Report Number 3

Working Alliance and Treatment Outcome
in Ethnically Similar and Dissimilar Client–Therapist Pairings

Ozgur Erdur
Dept. of Educational Psychology

Stephanie Rude
Dept. of Educational Psychology

Augustine Barón
Counseling and Mental Health Center

Matthew Draper
Dept. of Educational Psychology

Lavanya Shankar
Dept. of Educational Psychology

The University of Texas at Austin

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Abstract

This study examined the working alliance and counseling outcomes of African American, Asian American, Hispanic, and White clients as a function of therapist ethnicity within an actual counseling context with data obtained from 42 university and college counseling centers. Overall, the study yielded very little evidence that either the working alliance or client outcome in counseling were affected by therapist-client ethnicity combinations. An important caveat is that not all therapist-client ethnicity combinations could be examined. In particular, the number of Asian American clients in the sample was small (n=10) and only one of these clients was seen by an Asian American therapist. Despite the small number of Asian American clients in the sample, the only analysis in which ethnicity effects were found was that comparing dyads of Asian American clients paired with either White therapists or African American therapists. Asian American clients rated the relationships with their African American therapists significantly lower than these relationships were rated by the therapists. And African American therapists were significantly more positive in rating the working alliance with their Asian American clients than White therapists were in rating the alliances with their Asian American clients.

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What effect does ethnic similarity and difference have on the quality of the therapeutic relationship and on clients' outcome? Despite a high level of interest in the impact of ethnicity upon the counseling process, only a few studies have examined the actual relationship between ethnic similarities and either working alliance or outcome.

Investigations of ethnicity in the counseling literature have consisted mostly of examinations of client preferences. Lopez, Lopez, and Fong (1991) note the existence of two types of studies. In one type of study, researchers have directly asked clients whether they prefer a therapist of their own race or ethnicity. Participants are asked to make their decision about which therapist they would choose based only on the therapist's ethnicity. In the other type, instead of asking clients directly which therapist they would choose, clients have been asked to make judgments about therapists' credibility or competence based on information about a hypothetical therapist's characteristics such as educational background, personality, gender, age, and ethnicity. Client preferences are then inferred from these judgments (Vera, Speight, Milder, & Carlson, 1999).

Using meta-analysis, Coleman, Wampold and Casali (1995) surveyed the results of studies comparing ethnic minorities' ratings of ethnically similar and dissimilar therapists and reported that ethnic minority clients, especially those with strong cultural affiliations, prefer ethnically similar therapists to White therapists. Coleman et al. (1995) also noted that, regardless of ethnic background, when individuals are asked to list the characteristics of the competent therapist, they place ethnic similarity below that of other characteristics such as attitudes, educational level, personality, maturity, and so on. When a therapist's characteristics are not known, it is more likely that clients will choose ethnically similar therapists, presumably, because they may assume that ethnically similar therapists have similar attitudes and values. Atkinson and Lowe's (1995) conclusions were similar to those of Coleman et al. (1995). They examined existing research and pointed out that "other things being equal, minority clients prefer therapists with a similar ethnic background…[but]…it is equally clear that not all ethnic minority individuals make their choice of a therapist solely on the basis of an ethnic schema" (p.392).

It is important to note that most of the research described above consists largely of analog studies with non-client research participants. As Vera, Speight, Mildner, and Carlson (1999) point out, analog studies do not typically represent the "real life situation of counseling" and consequently they may not reflect "the intricacies of preferences and perceptions."

In one of the few studies that examined actual counseling interactions, Flaskerud (1991) found an effect of ethnicity match on the duration of counseling. This author examined the Los Angeles County Mental Health files of 1,746 Asian clients and found that clients were seen for significantly more sessions when the client and therapist were ethnically matched than when they were unmatched. A similar result was reported by Sue, Fujino, Hu, Takeuchi, and Zane (1991). These authors examined the same county's archival data, and found a positive relationship between length of treatment and ethnic match for Asian Americans, African Americans, Mexican Americans, and Whites. Also, they reported that except for Asian Americans, drop out rates were lower among matched clients than unmatched clients for all ethnic groups. Treatment outcome

was also examined and found to be related to ethnic match only for Mexican Americans. Among Mexican Americans for whom English was not the primary language, ethnic match was a positive and significant predictor of outcome.

In another study that used actual counseling dyads, Ricker, Nystul, and Waldo (1999) examined ethnic similarity and working alliance with 19 ethnically similar therapist-client pairs and 32 ethnically dissimilar therapist-client pairs from a university counseling center. This study reported no relationship between ethnic similarity and working alliance, and a positive relationship between ethnic similarity and counseling outcome. No relationship was found between therapeutic alliance and counseling outcomes in this study (Ricker, Nystul, & Waldo, 1999). However, the approach to defining ethnic similarity entailed collapsing across particular therapist-client ethnic combinations and, therefore, did not allow examination of the working alliance for specific pairings.

There is wide agreement that the working alliance between therapist and client is one of the essential indicators of successful therapeutic outcomes (e.g., Horvath & Symonds, 1991). Horvath and Greenberg (1994) explain that in the current notion of working alliance, "collaboration" between therapist and client is the key element. At its best, the working alliance provides a safe environment for clients to explore themselves and a relationship in which clients' "key relational issues" are defined. Bordin (1979) defined the working alliance as being based on three components: the agreement on overall goals, the agreement on tasks that lead towards achieving these goals, and the emotional bond between the therapist and client. The Working Alliance Inventory developed by Horvath and Greenberg (1994) includes sub-scales patterned after these three components.

Studies conducted by Horvath and Greenberg (1989) indicated that both therapist and client ratings of their working alliance are correlated with therapy outcome, especially ratings on the task and goal sub-scales. Similarly, Horvath and Symonds (1991) used meta-analysis to synthesize the results of 24 studies examining the relationship between working alliance and psychotherapy outcome, and found "moderate but reliable" relationships between good working alliance and successful therapy outcome [the overall effect size (ES) was 0.26]. The client's perception was the best predictor of treatment outcomes followed by therapist's and observer's, respectively.

What is known about the variables that contribute to a good working alliance? The working alliance has been examined in relation to several client and therapist variables. Mallinckrodt and Nelson (1991) reported positive relationships between therapist training level and the goal and task sub-scales of the working alliance. However, Dunkle and Friedlander (1996) failed to find a relationship between therapist experience level and client's perception of the goal and task components of working alliance. Dunkle and Friedlander (1996) did report positive relationships between the bond scale and client perceptions of some therapist characteristics such as hostility, social support, and degree of comfort with closeness in interpersonal relationships. The quality of overall working alliance was also found to be related to characteristics of clients, such as the quality of a client's current and past relationships, type of presenting problems, levels of adjustment (Kokotovich & Tracey, 1990), and social support and psychological symptoms (Mallinckrodt, 1996). Tyron and Kane (1993) investigated whether working alliance predicted

mutual vs. unilateral termination. They reported a relationship between therapist perception of strong working alliance and mutual termination. However, client working alliance was not associated with termination type.

In sum, a number of studies have examined the impact of ethnic similarity or dissimilarity of therapist-client pairings and on client perceptions about therapists, such as credibility and competence based on hypothetical descriptions. But these studies are analogue in nature and offer no clear information about whether or not this similarity influences working alliance or outcome. From the very few studies that have examined actual counseling dyads, there is some evidence that ethnic similarity may influence duration of counseling.   The only study that examined the impact of ethnic similarity on working alliance and outcome in actual counseling dyads found an effect of ethnic similarity on counseling outcome but not on working alliance. It should be noted that this study was relatively small, and did not afford the opportunity of examining specific therapist-client ethnic pairings.

The main goal of the current study, then, is to understand how ratings of working alliance and treatment outcome differ as a function of ethnic similarities and dissimilarities between therapists and clients. We are interested in whether or not working alliance and outcome are enhanced in cases where the clients and therapists are of the same ethnicity, and in the quality of the working alliance and outcome among specific therapist-client ethnicity combinations.

Methodology

Participants and Procedures for the Total Sample

The data reported here were collected by The Research Consortium of Counseling Psychological Services in Higher Education. A total of 4,483 students and 376 therapists from 42 university and college counseling centers completed the Working Alliance Inventory (WAI), and the Outcome Questionnaire (OQ45) along with a number of other measures not used in the present study. The WAI was filled out prior to the 4th session of therapy and the OQ45 was filled out before each session. The number of sessions that clients attended was determined using the number of available OQ45 scores. Despite this large initial sample, the dyadic nature of the current study limited usable cases.

Below are reported demographics for clients and therapists who comprised the total sample. Table 1 shows the reduced number of clients and therapists with complete data on all variables used in the present analyses. Of the clients, 2,142 (47.8%) were women, 1,072 (23.9%) were men and 1,269 (28.3%) did not indicate their gender. Their ages ranged from 16 to 61 years (M=23.38, SD=5.77). One hundred thirty five (3%) were African American, 187 (4.2%) were Asian American, 344 (7.7%) were Hispanic American, 13 (.3%) were Alaskan/Native American, 2,416 (53.9%) were White and 199 (4.4%) were International Students. Finally, 1,189 (26.5) did not indicate their ethnicity. Only 718 (16%) were graduate students and the others were undergraduate students. About 37% (or 1,658) of the students indicated they had received previous counseling experience at some point in their lives.

Of the therapists, 241 were women, 132 were men and 3 did not indicate their gender; their ages ranged from 22 to 69 years (M=37.56, SD=10.37). The ethnic composition of the therapists was as follows: 21 (5.6 %) were African American, 14 (3.7%) were Asian American, 15 (4.0 %) were Hispanic American, 2 (.5 %) were Alaskan/Native American, 298 (79.3%) were White, 13 (3.5%) were International, and finally, 13 (3.5 %) therapist ethnicities were unknown. Regarding the educational level of the therapists, 17.8% had attained a BA/BS (largely composed of practicum-level trainees), 40% had an M.A/M.S/M.S.W, 37.5% had a Ph.D./Psy.D/Ed.D, 1.8% had other types of degrees, and finally, 2.7% were unknown. The therapists' years of experience ranged from less then one year to 37 years (M=6.89, SD=8.11).

Since the interest of the current study was on ethnicity, international students, a highly heterogeneous group in terms of their ethnicity, were omitted from the analyses. Additionally, Alaskan/Native American clients and therapists were excluded due to insufficient numbers. For a breakdown of the number of the therapists and clients in each ethnic category, see Table 1.

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See Table 1

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Instruments

The Working Alliance Inventory (Horvath & Greenberg, 1986) is a 36-item measure with three sub-scales that measure client and therapist perceptions on goals, tasks, and quality of the personal bond respectively. It has two versions: the client version assesses the quality of the alliance as perceived by the client, and the therapist version assesses the therapist's perspective as to how the client perceives the quality of the alliance. Sample items are "My counselor perceives accurately what my goals are" (Client version) and "My client and I have a common perception of her/his goals" (Therapist version). Items are scored on a 7-point scale (from 1 = Rarely to 7 = Always).

Horvath and Greenberg (1986) reported internal consistency estimates with alphas of .93 for the client total score and .87 for the therapist total score. The internal consistencies for the therapist sub-scales were reported as alphas of .91, .88, and .93 for task, bond, and goal respectively. For the client scales the alphas of .90, .88, and .91 for task, bond and goal were reported. Validity has been established through significant correlations between WAI ratings and counseling outcome (Horvath & Greenberg, 1986), client characteristics (Kokotovic & Tracey, 1990), and therapist technical activity (Kivlighan, 1990). Tracey and Kokotovic (1989) conducted confirmatory factor analysis and found support for a three-dimensional structure that corresponds to the three sub-scales.

In the current sample, the internal consistency reliabilities for the therapist scale were found to be .94 for the total score, and .88, .78, and .91 for task, bond and goal scores, respectively. For the client scale, internal consistency reliabilities were .95 for total scores, and .90, .84 and .88 for task, bond and goal scores, respectively.

The Outcome Questionnaire 45 (OQ45*)* was developed by Lambert, Lunnen, Umphress, Hansen, and Burlingame (1994) and is a measure of subjective distress. The 45 items are presented in a 5-point Likert (0-4) scale and summed to yield a total measure of distress. Furthermore, the instrument consists of three sub-scales that measure symptom distress, social-role functioning, and interpersonal relationships. The symptom distress sub-scale primarily measures depression and anxiety symptoms; the social role functioning sub-scale taps the efficiency and adequacy of social role adjustment; and the interpersonal relationship sub-scale measures the quality and satisfaction with interpersonal relationships of a familial, romantic, and friendship nature. The total score is the sum of all three sub-scales, ranging from 0-180. A high score suggests that the participant is reporting a large number of symptoms of distress, difficulties in interpersonal relationships, social role functioning, and the overall quality of life. A sample question reads, "I feels hopeless about the future." Typically, a cutoff score of 63 is used to distinguish a clinical from a nonclinical population (Kadera, Lambert & Andrews 1996). A low total OQ45 score suggests the participant is not unusually distressed and is satisfied with his or her quality of life. Kadera, Lambert & Andrews (1996) report an internal consistency of .93 and a test-retest reliability of .84, and concurrent validity with similar instruments in some studies range from .53 to .88. Our analyses of the present data yielded a coefficient alpha of .94 for the total OQ45 score.

For purposes of the analyses reported here, a change score was created by subtracting the pretest OQ45 score (at intake) from the last OQ45 score reported for each client before termination. This difference score is referred to below as OQ45D. Finally, the number of sessions that clients attended was determined by counting their total number of OQ45 scores.

Results

Descriptive Statistics

The Pearson product-moment correlation coefficients among therapist and client WAI sub-scales and total scores are shown in Table 2. As can be seen in the table, agreement between therapists and clients on the scales is relatively low. This result is similar to those of previous studies (e.g., Al-Darmaki & Kivligan, 1993). Calculating the correlations separately within each ethnic group revealed very similar correlation coefficients.

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See Table 2

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As can also be seen in Table 2, correlations are significant but relatively low among Outcome Questionnaire difference scores (OQ45D) and clients' Working Alliance (WAI) total scores and sub-scale scores. However, the correlations between OQ45D and WAI sub-scales therapist scores were not significant.

The number of sessions attended was also found to be significantly correlated to only the therapist bond sub-scale and last session OQ45 scores (see Table 2). Additionally, as is summarized in Table 3, one-way ANOVAs revealed significant mean differences among ethnic

groups in terms of their intake OQ45 [F (3, 2780)= 9.3, p<. 000], last session OQ45 scores [F (3,1603)=3.56, p<. 014] and number of sessions attended [F (3,1813)=9.21, p<. 000]. However, no significant mean differences were revealed among ethnic groups in terms of their outcome difference scores (OQ45D).

Follow-up analysis of OQ45 scores using Tukey HSD revealed that Asian American clients scored (M=78.89, SD=25.70) significantly higher than African American clients (M=69.35, SD=24.42) and White clients (M=69.57, SD=24.65). Also, the mean difference between Hispanic clients (M=73.55, SD=24.50) and White clients (M=69.57, SD=24.65) was significant. The same follow-up analysis for OQ45 scores at last session revealed that Asian American clients (M=67.80, SD=24.97) were significantly more distressed than White clients (M=59.42, SD=24.55) and Hispanic clients (M=59.68, SD=23.66).

Finally, Tukey HSD follow-up results showed that Asian American clients (M=3.23, SD=3.41) had significantly more number of sessions than Hispanic clients (M=2.92, SD=2.35), but significantly less sessions than White clients (M=4.26, SD=3.95). It is important to note that frequency distributions of the number of sessions was highly skewed with the kurtosis value of 9.98. We decided to report this result without corrections because even after correction trials, the distribution of the number of sessions was still skewed.

A one-way ANOVA was calculated to test whether students' intake OQ45 scores were distributed evenly across ethnically similar and dissimilar therapist-client pairs. This analysis revealed that clients in dissimilar dyads began counseling more distressed than clients in similar dyads (F(1, 1706)= 13.26; p<0.00). Recall that assignment of clients to therapists was not random in the participating counseling centers; so this difference may reflect a reduced likelihood for therapist ethnicity to be a factor in assignment of particularly distressed individuals to therapists. In other words, assignment of distressed clients to therapists may have been more likely to be based on which therapist was available first or on a therapist's expertise with a client's presenting problem.

One-way ANOVAs were used to test whether therapist age, training level, and years of experience differed across therapist ethnicity groups. No significant mean differences were found among ethnic groups on any of these variables (all ps > .05).

Overview of Ethnic Comparisons

In the present dataset, therapists saw multiple clients; so in the research design, clients were nested within therapists. Since the WAI was completed by both therapists and clients, the design included Source of WAI Rating as a repeated measure. In order to address the research questions, repeated measures univariate ANOVAs (mixed model) were calculated using SAS proc mixed. This method was chosen over other methods because it accounts for unequal cell sizes as well as a large number of missing data.

Separate analyses were conducted on the total score of the WAI, on the outcome change (OQ45D) scores, and on the number of sessions. Analyses on sub-scales of the WAI showed

essentially the same pattern as observed for the total scores and therefore are not reported in the text.

As can be seen from Table 1, when clients and therapists are categorized by ethnicity, cell sizes vary widely and some are too small to permit simultaneous examination of all ethnicity combinations. Hence, the research questions were addressed using two different data analytic strategies. In the first analytic approach, the data were collapsed across particular therapist-client ethnicity combinations; and dyads were simply categorized as ethnically similar or dissimilar. In the second analytic approach, those therapist-client ethnicity combinations with sufficient numbers were examined in separate analyses of variance. So, for example, one analysis examined dyads comprised of African American clients paired with African American therapists, with Asian American therapists, and with White, therapists.

Significant effects were explored using the Tukey-Kramer method (Kramer, 1956). This strategy for examining post-hoc comparisons was chosen because it adjusts p values for the large number of pair-wise comparisons.

The Working Alliance and Outcome with Ethnically Similar and Dissimilar Therapists

In these analyses, the data were collapsed across particular therapist-client ethnicity combinations; and dyads were simply categorized as ethnically similar or dissimilar. Ethnic similarity/dissimilarity of the dyads constituted the between-subjects factor. As mentioned above, clients were nested within therapists (therapists saw multiple clients). Thus, mixed model, univariate ANOVAs were calculated using SAS proc mixed. In the analysis of working alliance, Source of WAI Rating (client, therapist) constituted a repeated measure. The analysis of WAI total score revealed no significant main effect for Ethnic Similarity but did reveal a significant main effect for Source of WAI Rating [total score $F(1,562)=38.10$, $p<0.000$]. Therapists tended to rate the working alliance lower than clients, an effect that has been noted in other studies. Results are summarized in Table 3.

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See Table 3

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The analysis of therapeutic change as measured by the OQ45 was parallel to the analysis of the WAI with the exception that there was no repeated measures variable since only clients completed the OQ45. The dependent variable in this analysis was the difference between the OQ45 score at intake and the last measurement. This analysis revealed a significantly greater degree of improvement in the OQ45 scores of clients in ethnically dissimilar dyads ($F(1, 857)= 4.33$, $p<0.037$). However, recall that the pre-treatment OQ45 scores of clients in dissimilar dyads were significantly higher (indicated more distress at intake). Examination of the pre- and post-treatment OQ45 means suggests that the pre-treatment differences account for this effect and hence this effect may reflect regression toward the mean. This group difference is illustrated in Figure 1.

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See Figure 1

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The same analysis with OQ45D was utilized to analyze the variable of number of sessions. The results showed that clients in ethnically dissimilar dyads had significantly fewer sessions than clients in ethnically similar dyads [F(1,1095)=9.07, p<0.00].

Analyses of Specific Ethnic Combinations

In the second analytic approach, those therapist-client ethnicity combinations with sufficient numbers were examined in separate analyses of variance. Separate analyses were conducted for clients of each of the following ethnic groups: African American, Asian American, Hispanic, and White. In each of these analyses, client ethnicity was constant and therapist ethnicity was a factor.

Working Alliance and Outcome with African American Clients

In the analysis of WAI scores for dyads with African American clients, there were sufficient numbers of clients with African American, Asian American, and White therapists to permit these ethnicity combinations to be compared. Thus, the variables in this analysis were Therapist Ethnicity (African American, Asian American, White), and the repeated measures variable, Source of WAI Rating (therapist vs. client). This analysis yielded no main effect due to therapist ethnicity (F<1), but there was a significant main effect due to source of ratings [F (1,18)=12.73, p<0.002]. The clients' ratings of the working alliance were higher than therapists' ratings.

The analysis of treatment outcome and number of sessions for African American clients was parallel to that described for WAI except that there was no repeated measures factor. The analysis of OQ45 change scores and number of session scores yielded no significant effects for Therapist Ethnicity, (all ps> 0.05).

Working Alliance and Outcome with Asian American Clients

The analyses involving Asian American clients was parallel to those described above for African American clients, with the exception that the therapist-ethnicity groups that were large enough to permit analysis were Asian American clients with African American therapists and White therapists. The main effect due to rating source [F (1,21)=4.40; p<0.05] and the interaction effect [F (1,21)=8.53, p<. 001] were significant. Follow-up analysis revealed that Asian American clients' ratings were significantly lower than their African American therapists [t (21)=2.77, p<. 05]. Note that this is a reversal of the pattern observed with all other client-therapist combinations in which a significant main effect for Source of WAI Rating reflected higher client ratings. In addition, therapists' ratings of the working alliance with Asian American clients were significantly higher among African American therapists than among White therapists.

The analysis of therapeutic outcome and number of sessions for Asian American clients did not reveal significant mean differences (all ps>0.05). In other words, outcome results and the number of sessions for Asian American clients did not differ based on their therapists' ethnicity.

Working Alliance and Outcome with Hispanic Clients

There were sufficient numbers of Hispanic clients with African American therapists, Hispanic therapists, and White therapists to allow comparison of these groups. The main effect due to rating source was significant [F (2,44)=4.94, p<0.03]. Hispanic clients rated the working alliance higher than any of the therapist sub-groups. Analyses of therapeutic outcome and the number of sessions for Hispanic clients revealed no significant mean differences across the three ethnic groups of therapists (all ps>0.05).

Working Alliance and Outcome with White clients

For the White clients, the same analysis that was described above was conducted with African American, Asian American, Hispanic, and White therapists. No significant main effect was found. However, the interaction between rating source and therapist ethnicity was significant [F (3,468)=3.41, p<0.01]. Finally, no significant mean difference was revealed for White clients across therapist ethnic groups in terms of OQ45D and the number of session scores. These results are summarized in Table 4.

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See Table 4

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Discussion

This study examined working alliance and treatment outcome as a function of client and therapist ethnic similarity and dissimilarity. The question of whether or not ethnic similarity of counseling dyads members influences the working alliance and outcome was addressed using the data set produced by The Research Consortium of Counseling Psychological Services in Higher Education. These data have the advantage of having been gathered naturalistically from counseling center settings across the country, and of comprising one of the largest such datasets in existence. This study addresses a major gap in the literature on therapist-client ethnicity, which consists largely of analogue studies, by reporting data from actual counseling dyads.

The present study yielded very little evidence that either the working alliance or client outcome in counseling are affected by therapist-client ethnic similarity. The one exception was the tendency for Asian American clients in therapy with African American therapists to rate the working alliance lower than their therapists, and for White clients in therapy with Asian American therapists to rate the working alliance lower than their therapists. This pattern was a reversal of that observed for all other ethnicity combinations. A caveat is that the number of clients that these analyses are based on was relatively small: there were only 10 Asian American clients with African American therapists and only 14 White clients with Asian therapists. Nonetheless, a striking feature of these results is that the only ethnicity combination effects

observed in the dataset involved Asian Americans. There is evidence that clients' perception of the working alliance were negatively affected when either the therapist or the client was an Asian American paired with a member of another ethnicity. It is also worth noting that the strongest evidence for ethnicity matching effects in the literature is found for Asian American clients (Flaskerud et al., 1991; Sue et al., 1991).

Perhaps Asian Americans have internalized racial stereotypes about African Americans. Or the cultural differences between Asian Americans and African Americans might lead to misperceptions regarding the working alliance. It is important to note that this dataset did not allow comparison of Asian American clients in therapy with Asian American therapists and hence a crucial comparison regarding the experiences of these clients in therapy is missing.

As has been found in previous research (e.g., Mallinckrodt, 1991; Tichenor & Hill, 1989; Kokotovic & Tracey, 1990), clients in this study, tended to rate their working alliances more favorably than did their therapists. Researchers have previously speculated that this might be the result of the reference points used in the comparisons made by therapists versus those made by clients. For clients, counseling relationships may be much better in comparison to their other relationships outside of therapy; however, therapists are likely comparing their various counseling relationships within the context of the therapy itself (Tyron & Kane, 1993; Hovarth & Symonds, 1991).

Also, the results of this study raised questions regarding the relationships between working alliance and treatment outcome. Our results revealed no relationships between therapist rated working alliance and treatment outcome; however, low but significant relationships were found between client rated working alliance and treatment outcome. These results are somewhat inconsistent with previous research (e.g., Horvath & Symonds, 1991) which reported significant relationships between both client and therapist rated working alliance and treatment outcome. It is important to note that most of the university counseling centers offer very brief therapy (4-6 sessions) and the correlation between working alliance and outcome may be truncated with such a short course of treatment.

The current study's finding of no main effects of ethnic similarity on working alliance for most of the ethnic combinations examined here may reflect that, while clients tend to prefer therapists who are ethnically similar (e.g., Coleman, Wampold, Casali, 1995), their working alliances are not necessarily determined by ethnic match. This result is reminiscent of Vera, Speight, Mildner, and Carlson's (1999) findings. Their study examined the effects of similarities and differences between therapists and clients on their counseling relationships. They concluded that client-therapist similarities and differences seem to have no effect on counseling relationships. Moreover, there is strong evidence in the counseling literature that clients put more weight on similar attitudes, values, and personality than on ethnicity (e.g., Atkinson, Furlong, Poston, 1986). Finally, our results are similar to Ricker, Nystul, and Waldo's (1999 suggesting no relationship between ethnic similarity and working alliance. However, it seems that therapists and clients in ethnically similar dyads have less agreement on their working alliance than in dissimilar ones.

This study has a number of limitations. One important limitation is that the results can be generalized only to relatively young college students and to therapists who deal with these clients. Also, despite a large sample size, the majority of the therapists and clients were white women. Another important limitation of the study is that this study relies on client and therapist self-reports about their working alliance. Additional studies might provide clearer explanations for the questions raised by this study. For instance, our results suggest no effect of ethnic matching; however, there were some indications of variations in working alliance among dyads of different ethnic composition. And, it is important to keep in mind that ethnic similarity does not necessarily refer to cultural similarity. As Sue et al. (1991) indicate, people of the same ethnicity might have different cultural backgrounds and/or different levels of acculturation. Future studies incorporating more diverse sub-samples of ethnic clients and therapists would aid in elucidating working alliance and outcome relationships.

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Table 1: Ethnicity of Therapists and Clients

Clients	Therapists (n)				
	Af. Am (15)	As. Am (9)	Hisp.(12)	White(213)	Total (249)
Af. Am	32	0	2	62	96
As. Am	10	1	5	99	115
Hispanic	21	4	37	189	251
White	109	14	85	1484	1692
Total	172	19	129	1834	2154

Table 2: Correlations Among Working Alliance Inventory Sub-Scales Scores and Outcome Questionnaire 45 Difference Scores

	Therapist				Client			
	Task	**Goal**	**Bond**	**Total**	**Task**	**Goal**	**Bond**	**Total**
Therapist								
Task	1.0	0.90	0.72	0.95	**0.23**	0.20	0.23	0.24
Goal		1.0	0.67	0.94	0.19	**0.18**	0.19	0.20
Bond			1.0	0.85	0.18	0.15	**0.20**	0.20
Total				1.0	0.22	0.19	0.23	**0.24**
Client								
Task					1.0	0.90	0.77	0.96
Goal						1.0	0.74	0.95
Bond							1.0	0.89
Total								1.0
OQ45D	-0.05	-0.06	-0.07	-0.06	-0.13*	-0.13	-0.15	-0.15

Table 3: Mean Working Alliance Inventory Sub-Scale Scores
Across Ethnically Similar & Dissimilar Client and Therapist Pairings

	Similar	Unsimilar
BOND		
Client	71.12*	71.19
Therapist	69.14	69.50
GOAL		
Client	69.71**	70.00
Therapist	64.50	67.02
TASK		
Client	71.90**	71.21*
Therapist	65.22	67.62
TOTAL		
Client	213.15**	210.06
Therapist	200.94	199.80

*P<0.003. p<0.00.

Table 4: Working Alliance Inventory Scores

	AFRICAN AM	ASIAN AM	HISPANIC	WHITE
African American clients' ratings				
Client	229.55			228.18*
Therapist	205.53			205.5
Asian American clients' ratings				
Client	189.66*			198.64
Therapist	228			191.91
Hispanic clients' ratings				
Client	217.99		222.08	215.95*
Therapist	202.88		192.15	194.83
White clients' ratings				
Client	218.85	196.8	208.44	211.40*
Therapist	208.88	222.4	209.24	198.76

Figure 1: Means of Intake OQ45 and Last Session OQ45 Scores of Clients with Ethnically Similar and Dissimilar Therapists.