etc. This table is two independent sample t tests comparing group means.

Table 3 Test Statistics by Client Ethnicity

<table>
<thead>
<tr>
<th>Ethnic Match</th>
<th>N</th>
<th>Mean Therapeutic Alliance</th>
<th>t value</th>
<th>Significance</th>
</tr>
</thead>
<tbody>
<tr>
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<td>.05</td>
<td>1.11</td>
</tr>
<tr>
<td>American</td>
<td>AC</td>
<td>15</td>
<td>.00</td>
<td></td>
</tr>
</tbody>
</table>

Note: AA stands for African American Therapist with African American client. AC stands for African American Therapist with Caucasian client, etc.

CONCLUSIONS

- Caucasian therapists have significantly better alliances with Caucasian than with African-American clients.
- African-American therapists do not show differing alliances depending on client ethnicity.
- Caucasian clients matched with an African American therapist had a significantly stronger therapeutic alliance compared to African American Clients matched with same race (see table 2).
- African American clients matched with Caucasian therapists showed a stronger therapeutic alliance compared to African American therapists (see table 3).

WEAKNESSES OF THE PRESENT STUDY
- Clearly the N sizes varied widely so the groups were not clearly comparable.
- Few therapists were used, and scores may be a function of therapist personality and not ethnicity.
- Missing data reduced the N

DIRECTIONS FOR FUTURE RESEARCH
- Future studies should follow up with larger Ns and possibly obtain more qualitative data about the experience of ethnic match. Moreover, future studies might explore why the differences in alliance did not impact overall symptom reduction in counseling.

REFERENCES

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OBJECTIVES

The present study examines the efficacy of client-therapist match during treatment and to explore whether the strength of the therapeutic alliance yields positive outcomes.

Hypotheses include that African-American clients matched with African-American therapist will show:

• A stronger therapeutic alliance.
• Greater improvement during treatment for depression and anxiety than African-American clients working with Caucasian therapists or Caucasian clients working with African American therapists.

RESULTS

- More Therapeutic Alliance
  - Caucasian Therapists: clients of Caucasian therapists had significantly better alliances with Caucasian therapists than with African American therapists.
  - African American Therapists: clients of African American therapists had significantly better alliances with African American therapists than with Caucasian therapists.

CONCLUSIONS

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