

THE COMPONENTS OF CULTURAL MATCH IN PSYCHOTHERAPY

ALICIA Y. IBARAKI AND GORDON C. NAGAYAMA HALL

University of Oregon

Pairing ethnic minority clients seeking mental health treatment with therapists that share the same ethnic background has been demonstrated to increase treatment utilization and lower rates of drop out. Considerably less research has explored the active ingredient in ethnic match and what about it is causing these changes. This study proposes that ethnic match is actually a proxy for cultural match, in which clients and therapists from a shared cultural background share similar attitudes, values, and cultural beliefs about different mental health topics. This assumed shared belief can influence session content which then serves as a moderator for treatment utilization. In a sample of 4,924 clients seen at a university counseling center, ethnic match significantly increased treatment stays for ethnic minority patients. It also reduced one-session attrition rates. Hierarchical logistic regressions revealed that the odds of certain issues being discussed in therapy changed depending on the presence of an ethnic match and that these patterns were not consistent across ethnic groups. African American clients were significantly more likely to discuss substance use when paired with an ethnically matched therapist, but Asian American clients were significantly less likely to do so. Latino/a clients were more likely to discuss sexual identity when ethnically matched. A moderation analysis also examined which issues were associated with longer treatment stays. For Asian Americans, the issues associated with increased utilization were sexual identity and academic concerns. In Latino/as these issues were sexual identity, drug use, sexual abuse, racism, and academic problems.

Work on this article was supported by the Asian American Center on Disparities Research (National Institute of Mental Health grant: 1P50MH073511-01A2).

Address correspondence to Alicia Y. Ibaraki, Department of Psychology, University of Oregon, Eugene, OR 97403; E-mail: ayee@uoregon.edu.

© 2014 Guilford Publications, Inc.

Disparities in ethnic minority mental health care have been documented for nearly forty years in the United States (e.g., Sue, 1977). These disparities are evident both in terms of access to and quality of care and persist despite controlling for socioeconomic status, region of residence, and other demographic factors (U.S. Department of Health and Human Services, 2001). For example, despite displaying similar rates of pathology as European Americans, ethnic minority members consistently underutilize mental health care services (Snowden, 2003). Once in care, ethnic minority clients also display shorter overall treatment stays, higher rates of premature attrition, and poorer outcomes (Zane et al., 2005). About one third of ethnic minority clients who requested an intake appointment failed to show for the first session (Akutsu, Tsuru, & Chu, 2004). Following the first session, about 50% of ethnic minorities fail to return for a second session compared to only a 30% drop out rate for European Americans (Horrell, 2008; Sue, 1977). When seeking care, ethnic minority members often face longer delays in getting into treatment, and are more likely to be misdiagnosed (U.S. Department of Health and Human Services, 2001). Sub-par mental health care paired with a history of oppression, racism, and discrimination can contribute to a cultural mistrust, and helps to explain the unwillingness to receive mental health services in a field which European-American therapists dominate (Whaley, 2001).

This pattern of lower utilization, premature attrition, and poor treatment outcomes is troubling. Given census projections that persons of color will make up 50% of the population in the U.S. within 50 years, the need for effective mental health care for ethnic minority populations is greater than ever. Researchers have pointed to the utility of using culturally-sensitive services as a way to make mental health services more accessible and applicable to ethnic minority populations (Hall, 2001). Culturally-sensitive services involve tailoring psychotherapy to specific cultural contexts. This can range from providing therapists who speak the client's native language, to understanding how important cultural issues factor into the presenting problem (Hall, 2001).

Ethnic matching—pairing clients and therapists with a shared ethnic background—is a commonly practiced form of culturally-sensitive service. Proponents of ethnic match suggest that similar cultural backgrounds will benefit the therapeutic alliance, result in similar conceptualization of problems and treatment goals, and reduce the chance of miscommunication (Sue, 1988). Ethnic match

may occur when a client and therapist have cultural commonalities as members of a larger ethnic group (e.g., East Asian Americans) even if they are not both members of a specific ethnic group (e.g., Korean Americans). Multiple studies have found that ethnic match has some positive global effects on utilization and premature attrition (e.g., Maramba & Hall, 2002; Shin et al., 2005). Although ethnic matching may seem simplistic, race is a highly salient indicator of similarity, particularly for people of color. During the initial therapy session, the first feature of a therapist that ethnic minority clients attend to is race and it is the primary piece of information used in a client's judgment of whether a therapist will be able to relate to them and their problems (Ward, 2005). Ethnic match also increases early ratings of therapist credibility (Meyer, Zane, & Cho, 2011), which may make ethnic minority clients more likely to return for subsequent sessions. It is likely that the value behind ethnic matching is primarily to provide a visual cue which allows clients to infer something much deeper, which is a cultural match. A cultural match between clients and therapist would mean sharing values, attitudes, and life experiences. It may also mean sharing communication styles (e.g., storytelling versus directive communication), or cognitive styles (e.g., analytic versus holistic). It is important to acknowledge that ethnic match does not always equal cultural match. However, ethnic and cultural values are often highly correlated (Sue, Fujino, Hu, Takeuchi, & Zane, 1991). Core values, attitudes, and beliefs are often understood to be shared between individuals from the same culture regardless if the individual actually holds those beliefs themselves. In many cases, when interacting with someone perceived to be from the same culture, individuals will act based upon these assumed intersubjective cultural realities, even if they do not match their personal values and beliefs (Chiu, Gelfand, Yamagishi, Shteynberg, & Wan, 2010).

What specifically accounts for ethnic minority members staying longer in treatment with ethnically matched therapists is unknown. One clue to client engagement in therapy is the content of therapy sessions, determined both by the problems they present for treatment, and what they subsequently choose to disclose. We suggest that cultural matching may expedite and deepen self-disclosure by shortening the probationary period that clients hold their therapists in while trying to determine if their therapist will truly understand their experiences.

The process of disclosure can be difficult; however, disclosure is a key component in successful therapy. There is a general pattern of issues that are likely to be discussed in therapy. These issues include thoughts about self-worth, dysphoric feelings, and the nature of relationships with others. On the other hand, sexual issues, violence, and abuse are most commonly concealed in therapy (Farber, 2003). Culture may play a role in therapy content because when deciding whether to disclose a thought or experience, fear of the resulting shame or therapist's judgment is frequently the lynchpin around which that decision is based (Hill, Thompson, Cogar, & Denman, 1993; Kelly, 1998). The way individuals are socialized to understand shame and how societies use shame to shape behavior varies from culture to culture (Bedford, 2004). Furthermore, shame tendency does not have a global effect on inhibition for all types of disclosure, but interacts with the nature of the issues to determine disclosure (Farber & Hall, 2002). Given that shame is so closely tied to disclosure and cultural values are closely tied to shame, it would make sense to consider cultural background in conjunction with session content. However, cultural issues have thus far been largely neglected in studies of disclosure (Farber, 2003).

Depending on the issue, ethnic matching may affect disclosure in two ways. It may facilitate disclosure and client discussion of problems based on in-group trust and less fear of being stereotyped. The ability to speak about a culturally taboo topic with a nonjudgmental therapist from the same culture may have therapeutic benefits. Conversely, ethnic matching may inhibit discussion of certain problems because of cultural concerns such as face loss. Face, a person's social value, can be diminished through sharing negative information about one's self or by being met with disapproval or rejection from another valued individual, such as a therapist (Liao & Bond, 2010). Concerns about face-loss may be particularly salient for clients that come from collectivistic cultures such as Asian Americans or Latino/as.

The goal of the present study is to further explore the mechanisms behind the ethnic match effect. Our hope is that a more nuanced understanding of when ethnic match is beneficial, for whom, and in what circumstances, will allow the practice of ethnic matching to be used more judiciously for the benefit of ethnic minority clients seeking mental health treatment. Consistent with the literature, we

will first examine the two main indicators of ethnic match research, utilization and premature attrition. We predict that match will have positive effects on both ethnic minority and European American students, although we expect the effects to be larger for ethnic minority students. We will then examine if session content varies as a function of ethnic match. Due to the lack of literature in this area, these analyses are largely exploratory with the goal of understanding if differences in session content could be used to explain the utility of ethnic match. Specific questions addressed are if patterns of session content support the facilitation or suppression of disclosure and if the patterns are consistent across ethnic groups. Finally, session content will be examined as a possible moderator of remaining in treatment versus dropping out.

METHOD

SAMPLE AND PROCEDURES

This study utilizes archival data from clients presenting for psychological services at a university counseling center between 2006 and 2009 ($N = 4,924$). Any client that presented for individual treatment (as opposed to couples or group therapy) during that time span and for which there was data about their race, their therapist's race, and number of sessions attended was included. Ethnicity, based on major standard racial categories within the United States, was self-reported by the client on intake forms, and further specification (e.g., Japanese American, Iranian American) was not available in this archival data set. Therapy for virtually all clients was conducted in English, and none of the clients were international students. Demographics are presented in Table 1.

The clients saw African American, Asian American, Latino/a, Native American, and European American therapists, as self-identified by the therapist. Therapists included PhD level staff clinicians, predoctoral interns, and graduate student therapists. Consistent with Russell, Fujino, Sue, Cheung, and Snowden (1996), clients were considered ethnically matched with a therapist when they shared the same general racial group (e.g., Native American therapist with a Native American client). Due to the lack of specificity in the archival data, Asian American clients were considered matched with Asian American therapists, despite possible differences in country

TABLE 1. Summary of Client Descriptive Statistics by Ethnic Group

	Race				
	African American	Asian American	Latino/a	Native American	European American
Sample Size	81	275	168	55	4345
Percent Female	56.8	65.1	69.6	69.1	62.9
Age in years (M)	22.4	22.2	22.9	23.2	22.4
Ethnic Match %	12.3	21.5	33.9	7.3	46.4
Initial Severity (M)	60.3	56.4	55.1	63.5	55.1
Sessions attended, matched (M, SD)	8.2(5.6)	7.1(8.0)	5.5(4.9)	9.8(5.7)	4.8(6.5)
Sessions attended, not matched (M, SD)	4.9(6.0)	5.6(5.5)	5.2(5.5)	5.1(5.7)	4.4(5.3)

of origin. Consistent with counseling center procedure, clients were matched with therapists based on therapists' scheduling availability. No deliberate effort was made to achieve any kind of ethnic match.

MEASURES

At intake, all clients completed a 24-item inventory of problems indicating their level of concern about specific symptoms in six areas: depression, anxiety, academic concerns, interpersonal relationships, health or somatic concerns, and substance use issues. An initial severity score was calculated by summing the 24 items. Scores ranged from 24 to 109, out of a possible maximum score of 120 ($M = 55.31$, $SD = 16.50$, $\alpha = .90$). There were no significant ethnic group differences in initial severity. Overall number of sessions attended was recorded at termination. Premature attrition was defined as failing to return for a second session.

Therapy content was based on a checklist of issues addressed, which was filled out by the therapist at termination. Multiple issues could be endorsed by the therapist. Issues discussed in treatment included eating problems, sexual identity, alcohol, drugs, sexual abuse, rape, racism, suicide, time off or dropping out of school, and academic concerns. Sexual identity issues primarily centered around questioning one's sexual orientation. The distinction between sexual abuse and rape was made depending on the age of

the client when the act occurred, with abuse indicating childhood and rape indicating adulthood. There was also a category for clients who were referred to services outside of the counseling center. Reasons for referral were not documented within this data set.

RESULTS

LENGTH OF TREATMENT

In order to test whether mean number of sessions attended differed, an analysis of covariance (ANCOVA) was conducted with ethnic match as a fixed factor and initial severity score as a covariate. This allowed us to test for the possibility that ethnically-matched clients also presented with more serious symptoms which resulted in longer stays in treatment. This test was conducted twice, once to examine the effect of match on sessions attended for the European American clients, and one focused on the ethnic minority sample. Due to small sample sizes, there was not enough power to examine each ethnic group separately. The distribution of this variable was positively skewed ($SI = 2.69$, $S.E. = .04$), but within an acceptable range (Kline, 2011, p. 63). Positive skew was expected with a variable such as number of therapy sessions attended where a value below 1 is not possible, and a small number of clients have very long treatment stays.

In an analysis of the European American clients, ethnic match was not a significant predictor of overall sessions attended. However, initial severity score was a significant covariate, $F(1,2914) = 41.75$, $p < .001$, $\eta^2 = .01$, suggesting that only higher client-ratings of problems at intake predicted longer stays in treatment. When the ethnic minority clients were analyzed alone, the findings reversed. Ethnic match ($M = 6.65$, $SD = 6.57$) resulted in significantly more sessions attended compared to non-match ($M = 5.31$, $SD = 5.58$), $F(1,370) = 6.48$, $p = .01$, $\eta^2 = .02$. Initial severity score was no longer a significant covariate, $F(1,370) = 3.15$, $p = .08$, $\eta^2 = .008$. This suggests that after controlling for initial severity score, ethnic minority clients still attend significantly more sessions when ethnically matched with a therapist, although effect sizes are small.

The primary treatment protocols at the counseling center are Interpersonal Therapy (IPT) and nondirective, supportive therapy. Both therapies are short-term treatments. In general, a therapeutic

dose of IPT is between 12–16 weekly sessions (Markowitz & Swartz, 2006). Nondirective, supportive therapy varies more in average session length depending on client needs. Across treatment modalities, the average number of sessions attended by clients at the counseling center was 4.69 sessions. An increase in overall number of sessions is seen as a good clinical outcome as clients are more likely to get a therapeutic dose of treatment. As such, identifying variables that increase treatment stays is helpful.

PREMATURE ATTRITION

To investigate whether ethnic match is associated with one-session attrition in ethnic minority clients, a chi-square test of independence was used. Clients that only attended one session but were designated as refer out were not included in the analysis.

A Pearson chi-square for the European American sample indicated that ethnically matched versus unmatched clients did not differ significantly in stopping treatment after the initial session ($\chi^2 = .84$, $df = 1$, $N = 4686$, $p = .36$). A Pearson chi-square for the ethnic minority clients indicated that those who were ethnically matched were less likely to drop out of therapy after one session than those who were not ethnically matched, but the effect size was small ($\chi^2 = 3.70$, $df = 1$, $N = 423$, $p = .05$, $\Phi = .09$). These results partially supported the hypothesis that ethnic matching will have an effect on premature attrition. It appeared that the hypothesized difference is only present for ethnic minority clients.

SESSION CONTENT

An exploratory hierarchical logistic regression analysis was conducted to determine if ethnic match, ethnic group, and their interaction, predicted different patterns in the rates issues are discussed in therapy. Table 2 shows odds ratios by ethnic groups for the likelihood of discussing a certain issue when ethnically matched. Because odds are not symmetric, odds greater than one should be interpreted as an increase in likelihood, while odds between 0 and 1 represent a decrease in likelihood. African Americans were 10 times more likely to discuss drug problems when paired with an ethnically matched therapist, $B = 2.33$, Wald's $\chi^2(1) = 4.76$, $p < .05$.

TABLE 2. Change in Odds of Clients Discussing a Topic in Therapy When Not Ethnically Matched vs. Ethnically Matched with Therapist**

	Eating	Sexual Identity	Alcohol	Drugs	Sexual Abuse	Rape	Racism	Suicide	Drop Out	Academic	Refer Out
African American	1.44	0.00	3.00	10.25*	0.00	0.00	0.26	0.00	0.00	0.77	0.00
Asian American	0.76	0.90	0.15 ⁺	0.29	0.32	2.78	1.35	0.51	2.49	1.11	0.11*
European Americans	1.44**	2.01**	0.92	0.94	1.30	1.14	1.96**	1.15	1.24	1.67**	1.07
Latino/a	0.64	4.96**	1.25	1.81	2.42	0.43	1.49	0.78	0.00	0.63	0.35
Native American	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	1.25

Notes. **Numbers larger than 1 indicate an increase in odds of discussion. Numbers between 0 and 1 indicate a reduction. * $p < .06$; * $p < .05$; ** $p < .01$

Ethnically matched Asian Americans were somewhat less likely to discuss alcohol problems, $B = -1.89$, Wald's $\chi^2(1) = 3.35$, $p = .06$, and less likely to be referred out for treatment, $B = -2.20$, Wald's $\chi^2(1) = 4.58$, $p < .05$. Ethnically matched Latino/a individuals were more likely to discuss sexual identity, $B = 1.60$, Wald's $\chi^2(1) = 6.82$, $p < .01$. Logistic regression could not be conducted on the Native American sample due to inadequate sample size. European Americans were more likely to discuss eating problems, $B = .36$, Wald's $\chi^2(1) = 9.87$, $p < .01$, sexual identity, $B = .70$, Wald's $\chi^2(1) = 14.87$, $p < .01$, racism, $B = .67$, Wald's $\chi^2(1) = 10.77$, $p < .01$, and academic concerns, $B = .51$, Wald's $\chi^2(1) = 56.10$, $p < .01$, when ethnically matched. It is notable that the issues affected by match were not uniform across cultural groups, and did not always move in the same direction. For instance, ethnic match facilitated the discussion of substance abuse issues in African American clients but suppressed it in Asian American clients.

MODERATION ANALYSIS

A moderation analysis was conducted to determine if session content or the interaction between content and ethnic match served as a moderator of session length. In the moderation model, a series of 2 (client therapist match) \times 2 (issue discussed or not) factorial ANOVAs were conducted to determine the main effects of ethnic match, content addressed in any session, and their interaction on the number of sessions attended. Bonferroni's correction was applied to ac-

count for Type I error that could result from multiple comparisons. Because ethnic match was only associated with longer treatment stays for ethnic minority clients, European American clients were not considered in these analyses. Due to the small number of African American and Native American clients who were ethnically matched, the moderation analyses were carried out for the Asian American and Latino/a samples only. All significant effects found in the moderation analysis were small (Levine & Hullett, 2002).

ASIAN AMERICANS

There were two issues that had an effect among Asian American clients' length of stay in treatment, sexual identity and academic concerns. Predicting length of stay from ethnic match, discussion of sexual identity, and their interaction, there was a significant main effect for ethnic match with ethnically matched clients attending more sessions overall than non matched clients, $F(1, 271) = 6.11, p < .05, \eta^2 = .01$. There was a significant interaction between ethnic match and discussion of sexual identity, $F(1, 271) = 4.05, p < .05, \eta^2 = .01$. Simple effects tests showed that when sexual identity was discussed in therapy, clients who were matched ($M = 16.00, SD = 7.07$) stayed in treatment significantly longer than clients who were not matched, $M = 4.67, SD = 3.67, t(271) = 2.28, p < .05$.

For academic concerns, there was both a significant main effect for ethnic match and for content issue. Asian American clients attended significantly more sessions when matched ($M = 7.07, SD = 7.97$) than when they were not matched ($M = 5.57, SD = 5.51$), $F(1, 271) = 3.93, p < .05, \eta^2 = .01$. Asian American clients attended significantly more sessions when academic concerns were discussed in therapy ($M = 7.00, SD = 7.66$) than when they were not discussed ($M = 5.28, SD = 5.03, F(1, 271) = 7.25, p < .01, \eta^2 = .01$).

LATINO/AS

Latino/a clients displayed a different pattern of results from Asian American clients. Overall, discussion of specific issues was a stronger predictor of utilization than was ethnic match. Additionally, when there was a significant interaction between match and the issue discussed, match worked in the opposite direction than ex-

pected. The lack of match resulted in significantly more sessions attended. It should be noted that the issues: eating, sexual identity, sexual abuse, rape, dropping out of school, and referring out all had fewer than 5 subjects in one of their cells so results should be interpreted with caution.

Main effects for therapy issues were found for sexual identity, drug use, sexual abuse, racism, and academic concerns, with the discussion of these issues resulting in more sessions attended compared to when they were not a therapy topic.

For the content topic of rape, there was no significant main effect but there was a significant interaction, $F(1, 164) = 4.59, p < .05, \eta^2 = .01$. Simple effects tests showed that when rape was discussed in therapy, clients who were not matched ($M = 13.75, SD = 9.00$) stayed in treatment significantly longer than clients who were matched, $M = 2.00, SD = 2.00, t(164) = -2.04, p < .05$.

When suicide was discussed in therapy, there was a significant interaction between match and issue, $F(1, 164) = 13.17, p < .001, \eta^2 = .03$. Simple effects tests revealed that when suicide was discussed in therapy, clients who were not matched ($M = 12.09, SD = 7.98$) stayed in treatment significantly longer than clients who were matched, $M = 3.20, SD = 1.64, t(164) = -3.32, p < .01$.

DISCUSSION

This is the first study to examine therapist-client ethnic match in the context of therapy session content in a large, multiethnic sample. Consistent with previous findings, ethnic match between therapist and client increased the overall number of sessions attended and reduced premature attrition among ethnic minority clients. Exploratory data analysis also provides initial evidence that ethnic match between client and therapist is significantly associated with the rate that certain problems are discussed in therapy. In some cases ethnic match facilitated problem discussion and in other cases ethnic match inhibited problem discussion. Moreover, the specific facilitation or inhibition effects varied by ethnic group, and the same issue, such as substance use, could have opposite effects across ethnic groups.

African American clients were over ten times more likely to discuss substance use issues when ethnically matched. It may be the case that issues that are stereotypically projected onto a culture by

the dominant culture, such as drug use within African American cultures, may be easier to talk about with therapists who are assumed to have an informed cultural perspective on the problem. In contrast to African Americans, Asian Americans were less likely to discuss alcohol abuse when ethnically matched with therapists. For Asian Americans, concerns about losing face to another Asian American by admitting to engaging in behavior that is looked down on may inhibit disclosure of these issues (Abdullah & Brown, 2011). Clients and therapists were ethnically matched in both cases, yet the discussion of substance use issues increased for ethnically matched African American clients, but decreased for ethnically matched Asian Americans. This is an instance where cultural match can play an informative role. It may not simply be the absence or presence of a match that matters, but also if there is a shared cultural understanding about specific issues that can impact the content and process of therapy.

The only therapy issue to have a main effect on length of stay in therapy for Asian Americans, and the most common issue discussed, was academic concerns. This again may reflect a cultural phenomenon. Given the strong emphasis on academic achievement in many Asian American families and the stigma associated with seeking mental health services (Suinn, 2010), Asian American students may be more willing to seek help for academic problems than for psychological problems.

Regardless of ethnic match, Asian American clients who discussed academic concerns stayed in treatment longer than those who did not. Of the 98 Asian American students who discussed academic concerns during treatment, it was the sole therapy issue for 42 of the clients. For the other 56 clients, at least one other issue was covered in therapy as well. The most common issues to be discussed in concordance with academic concerns were racism followed by alcohol use and suicide. These results suggest that seeking help for academic concerns may be an important avenue into treatment for Asian American students in a university setting. Presenting mental health services as a resource for dealing with academic problems may facilitate help-seeking behaviors for other existing mental health issues.

Latino/a clients were nearly five times more likely to discuss sexual identity issues when ethnically matched, a surprising result. The cultures that make up Latino/a culture are diverse and a generalization made across this cultural group (or any of the groups

discussed in this paper for that matter) may be overly simplistic. However, a common finding across many Latino/a ethnic groups is that overt acknowledgment of homosexual identity is met with severe disapproval and homophobia at levels which eclipse those in European American culture (Greene, 1994). In order to maintain familial harmony and uphold their family's public image, homosexual individuals are expected to remain closeted and not openly acknowledge their identity (Greene, 1994). With those cultural scripts in place, it is interesting that Latino/a clients were more likely to discuss issues surrounding sexual identity when paired with a Latino/a therapist. They also attended significantly more therapy sessions when discussing this issue as well. Although seemingly paradoxical, and counter to the results found with Asian American clients, it is not inconceivable that the ability to have a conversation about a taboo topic with someone who shares one's culture is therapeutic. The therapeutic relationship follows different rules than those between family members and friends. No data were available on the sexual orientation of the therapists, so we cannot rule out the possibility that Latino/a clients who discussed sexual identity may have done so with an openly gay Latino/a therapists. This identity feature could have interacted with ethnicity or overridden it as a salient identity feature.

For Latino/as, the discussion of drug use, sexual abuse, racism, and academic concerns resulted in longer treatment stays regardless of ethnic match. Overall, the effects of ethnic match on length of treatment were weakest within this ethnic group compared to the effects in other ethnic groups. This could be due to the high acculturation levels within this sample. Because the sample was drawn from an American university, all clients were proficient in English, a quality not characteristic of Latino/a samples in previous ethnic match studies.

For Latino/a clients, there were two issues, rape and suicide, that resulted in longer treatment stays when ethnic match was not present. Previous studies (e.g., Bletzer & Koss, 2004), have found that Latina women are uncomfortable discussing the topic of rape and are less likely than European Americans to disclose rape experiences. Based on the cultural value of women's chastity, discussing rape could be difficult for Latinas, particular when disclosing to a therapist from the same culture.

Clients who discussed suicide with their therapist also left treatment sooner when ethnically matched. Suicide is a particularly

important issue for Latino/a students, as Latino/a youth between the ages of 10–24 are at higher risk for suicide than any other ethnic group (Canino & Roberts, 2001). Latina women have the highest percentage of suicide attempts out of any ethnic-gender group (Rew, Thomas, Horner, Resnick, & Beuhring, 2001). It is commonly thought that the competing cultural values of *familisimo*, which emphasizes collectivism, deference to parents, and female sexual purity, with Western individualism, which reinforces increased independence and sexuality, causes extreme distress and tension for Latino/a youth. These competing ideals and accompanying family conflict are hypothesized to be factors that lead to suicide attempts (Duarte-Velez & Bernal, 2007). Because of how closely cultural values are tied to suicidal ideation and attempts in this population, it is possible that discussing these issues with another member of the culture is seen as riskier or more difficult. There may be the fear of added judgment, or cultural assumptions held by the therapist.

For European American clients, ethnic match enhanced the odds of discussing eating issues, sexual identity, racism, and academic concerns. Ethnic match did not result in significantly longer stays in treatment. It is not immediately clear why some issues were discussed more when clients were paired with a racially similar therapist. Here, statistical significance may be an artifact of the large sample size.

Once it was established that the proportion of times certain topics were discussed varied as a function of ethnic match, a moderation analysis was conducted to examine the effect of content and match on length of treatment. This revealed a difference between Asian American and Latino/a clients in terms of the importance of the therapy issue or ethnic match in length of treatment. For Asian Americans, there was a significant main effect for ethnic match regardless of therapy issue. For Latino/a clients, main effects for therapy issue were more common than main effects for ethnic match or interaction effects. This suggests that regardless of therapy issue, ethnic match can be beneficial for Asian American clients. Among Latino/a clients, match does not appear as important an issue. This finding runs counter to previous literature (e.g., Sue et al., 1991). A potential explanation for this difference could be the minimal role of a language match in this data set. Virtually all therapy was conducted in English. In Sue et al.'s (1991) study of patients in the Los Angeles County mental health system, the strongest effect for length of stay in treatment and positive outcomes was for non-Eng-

lish speaking Latino/a and Asian American clients who were both ethnic and language matched.

Limitations and Future Directions. In the present study, we demonstrated that ethnic matching increased the overall number of sessions, decreased premature attrition, and had an effect on the topics discussed in therapy. Although effect sizes were small, statistical small effects do not necessarily imply clinically small effects. Clients who drop out after one or two sessions are unlikely to receive a therapeutic dose of treatment and make gains. When matched, African American clients attended an average of 3.3 more sessions, Asian Americans attended 2.5 more, Latino/as attended 0.3 more, and Native Americans attended 4.7 more sessions than when they were not matched. With time-limited therapies, such as those conducted at the Counseling Center, an extra 3 to 4 sessions can make a clinically significant difference in patient functioning.

We suggest that ethnic matching actually serves as a proxy for cultural match. Assumed shared cultural values and attitudes can influence the client's perception of the therapist and also influence the content covered in therapy, which may impact utilization and attrition. However, the specific mechanism that explains why ethnic match yields such results is unknown, as the data needed to answer that question are beyond the scope of this study.

Because of the archival nature of this study, demographic characteristics of therapists such as their sexual orientation, or specific training level were not available, and thus were not controlled for in analyses. Because clients were not randomly assigned to therapists, it is possible that these factors, or other personal characteristics such as personality traits, are partially responsible for the effects. The effect of individual differences among therapists based on personal identities and characteristics should be more closely examined in future research.

This study also suggests that the issues discussed within treatment may interact with the benefits of ethnic match. There is partial support both for an enhancement and a suppression effect. For certain issues, such as drug use among African American clients, ethnic match is significantly associated with the increased likelihood of discussion and the interaction between match and discussion of certain topics leads to longer treatment stays. On the other hand, nonmatch is associated with longer treatment stays such as when rape is a therapy issue among Latino/a clients. Another question these results raise are the real and perceived consequences of

discussing culturally taboo topics with a therapist from the same culture, as effects were different for Latino/a and Asian American clients. It is possible that face-loss influences disclosure differently across ethnic groups. These results are preliminary and exploratory in nature and should be replicated in an independent sample. The next step would also involve running experimental, rather than correlational studies, as well as qualitative studies to establish the casual relationship between cultural similarities, therapy content, and treatment utilization, and understand the mechanisms of why ethnic matching produces such effects.

Finally, this study offers strong evidence that ethnic match by itself is not the only variable in treatment success and that researchers need to move beyond a simple in-group/out-group approach to understand ethnic match. Clinicians need to be aware of particular discussion tendencies that they hold, may be expected to hold by their clients, or that clients display due to cultural influences and expectations. The complex interactions found in the data strongly suggest the need to take a more nuanced approach to understanding the value of ethnic matching, and a deeper understanding of specific cultural knowledge. If it can be determined for whom ethnic match is most helpful and in what circumstances, ethnic match can be more effectively used to facilitate therapy with clients.

REFERENCES

- Abdullah, T., & Brown, T. L. (2011). Mental illness stigma and ethnocultural beliefs, values, and norms: An integrative review. *Clinical Psychology Review, 31*, 934–948. doi:10.1016/j.cpr.2011.05.003
- Akutsu, P. D., Tsuru, G. K., & Chu, J. P. (2004). Predictors of nonattendance of intake appointments among five Asian American client groups. *Journal of Consulting and Clinical Psychology, 72*, 891–896. doi:10.1037/0022-006X.72.5.891
- Bedford, O. A. (2004). The individual experience of guilt and shame in Chinese culture. *Culture & Psychology, 10*, 29–52. doi:10.1177/1354067X04040929
- Bletzer, K. V., & Koss, M. P. (2004). Narrative constructions of sexual violence as told by female rape survivors in three populations of the southwestern United States: Scripts of coercion, scripts of consent. *Medical Anthropology, 23*, 113–156. doi:10.1080/01459740490448911
- Canino, G., & Roberts, R. E. (2001). Suicidal behavior among Latin youth. *Suicide and Life-Threatening Behavior, 31*(Supplement to 1), 122–131. doi:10.1521/suli.31.1.5.122.24218
- Chiu, C. -Y., Gelfand, M., Yamagishi, T., Shteynberg, G., & Wan, C. (2010). Intersubjective culture: The role of intersubjective perceptions in cross-cultural research. *Perspectives on Psychological Science, 5*, 482–493. doi: 10.1177/1745691610375562

- Duarté-Vélez, Y. M., & Bernal, G. (2007). Suicide behavior among Latino and Latina adolescents: Conceptual and methodological issues. *Death Studies, 31*, 435–455.
- Farber, B. A. (2003). Patient self-disclosure: A review of the research. *Journal of Clinical Psychology, 59*, 589–600. doi:10.1002/jclp.10161
- Farber, B. A., & Hall, D. (2002). Disclosure to therapists: What is and is not discussed in psychotherapy. *Journal of Clinical Psychology, 58*, 359–370. doi:10.1002/jclp.1148
- Greene, B. (1994). Ethnic-minority lesbians and gay men: Mental health and treatment issues. *Journal of Consulting and Clinical Psychology, 62*, 243–251. doi: 10.1037//0022-006X.62.2.243
- Hall, G. C. (2001). Psychotherapy research with ethnic minorities: Empirical, ethical, and conceptual issues. *Journal of Consulting and Clinical Psychology, 69*, 502–510. doi: 10.1037//0022-006X.69.3.502
- Hill, C. E., Thompson, B. J., Cogar, M. C., & Denman, D. W. (1993). Beneath the surface of long-term therapy: Therapist and client report of their own and each other's covert processes. *Journal of Counseling Psychology, 40*, 278–287. doi:10.1037/0022-0167.40.3.278
- Horrell, S. C. V. (2008). Effectiveness of cognitive-behavioral therapy with adult ethnic minority clients: A review. *Professional Psychology: Research and Practice, 39*, 160–168. doi:10.1037/0735-7028.39.2.160
- Kelly, A. E. (1998). Clients' secret keeping in outpatient therapy. *Journal of Counseling Psychology, 45*, 50–57. doi:10.1037/0022-0167.45.1.50
- Kim, H. S. (2008). Culture and the cognitive and neuroendocrine responses to speech. *Journal of Personality and Social Psychology, 94*, 32–47. doi: 10.1037/0022-3514.94.1.32
- Kline, R. B. (2011). *Principles and practice of structural equation modeling*. New York: Guilford Press.
- Levine, T. R., & Hullett, C. R. (2002). Eta squared, partial eta squared, and misreporting of effect size in communication research. *Human Communication Research, 28*, 612–625. doi:10.1111/j.1468-2958.2002.tb00828.x
- Liao, Y., & Bond, M. H. (2010). The dynamics of face loss following interpersonal harm for Chinese and Americans. *Journal of Cross-Cultural Psychology, 42*, 25–38. doi:10.1177/0022022110361774
- Maramba, G. G., & Hall, G. C. N. (2002). Meta-analyses of ethnic match as a predictor of dropout, utilization, and level of functioning. *Cultural Diversity & Ethnic Minority Psychology, 8*, 290–297. doi:10.1037//1099-9809.8.3.290
- Markowitz, J. C., & Swartz, H. A. (2006). Case formulation in interpersonal psychotherapy of depression. In T. D. Eells (Ed.), *Handbook of psychotherapy case formulation* (2nd ed., pp. 221–250). New York: Guilford Press.
- Meyer, O., Zane, N., & Cho, Y. I. (2011). Understanding the psychological processes of the racial match effect in Asian Americans. *Journal of Counseling Psychology, 58*, 335–345.
- Rew, L., Thomas, N., Horner, S. D., Resnick, M. D., & Beuhring, T. (2001). Correlates of recent suicide attempts in a triethnic group of adolescents. *Journal of Nursing Scholarship, 33*, 361–367. doi: 10.1111/j.1547-5069.2001.00361.x
- Russell, G. L., Fujino, D. C., Sue, S., Cheung, M. -K., & Snowden, L. R. (1996). The effects of therapist-client ethnic match in the assessment of men-

- tal health functioning. *Journal of Cross-Cultural Psychology*, 27, 598–615. doi:10.1177/0022022196275007
- Shin, S.-M., Chow, C., Camacho-Gonsalves, T., Levy, R. J., Allen, I. E., & Leff, H. S. (2005). A meta-analytic review of racial-ethnic matching for African American and Caucasian American clients and clinicians. *Journal of Counseling Psychology*, 52, 45–56. doi:10.1037/0022-0167.52.1.45
- Snowden, L. R. (2003). Bias in mental health assessment and intervention: Theory and evidence. *American Journal of Public Health*, 93, 239–243. doi: 10.2105/AJPH.93.2.239
- Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. *American Psychologist*, 32, 616–624. doi:10.1037/0003-066X.32.8.616
- Sue, S. (1988). Psychotherapeutic services for ethnic minorities. Two decades of research findings. *The American Psychologist*, 43, 301–308. doi: 10.1037/0003-066X.43.4.301
- Sue, S., Fujino, D. C., Hu, L. T., Takeuchi, D. T., & Zane, N. W. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, 59, 533–540. doi: 10.1037/0022-006X.59.4.533
- Suinn, R. M. (2010). Reviewing acculturation and Asian Americans: How acculturation affects health, adjustment, school achievement, and counseling. *Asian American Journal of Psychology*, 1, 5–17. doi: 10.1037/a0018798
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race, and ethnicity—A supplement to mental health: A report of the Surgeon General*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- Ward, E. C. (2005). Keeping it real: A grounded theory study of African American clients engaging in counseling at a community mental health agency. *Journal of Counseling Psychology*, 52, 471–481. doi:10.1037/0022-0167.52.4.471
- Whaley, A. L. (2001). Cultural mistrust: An important psychological construct for diagnosis and treatment of African Americans. *Professional Psychology: Research and Practice*, 32, 555–562. doi:10.1037//0735-7028.32.6.555
- Zane, N., Sue, S., Chang, J., Huang, L., Huang, J., Lowe, S. et al. (2005). Beyond ethnic match: Effects of client-therapist cognitive match in problem perception, coping orientation, and therapy goals on treatment outcomes. *Journal of Community Psychology*, 33, 569–585. doi:10.1002/jcop.20067

Copyright of Journal of Social & Clinical Psychology is the property of Guilford Publications Inc. and its content may not be copied or emailed to multiple sites or posted to a listserv without the copyright holder's express written permission. However, users may print, download, or email articles for individual use.