Outcome Evaluation of Child with Depressive and Anxious Symptoms Therapy with Relation to Therapist-Client Relationship and Religious Coping

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Introduction
The current research on the outcome of psychotherapy is lacking in showing evidence of effectiveness, especially with the aspect of children with depressive and anxious symptoms. There is a growing need in the counseling field for research to examine the aspect of the working relationship between therapist and client and how that affects the outcome of therapy. Recent studies have found that the outcome of therapy was improved when the therapist was given feedback midway on how the clients thought therapy was progressing (Lambert et al., 2002). Few of these studies look at children and even fewer look at childhood depression and how the working relationship can affect the outcome. Research has shown the effect that the working relationship had on the outcome of therapy with adolescents was significant but few studies have look at childhood depression (Shirk, Gudmundsen, Kaplinski, & McManick, 2008). The aspect of religious coping coupled with childhood depression is another area that needs exploration. Studies have found that parents who use a positive form of religious coping have a more positive outcome of their child’s diagnosis (Pargament & Trakewshwar, 2001). It has also been shown that those clients that have a strong religious belief system responded well to therapists that used religious interventions (Wade, Worthington, & Vogel, 2005).

Hypotheses
- Hypothesis (1) states that the measure of the therapeutic alliance will positively relate to counseling outcome.
- Hypothesis (2) states that the measure of the religious coping will positively relate to counseling outcome.

Methods
- Participants: the participants for this study came from the network of Richmont Counseling Centers in the Atlanta and Chattanooga areas, staffed by interns and professionals.
- A total of 1286 subjects participated in the overall study.
- N= 99 children reported having depressive and anxious symptoms and will be used in this study.
- Due to lack of data from the centers, gender and ethnicity could not be reported.

Results
- A low therapeutic alliance score reflects a good alliance; scores increase with problems in the alliance.
- Change measures reflects the highest symptoms minus the lowest symptoms reported.
- In religious coping, the change score reflects client report of seeing the divine as in some sense punishing or deserting the client.

 limitations of this study include the fact that it was a small study. Only 99 children were included. Another study should look at how more children over a longer period of time would effect the results. The lack of reporting on ethnicity and gender could be a factor that could not be looked at in this study.

Future Research
Further studies need to look at how the results would differ with the study done in a different setting. To see if how the client pays (Self pay vs. private insurance vs. state insurance) effects the outcome. Also looking at the parental involvement outside of the therapy office effects the outcome of therapy when compared to the therapeutic alliance. More in-depth look at how ethnicity and gender effects the alliance would be beneficial as well.

Conclusions
While neither hypothesis was found to be supported by this study it is important to note that there was a significant different between groups on the therapeutic alliance measure. Those children that were surveyed reported a lower therapeutic alliance then any other group. It was also found that this difference in alliance did not effect the outcome of the therapy. More research should be done looking into how therapeutic alliance works in children, not just with depressive symptoms, but in general.

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