Abstract

Research shows that minority populations underutilize counseling services and have high

dropout rates (Hser, Evans, Huang, & Anglin, 2004; King & Canada, 2004). Additionally,

counselor behavior is directly related to treatment outcomes (Okiishi et al., 2006; Okiishi,

Lambert, Nielson, & Ogles, 2003). That is, counselors with good rapport building skills have

better client outcomes. This study explored the relationship between client race and counselor

behavior. The study participants were 5 student case managers/counselors and 10 clients at a

substance abuse intensive outpatient program. In an attempt to control extraneous variables, all

counselors selected were Caucasian. Three counselors were males and two were females. All

clients selected were males, two Caucasian and two African American. Data was collected by

accessing archived counseling sessions recorded as part of the program's clinical service.

Counselor use of reflective listening skills was coded by two independent raters using the

Motivational Interviewing Skills Code (MISC) 2.0 (Miller, Moyers, Ernst, & Amrhein, 2003). A

paired-sample t test was used to analyze the differences in group means. The results showed that

counselors used more reflective listening behaviors with Caucasian clients versus African

American clients.

The Relationship between Client-Counselor Race and Counselor

Use of Reflective Listening Skills

A Thesis

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by

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Use of Reflective Listening Skills

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<center>**Chapter 1: Introduction**</center>

Introduction to the chapter

  This chapter is an introduction to counselor behavior and its relationship to client-counselor race. It discusses counseling effectiveness and demonstrates that increased knowledge in multicultural counseling may present an opportunity for education which increases the efficacy of counselor behavior. This chapter will define the variables and explain why these variables are pertinent for study. A presentation of the study's objective will be addressed, as well as means for advancement in the field of counseling by addressing an under acknowledged problem area.

Background of the study

  Minority populations tend to underutilize counseling services and have high dropout rates (Broome, Flynn, & Simpson, 1999; Hser, Evans, Huang, & Anglin, 2004; King & Canada, 2004; McCaul, Svikis, & Moore, 2001; Mertens & Weisner, 2000; Rebach 1992; Wickizer et al., 1994). However, when examining substance abuse treatment specifically, African Americans are overrepresented. In 2007, African Americans represented approximately 13% of the United States population (Substance Abuse and Mental Health Services Administration, 2009). However, they made up 17.4% of the clients served for addiction to *either* drugs or alcohol, and 20.4% of the clients served for addictions to *both* drugs and alcohol. In other words, the percentage of African Americans present in treatment does not reflect the percent of their representation in the United States population. With a variance of 3.4 % or 6.4%, depending on the addictions, African American clients received the highest percentage of substance abuse treatment in relation to that group's standing amongst the entire population. Caucasian clients as well as clients from other minority populations showed smaller variance between percentage

representation in the entire population and percentage representation in substance abuse

treatment services (Substance Abuse and Mental Health Services Administration, 2009).

Problem Statement

Research shows that minority populations tend to underutilize counseling services and

have high dropout rates (Broome, Flynn, & Simpson, 1999; Hser, Evans, Huang, & Anglin,

2004; King & Canada, 2004; McCaul, Svikis, & Moore, 2001; Mertens & Weisner, 2000;

Rebach 1992; Wickizer et al., 1994). Also, minority clients are offered fewer treatment options,

are less likely to achieve positive treatment outcomes, and report less satisfaction from treatment

(Casas, Vasquez, & Ruiz de Esparza, 2002; Center for Mental Health Services, 1998; Rebach

1992; U.S. Department of Health and Human Services, 2001). However, there is an upward trend

in the percentage of minority clients seeking treatment for substance use disorders (Brecht,

Greenwell, & Anglin, 2005). Therefore, there will be more minority clients seeking substance

abuse counseling. This poses a need for counselors to be more effective in treating minority

clients. The focal point of the study presented is to explore the relationship between counselor

behavior and race for the purposes of addressing the need to effectively engage minority clients

in the counseling process.

Study goal: exploration

Research shows variable findings on the importance of race in the counseling

relationship. Some studies suggest that clients seeing counselors of a different race are more

likely to drop out of treatment and attend fewer numbers of sessions when compared with clients

whose counselors share the same racial background (Sue, Fujino, Hu, Takeuchi, & Zane, 1991;

Wintersteen, Mensinger, & Diamond, 2005). However, other studies discredit this notion

(Beutler et al., 2004; Mizock & Wells, 2010; Townes, Chavez-Korell, & Cunningham, 2009).

Wintersteen, et al., (2005) found that client self-reports did not show a preference for counselor race. However, they did find that matched client-counselor dyads correlated with client retention. Additionally, researchers suggest the need for a closer examination of the relationship of race in substance abuse counseling (Hser, Evans, Huang, & Anglin, 2004; King & Canada, 2004; Whitfield, Venable, & Broussard, 2009).

Counselor behavior is directly related to treatment outcomes (Okiishi et al., 2006; Okiishi, Lambert, Nielson, & Ogles, 2003). In-session client behavior, engagement in the clinical process, and treatment outcomes vary according to the behaviors of the counselor (McLellan, Woody, Luborsky, & Goehl, 1988; Moyers, Martin, Manuel, Hendrickson, & Miller, 2005; Najavitz & Weiss, 1994). Counselor behaviors are known to affect treatment outcomes. Furthermore, counselor's use of motivational techniques, including reflective listening, allow the counselor to selectively reinforce the client's own self-motivational statements (Britt, Hudson, & Blampied, 2004). Britt, et al., (2004) concluded that counselor skills, in accordance to a strict motivational interviewing script, affected alcohol use at a twelve month interval in terms of lower numbers in weekly drinking amounts and heavy drinking episodes for clients receiving motivational interviewing counseling. However, there are variable findings on the differential importance of specific counseling skills (Beutler et al., 2004). Given the problem stated above, it is suggested that the poor treatment results reported for minority clients may be due to variations in counselor in-session behavior.

Study objective

The focus of this study was to examine the relationship between client-counselor race and counselor skillfulness. By examining counselor use of reflective listening skills, counselor behavior was recorded and examined for potential correlation to client race.

Study significance

Counselor behavior is relevant to substance abuse counseling, in particular, to its function with client race. In-session counselor behavior is what creates the counseling relationship. Skilled behavior differentiates a conversation as therapeutic. With the support of research correlating counselor behavior to outcomes (Moyers, et al., 2005), one can postulate that a lack of skillful techniques in the counseling session leads to poor client outcomes and that the treatment being offered is ineffective. Given that this appears to occur more frequently with minority clients, this study explored the relationship between counselor behavior and client race.

Definition of Terms

Independent variable - Client race; African American vs. Caucasian

Dependent Variable - Counselor Behavior; Number of Reflective Statements made

Reflection - "A reflection is a reflective listening statement made by the counselor in response to a client statement. It can reflect client utterances from the current or previous sessions. Reflections capture and return to the client something that the client has said. Reflections can simply repeat or rephrase what the client has said or may introduce new meaning or material. Reflections can summarize part or all of a session." (Miller, Moyers, Ernst, & Amrhein, 2003, p. 17).

Project Working Recovery (PWR) - a project designed to "assist individuals to choose, get, and keep a job, as a means to sustain their recovery from substance use disorders" ("The Power of Recovery", 2009). Project Working Recovery is supported by the East Carolina University Department of Rehabilitation Studies, housed in the College of Allied Health Sciences. Project Working Recovery employs students in the Rehabilitation Counseling graduate program at East Carolina University who have received coursework regarding multicultural issues, as well as

various therapeutic approaches and experiential work using reflection as a basic counseling tool. In conjunction with this coursework, PWR staff members provide the students with additional training in Motivational Interviewing.

Motivational Interviewing - a treatment modality that assesses a client's readiness for change. In Motivational Interviewing, counselors use the client's self talk to reinforce the client's motivation for change (Britt, Hudson, & Blampied, 2004).

Chapter summary

This chapter explained one facet of the role of race in the counseling setting. It showed the need for more information regarding the relationship between counselor behavior and race. Information derived from clinician based research may allow for more efficient training and supervision of clinicians, which in turn, can result in clients receiving adequate service. The likelihood of favorable treatment outcomes is increased with more efficient counseling (Kuntze, Van der Molen, & Born, 2009).

Chapter 2: Literature Review

Introduction to the chapter

This chapter reviews literature that relates to the study. This includes research concerning the Integrative Model for Cross-Cultural Counseling, client-counselor race and treatment outcomes, client-counselor matching based on race, and counselor in-session behaviors and treatment outcomes. The chapter concludes by summarizing the relevance of these topics to the current study and addressing the need for more information in the area of multicultural counseling.

Review of Relevant Theory

The Integrative Model for Cross-Cultural Counseling introduced by Frederick Leong (1996) builds upon the Tripartite Model of Personality (Kluckhohn & Murray, 1950). Kluckhohn and Murray posited that there are three levels of personality: the universal, the group, and the individual. All three levels of personality are dynamic and ever-present. It is from these levels that cognitions, affect, and behaviors are formed. At times, personality may reflect the role of one belonging to a unified group; at times as an individual. To quote Kluckhohn and Murray (cited in Leong, 1996), "[e]very man is in certain respects: (a) like all other men [universal], (b) like some other men [group], and (c) like no other man [individual]" (p. 190). According to the Integrative Model, an effective counselor is able to detect these three levels of the client's personality and follow any shifts in focus that may occur.

On the other hand, Leong (1996) suggests when a counselor attempts to connect only to one level of a client's personality, that counselor is not getting a whole view of the client and thus does not have an accurate account of the problem nor the solution.

An effective counselor is able to shift his or her personality according to the client's personality shifts. This calls for awareness by the counselor of his or her personality states as well as the client's. Ineffective counseling occurs when a counselor is unable to connect to the client on the appropriate level of personality. This can certainly happen when race is a factor. For example, say a minority client is speaking with his majority counselor about mistreatment he is receiving from his supervisor at work that he perceives has a racial basis. A miscommunication may occur if the counselor attempts to overly empathize with the client at the universal level, saying "We've all felt slighted at work from time to time." A miscommunication can also occur if the counselor focuses too intently on the individual characteristics of this situation, saying "Interesting, tell me about your relationship with other authority figures in your life, like your father?" In both cases, the client is left feeling unheard and dissatisfied with counseling. Also, the counselor has not done an adequate job recreating the situation or the problem, and thus will find it difficult to proceed towards identifying a goal.

Expression of a client's personality will change according to his or her focus. At the same time, the counselor's personality is also shifting between its own three levels of universal, group, and individual dimensions. Leong (1996) reports that an effective counselor is one that can connect to a client's personality as it shifts among these three levels while also being aware his or her own shifting personality. He also states that ineffective counseling can be attributed to a counselor's inability to do so.

Another barrier that occurs when there is miscommunication in counseling is the out-group homogeneity effect (Leong, 1996). This is the tendency to see greater homogeneity among groups in which one does not belong. Inversely, this effect also drives one to see greater heterogeneity among the group to which one belongs. This occurs when the counselor interacts

with the client at the group level only and interferes with the ability to shift to a place of universal commonality and individualistic uniqueness. This hinders the therapeutic alliance and can produce negative treatment outcomes (Leong, 1996).

Using the example given previously, let's say the counselor was able to connect to the client's problem. However, the counselor focuses solely on his reaction to racism and does not explore how this situation impacts the client as an individual; for instance, built up resentments towards his boss or potential incidents of displacement of anger at home. The counselor is able to meet the client at the group level, but has not addressed his individual level. He is treating him as a "minority client" rather than a person. Also, being a counselor from an out-group culture, if the counselor is unable to connect to the client on a different level, (e.g., other than the "group" level of race) then race may divide the therapeutic relationship.

Another barrier discussed in relation to cross-cultural or multicultural counseling is ethnocentrism. Ethnocentrism occurs when a person uses the group to which he or she belongs as a barometer for measuring a member from another group. In relation to the Integrative Model, ethnocentrism can occur when a counselor interacts with a client from a group level and does not allow his or her perception to account for the impact of universal or individual influences (Leong & Bhagwat, 2001).

The Integrative Model is based on the theory of complementarity which proposes that counselors would most likely be effective with clients from a culture similar to their own. A complementary relationship goes to further therapeutic rapport. Leong (1996) suggests that a positive therapeutic relationship, one that has a high degree of complementarity, often results in positive outcomes. Furthermore, a noncomplementary relationship eventually leads to premature termination. Complementarity is present in a relationship when the client and the counselor take

reciprocal positions. Pairing this with the first part of the Integrative Model, the Tripartite Model

of Personality, Leong proposes that when a counseling relationship does not reflect a dyad

operating at the same level of personality, that relationship will not be complementary and thus

will result in an underdeveloped therapeutic relationship.

Review of Research Supporting Relevant Theory

Research suggests the importance of client-counselor race/cultural matching. The Collins

English Dictionary (2009) defines assimilation; "to bring or come into harmony; adjust or

become adjusted" (www.dictionary.reference.com/browse/assimilation). Regardless of racial

similarity to the counselor, upon entering a counseling relationship there is a level of assimilation

that is made by the client, a period of adjusting to the helping relationship and the change process

which that relationship entails. Acculturation, akin to assimilation, is described as "a dynamic

process of change that individuals undergo as they interact with and adapt to a new or different

cultural environment" (Rivera, 2010, p. 331). The American Psychological Association (2003)

suggests that acculturation is one of the most important factors that warrant consideration when

working with culturally diverse populations. Akhtar's (1999) work on immigration points out

that when there is obvious dissimilarity between the host (dominate culture) and the immigrant,

such as skin color, assimilation becomes a slow and difficult process. When considering this in

the counseling relationship, the greater the dissimilarity between client and counselor, the slower

and more difficult the "assimilation process" (the relationship building). This means that

therapeutic rapport may be slower to develop and more fragile initially, when the dyad is not

matched in race/cultural group. Mindfulness to the three parts of personality, counselors can

support relationship building by focusing their efforts on connecting to clients on all three levels.

In a focus-group study on African Americans perceptions towards cross-raced dyads, Thompson, Bazile, and Akbar (2004) found that psychologists were often described by the African American participants as "White males who were unsympathetic, uncaring and unavailable" (p. 23). They were also described as "impersonal" and too far removed from the community to be of assistance. Participants felt that the psychologists lacked knowledge of African American life and thus were unable to fully understand or accept them. Additionally, participants reported a fear of biased counseling along with the psychologists mislabeling their emotional expression as symptomatic. One participant noted "you are more comfortable with someone who is more similar to you than someone you consider in a totally different lifestyle" (p. 24). Another participant noted that "I want someone who could really understand what I'm talking about…I don't think a White person could really comprehend what I was talking about" (p. 24). These statements reflect the out-group effect as well as the concept of ethnocentrism discussed in the previous section. Furthermore, the majority of the participants in this study reported feeling that race would impact service and that if they felt uncomfortable or misunderstood in a mixed-race dyad that they would not return to therapy.

Woodstock Striley, Margavio and Cottler (2006) investigated the preference for counselor-matching in African American clients receiving human immunodeficiency virus (HIV) counseling. The participants were given a questionnaire following an HIV post-counseling session. Data showed that participants preferred further counseling by an African American counselor more often if they had received the HIV counseling from an African American counselor. Of the clients who received the HIV counseling from Caucasian counselors, only 9% (as opposed to 23%) reported a preference that future counseling be conducted by an African American counselor. This suggests that once a therapeutic relationship is established the

importance of race decreases. This also reinforces the need for majority counselors to be able to connect to a client at all levels, universal, group, and individual, when working with clients from a minority group.

Chang and Berk (2009) examined subjective responses of minority clients (Asian, African American, Latino/a, and bi-racial) who received counseling from Caucasian counselors. The study focused on the impact of race on clients' perception of treatment. The sample size was screened so that 50% of the clients had responded as satisfied with treatment and 50% unsatisfied. Clients were coded as high in perception of the salience of racial difference in the counseling dyad or low in perception of the salience of racial difference determined by the frequency that race related issues were addressed in the response questionnaires and to what level of prompting. Eighty percent of the clients were rated high in perception of the salience of race. This suggests the importance of race to the client, regardless of treatment satisfaction. Additionally, clients were separated into categories denoting satisfaction with counseling. The majority of the clients categorized as "satisfied" did not believe their problems to be race related. Responses given by the "satisfied" clients noted the difference in race and commended the counselor for being able to connect at the universal level. Results showed that the majority of clients in the "unsatisfied" group reported feeling as though the counselor lacked knowledge and skill to connect on a group level. This supports the theoretical assumptions of Kluckhohn and Murray's (1950) Tripartite Model of Personality and Leong's (1996) Integrative Model for Cross-Cultural Counseling. In other words connecting with the client on the level from which he or she is operating (group, universal, or individual) determines client satisfaction.

Review of research correlating counselor behavior to treatment outcomes

Successful counseling can be measured both objectively and subjectively. Anderson, Ogles, Patterson, Lambert, and Vermeersch, (2009) used questionnaire scores of client's perceived level of distress to rate effectiveness of treatment. Clients were given questionnaires following each counseling session. These questionnaires were used to rate client levels of subjective, interpersonal, and social distress. Researchers concluded that clients' perceived level of distress was directly related to the counselor's ability to create an empathetic therapeutic alliance, as determined by a third party rater. This suggests that counselor behavior not only affects outcomes of a measurable nature, but it also affects the client at the level of his or her own perception.

Catley et al. (2006) studied the counseling relationship during a smoking cessation program targeting African American clients. Their study used a third party rater to code the therapeutic alliance as well as clients' level of interaction and engagement. Results showed that the clients' ratings of interaction and engagement correlated with the strength of the therapeutic alliance suggesting that treatment outcomes are dependent on counselor techniques.

Other research has revolved around objective measures such as number of days in treatment and successful versus unsuccessful completion of program upon discharge (Eliason & Amodia, 2006). Studies have also used follow-up data as a means of outcome measurement. Data on weekly drinking amounts, heavy drinking episodes, and drinks per drinking day reported at follow-up intervals vary according to counselor behavior (Guame, Gmel, & Daeppen, 2008), as does weekly drinking amounts and proportion of days abstinent (Moyers et al., 2007).

The studies in this section show the importance of the therapeutic alliance in the counselor/client relationship. Counselor behavior affects outcomes in terms of client distress,

program completion, and drinking amounts. A therapeutic alliance is built by the counselor's ability to join (i.e., build rapport) with the client and express empathy. This relates to the Integrative Model for Cross-Cultural Counseling in that empathy is expressed when a counselor is able to connect to a client's needs at the appropriate level; universal, group, or individual.

Review of research using the Motivational Interviewing Skills Code 2.0

Studies concerning counselor behaviors, reflective listening skills, and counseling outcomes often utilize the Motivational Interviewing Skills Code (MISC) 2.0, to code counselor behavior (Miller, et al., 2003). Miller suggests that skill competency can be measured by examining specific counselor behaviors used in-session. Scores are determined by counting the number of instances a behavioral skill is used that is consistent or inconsistent with the principles of motivational interviewing (MI).

Motivational interviewing consistent behaviors include advising with permission, affirming, emphasizing control, asking open-ended questions, using simple and complex reflections, reframing, and supporting. Motivational interviewing inconsistent behaviors include advising without permission, confronting, directing, raising concern without permission, and warning. Along with the six summary scores using these behaviors, the MISC also codes counselor skill according to three global ratings: level of acceptance, empathy, and adherence to the MI-spirit. Studies have shown correlation between treatment outcomes and counselor adherence to MI-consistent behaviors, including affirming, asking open-ended questions, using reflections, supporting, advising with permission, emphasizing control, empathy, and reframing (Catley et al., 2006; Guame, et al., 2008).

Additionally, studies have explored the relationship between specific MI-consistent skills and client language. Moyers and Martin (2006) found that client change-talk (i.e., client

statements that reflect the desire, want, need, or application of making changes in their drug use) varies with counselor behavior. That is, clients with higher frequency of change-talk instances were seen to have more favorable treatment outcomes. The authors proposed a causal chain that counselor behaviors affect clients' within session speech, which directly encourages the client to adhere to certain behaviors post counseling; supporting the implication that counselor behavior affects treatment outcomes (Moyers et al., 2007).

Many studies have focused on the interventions used in the Motivational Interviewing process and have used the MISC 2.0 to conceptualize counselor behavior (Catley et al., 2006; Guame, et al., 2008; Miller & Moyers, 2006; Miller et al., 2007). The current study used the MISC 2.0 coding system as a tool for counting counselor behavior. Specifically, the MISC 2.0 was used to code counselors' instances of reflective listening in pre-recorded counseling sessions. In this research, reflective listening served as the operational definition of counselor behavior.

Review of research relating race to treatment outcomes

Several studies have assessed race as a factor in the counseling process. Research shows that race does have an impact on treatment success (Bellini, 2003; Eliason & Amodia, 2006; Feist-Price, 1995; Moore, 2001). King and Canada (2004) examined client predictors of early termination of substance abuse treatment. They measured "early" dropout as attending less than five individual counseling sessions. They found that African American clients were less likely than Caucasian clients to attend five or more counseling sessions.

Minority populations tend to underutilize services, have high rates of dropping out of treatment (Broome, et al., 1999; Hser, et al., 2004; King & Canada, 2004; McCaul, et al., 2001; Mertens & Weisner, 2000; Rebach, 1992; Wickizer et al., 1994;) are offered fewer treatments,

and are less likely to achieve positive outcomes from treatment (Casas, et al., 2002; Center for Mental Health Services, 1998; Rebach, 1992; U.S. Department of Health and Human Services, 2001). McCaul, et al., (2001) compared client demographics to their participation rates in outpatient substance abuse treatment. They found that Caucasian clients attended a higher number of sessions than minority clients. Also, they found that Caucasian clients remained in treatment for a longer period of time.

Research has shown that African American clients have fewer days in treatment than Caucasian clients, as well as receive higher rates of poor "disposition" (unsuccessful discharge) from their counselors (Eliason & Amodia, 2006). Additionally, studies have found responsibility for unsuccessful closure to be coded more frequently as due to personal traits among the African American cases. That is, unsuccessful closures with African American clients were often coded as due to "lack of cooperation" while unsuccessful closures with Caucasian clients were coded as "client opted out of treatment" on his/her own accord (Whitfield, Venable, & Broussard, 2009, p. 98). African American clients end the counseling relationship early and are less likely to engage in treatment they are receiving. It can be speculated that the cause for these results is client dissatisfaction with services. The previous section showed the importance of counselor behavior in creating an atmosphere in which clients felt understood and therefore were satisfied with treatment.

Conclusion from reviews

As discussed, study results concerning the impact of race on counselor behavior are inconclusive. Several studies suggest race is a factor in treatment outcomes and that minority clients have poorer treatment outcomes. Additionally, studies suggest that counselor behavior impacts treatment outcome. According to Leong's Model of Tripartite Personality, these findings

could be a result of the counselor's inability to connect to the client on levels of personality. This can frequently occur with racially crossed dyads. At times, race may be addressed when it is impertinent to the counseling session. At other times not addressed when it should be. This impacts the degree of empathy a counselor is able to express and a client to feel (Chang & Berk, 2009).

Chapter summary

This chapter discussed the relationship between two variables; counselor behavior and client race. It did so by relying on empirical data that correlate each variable in the current study to treatment outcomes. In addition, this chapter discussed the Integrative Model for Cross-Cultural Counseling as a theoretical tool to understanding the multicultural dyad.

The research reviewed in this chapter suggests that counselor behavior affects treatment outcomes. Further, the Integrative Model for Cross-Cultural Counseling proposes if counselors use techniques that are not representative of clients' level of functioning, this may lead to problems in relationship building. The problem presented was that minority clients tend to have poorer treatment outcomes than Caucasian clients. Findings from the reviewed research allow this writer to suggest cause for the problem; that counselor behavior varies according to client race.

Chapter 3: Methodology

Introduction to the chapter

      This chapter will restate the objective of the study, discuss the population of study,

provide a justification for the sample size and discuss how the sample was chosen, and review

the research design as well as the procedures and instrument used in conducting the research.

Also, it will present the ethical considerations related to the research.

Study Objective

      This exploratory study examined possible correlations between client race and counselor

behavior. Ex post facto data was taken from counseling sessions provided to the researcher by

Project Working Recovery's faculty. Results were used for inferential purposes to further theory.

Research Design

      This study was conducted using archived recordings of counseling sessions from Project

Working Recovery's database. Ten sessions were non-randomly chosen to fit the research

design. Reviewers completed a content analysis of the last ten minutes of each session by

recording the frequency of reflective statements made by the counselor. Reflective statements

were coded according to the manual guidelines of the Motivational Interviewing Skill Code 2.0.

Ratio scores were taken from the frequency counts of counselor reflective statements to total

utterances made by the counselor. Scores were examined in relation to client race. The MISC 2.0

manual (Miller, et al., 2003) suggests that the latter portion of a counseling session rather than

the earlier portion better represents the counseling session on whole. That is, Amrhein, Miller,

Yahne, Palmer, and Fulcher (2003) found that client commitment language at the end of a

session was more indicative of post counseling treatment outcomes in terms of client behavior

change than client commitment language at the beginning of a session. Counseling skills used by the counselor in the latter portion of sessions are more indicative of client satisfaction than the skills used in the early portion. Given the variance of client satisfaction according to race, counselor skills may also vary in the latter portions of counseling sessions.

Sample

Participants were chosen from East Carolina University's Department of Rehabilitation Studies' Project Working Recovery program. They were selected based on the race of the client. In an attempt to control extraneous variables, all counselors selected were Caucasian and all clients selected were males. Ten sessions were selected; five with African American clients and five Caucasian clients. Participants included three male counselors, two female counselors, and ten male clients. The video recordings are initial counseling sessions. Clients' ages ranged from 24 to 56 years of age and counselors ages ranged from 25 to 40 years of age.

Project Working Recovery is a community based intensive outpatient program that provides vocational assistance to adults who have substance abuse issues. Project Working Recovery provides assessments, one-on-one counseling, group therapy, computer skills training, as well as other interventions. The therapy approach used is rooted in Motivational Interviewing, which is facilitative in nature and also makes use of client reflection.

The counselors in the sample were five second-year master's students. The clients were 10 clients of the Project Working Recovery program from Pitt County, North Carolina. The client sample included 5 Caucasian males, 5 African American males.

Instrumentation

Reflective statements were coded according to the Motivational Interviewing Skill Code 2.0 manual (Miller, et al., 2003) guidelines. The Motivational Interviewing Skill Code (MISC) was developed in 1997 for the purposes of evaluating the quality of motivational interviewing (MI) skills and MI training. Motivational interviewing skills and training was evaluated by comparing counselor skills before and after MI training as well as examining the relationships among counselor and client responses in video- and audio-taped counseling sessions. For the purposes of this study, this researcher looked at one component of the skill code: reflective statements. This researcher counted the total number of reflections in a given segment of a session, with no emphasis on the discrepancy of frequency between the variations in which reflections occur.

The MISC 2.0 defines a reflective statement as a counselor's response to a client utterance which captures and returns the essence of that utterance. Reflections can be word-for-word reiterations of a client's previous statement. They can also be a summarization or an interpretation of that statement.

Reflections can be simple or complex. They may or may not introduce new material to the dialogue. For example, a client states "I know that smoking is bad for my health, but it also reduces my stress". A simple reflection would be, "Smoking affects your health, but it is a stress reducer". A complex reflection would be, "You're concerned about your health, but you also need something to relieve your stress". Complex Reflections can be analogies, metaphors, amplifications, anticipations, or double-sided reflection (as in the example above).

The MISC 2.0 also notes "near reflections" which occur when the counselor states exactly what the client has just said, but uses an inflection of questioning. It's a reflective

statement in question format. For instance, a client says "I think that it's fine for me to drink on the weekends". A near reflection might look like, "It's fine to only drink on the weekends?"

Specific behavior classifications are completed for all client and counselor utterances. An utterance is described as "a complete thought" (Miller, et al., p. 10). A single sentence may or may not consist of a single utterance. An utterance could be "So you've decided to quit smoking." This would be coded as a reflection. One sentence may have two utterances if it allows for two different behaviors. In the sentence, "So you've decided to quit smoking; good for you!"-, a rater would code a reflection followed by an affirmation. A client's utterance, at any time, in the session ends a counselor's utterance and vice versa. A dialogue where the counselor begins, "So you've decided to quit smoking" and the client says "Yes" and the counselor continues "… and you want to try to do so by using the patch" a rater would code as two reflections. However, in the instances where there is no client input and a counselor has a run on of sentences, a specific behavior is only coded once. These instances are called volleys.

A volley is described as "an uninterrupted sequence of utterances by one party, before another party speaks" (Miller, et al., p. 11). In the above example, should the client have not responded "Yes", the counselor's statement would have been "So you've decided to quit smoking and you want to try to do so by using the patch". This would be coded as a single reflection. If the counselor had continued with his next sentence "But you're afraid the patch may make you ill", no new code would be given. This statement still falls under the first reflection. If the counselor continues, "I think the patch will be okay if you don't also smoke while wearing it. You said that you are planning on quitting prior to wearing it", the first sentence would be coded as advice and the second sentence would not be coded. Although the series of reflections are broken by the advice, because the previous utterances were coded as reflection and there was no

end to that volley, the sentence following the advice is not coded. A volley can only contain one count of any behavior, no matter the format of delivery. Once there is a client interjection, the volley is complete and a new utterance or volley is initiated with the counselor's next statement.

The MISC 2.0 assesses counselor and client behaviors in a session by conducting two passes of that session. The first pass requires the coder to listen to the session and assess global elements of counselor behavior. These elements are acceptance, empathy, and adherence to the MI "spirit". The second pass records frequency counts for 15 major categories of counselor and client behaviors. For the purposes of this thesis, this researcher is interested in the "reflect" category, which includes the behaviors of repeat, rephrase, paraphrase, and summarize and are labeled as simple or complex (Miller, et al., 2003).

The MISC 2.0 manual states that the reliability and validity for MISC 2.0 has not yet been assessed. However, changes made in the newer version are meant to build upon the reliability and validity of the original MISC. Jonge, Schippers, and Schapp (2005) studied the psychometric properties of the MISC by comparing the MISC to a series of standard MI sessions developed and distributed in 1991 and refined in 2002 by Miller and Rollnick, the theorists responsible for MI. The standard MI sessions illustrate the general principles of MI; to express empathy, develop discrepancy, roll with resistance, and to support self-efficacy.

Research included five independent coders examining thirty-nine sessions. These sessions were rated for their adherence to motivational interviewing using, both, the standard scripts developed by Miller and Rollnick, as well as the MISC. Additionally, the interrater reliability for the MISC was assessed using the Gower coefficient and intraclass coefficient (ICC) for the ratings given after the first pass, the ones which assess the global elements of "acceptance", "egalitarianism", "empathy", "genuineness", "warmth", and the "spirit of MI".

Also, reliability was assessed by conducting a Chi-square analysis of the five coders for each behavior frequency count (e.g. reflect, affirm, direct, warn). Validity was assessed through comparison of frequency counts of counselor behavior in three of the thirty-nine sessions, as determined by criteria in the MISC.

The authors found that the general principles of MI were identified in the MISC. The first principle, to express empathy is covered by the global ratings given after the first pass. With a Gower coefficient of .85 and an ICC of .40, and empathy was found to be the most reliable global rating. Examining the behavior counts after the second pass of ratings, the authors found the interrater reliability to be "reasonable" (p. 296). Jonge, et al., (2005) point out that in another study, Moyers, Martin, Catley, Harris, and Ahluwalia, (2003) found there to be "fair" interrater reliability on several of the therapist behavior counts, one of those being reflection (p. 296). They concluded that the MISC is a useful instrument for studying MI and for identifying its active agents (i.e., reflective statements). It can also be used to link process data to treatment outcome, as is the purpose of the present study (Hill & Lambert, 2004).

Procedures

This study examined counseling sessions provided to the researcher by the Project Working Recovery manager. Review of these sessions investigated the therapeutic relationship in terms of racially significant pairing. The video-taped counseling sessions were reviewed by two independent reviewers. One was the primary researcher and the other was a master's level student trained in MI and the MISC 2.0. The researchers observed the last 10 minutes of 10 sessions. The number of reflective statements used by the counselor during each session was recorded. A ratio score comparing reflective statements to total utterances was determined.

Statistical analyses

Frequency counts of reflective statements made during matched-race sessions (Caucasian counselor and Caucasian client) and mismatched-race sessions (Caucasian counselor and African American client) were gathered by two independent raters. These counts were then be used to determine a ratio score of reflections to utterances for each session. Mean frequency scores were produced on the data sets. Following this, a paired t-test was run to compare mean difference between the matched-race and mismatched-race groups.

Ethical Considerations

All clients in the study were tracked using a five digit code. Any hard copies of client files were labeled with this number and stored in a locked filing cabinet on the premises of the Project Working Recovery clinic. Electronic data were password protected and stored on a secure hard drive. Only staff of the Project Working Recovery program had access to these files.

Chapter Summary

Research was conducted using data collected from East Carolina University's (ECU) Project Working Recovery (PWR) program. Project Working Recovery employed master's level students in the Rehabilitation Studies Department at East Carolina University who had received coursework regarding multicultural issues as well as various therapeutic approaches, including courses with experiential work using reflection as a basic counseling tool. In conjunction with this coursework, PWR staff members provided the students with additional training in Motivational Interviewing.

Data was collected by two independent raters using the MISC 2.0 manual. Scores

gathered were assessed and described as a ratio of total utterances. Data was used to examine the

difference in the amount of reflective statements made by counselors when counseling clients of

the same race and counseling clients of a different race.

Chapter 4: Results

Introduction to the chapter

The results of this study will be presented in this chapter. It will include descriptive data taken from the statistical measures applied to the raters' findings. Data analyses will be presented for the study objective. This chapter will end with a summary of the data presented.

Descriptive Data

In completing research for the present thesis, raters were granted access to video-recorded counseling sessions from archived data within Project Working Recovery. Demographic data for research participants showed that three of the counselors (N = 3) were male and two (N = 2) were female. All (N = 5) were Caucasian counselors' whose ages ranged from 25 to 40 years. All of the clients (N = 10) were male. Half (N = 5) were African American and half (N =5) were Caucasian. Clients' ages ranged from 28 to 53 years.

Data analysis for study objective

The objective for this study was to explore the relationship between client race and counselor behavior. Two independent raters analyzed the data. The inter-rater reliability was 0.93 which indicated good inter-rater reliability. A paired-sample t test was used to analyze the differences in group means and a significant difference was found. . Rater one's difference in means was 8.31 percentage points lower ($t = 16.61$, 24.92 p = 0.084) for African American clients. The 90% confidence interval of the difference was 0.59 to 16.04. Rater two's differences in means was 10.02 percentage points lower (t = 17.34, 27.36 p = 0.071) for African

American clients. The 90% confidence interval of difference was 1.27 to 18.77. This is depicted

in Table 1 and Table 2.

Table 1

Data: African American Clients

Videos African American Clients	Rater 1 Number of Reflective Statements	Total Number of Counselor Utterances	Rater 2 Number of Reflective Statements	Total Number of Counselor Utterances	Ratio Ref. to Total Rater 1	Ratio Ref. to Total Rater 2
1	8	28	6	25	28.57	24
2	2	14	3	18	13.28	16.66
3	1	17	1	18	5.88	5.55
4	1	5	1	5	20	20
5	6	42	9	44	14.29	20.45
				Mean Ratio	16.61	17.34

Note. African Americans N = 5
90% Confidence Interval of the Difference for Rater One Scores was 0.59 to 16.04, p = 0.084
90% Confidence Interval of the Difference for Rater Two Scores was 1.27 to 18.77, p = 0.071

Table 2

Data: Caucasian Clients

Videos Caucasian Clients	Rater 1 Number of Reflective Statements	Total Number of Counselor Utterances	Rater 2 Number of Reflective Statements	Total Number of Counselor Utterances	Ratio Ref. to Total Rater 1	Ratio Ref. to Total Rater 2
6	6	17	7	17	35.29	41.18
7	2	14	2	15	14.28	13.33
8	1	7	1	7	14.28	14.28
9	5	12	4	10	41.67	40
10	4	21	7	25	19.05	28
				Mean Ratio	24.92	27.36

Note. Caucasian clients N = 5
90% Confidence Interval of the Difference for Rater One Scores was 0.59 to 16.04, p = 0.084
90% Confidence Interval of the Difference for Rater Two Scores was 1.27 to 18.77, p = 0.071

Chapter summary

This chapter presented the results of the study on counselor relationship with clients of

varying racial backgrounds. Sample demographics and descriptive statistics were presented.

Statistical results for the research question were provided.

Chapter 5: Discussion

Introduction to the Chapter

Chapter 5 discusses the results presented in Chapter 4. A concise review of the study's research question, participants, and data collection will be presented as a summary of the study. The researcher will interpret results found in the previous chapter in comparison to studies reviewed in Chapter 2. Study limitations will be addressed to explore how research design, sampling, and instrumentation limit the interpretation and generalizability of the results. This chapter will also state how results may impact practitioners and state what future research should address. Lastly, conclusions will be drawn that address the problem statement and study significance as described in Chapter one.

Summary of the study

This research study explored the relationship between client race and counselor behavior. The study was conducted with 10 clients from East Carolina University's Project Working Recovery as well as 5 student casemanagers/counselors concurrently enrolled in the Rehabilitation Studies Department's Substance Abuse and Clinical Counseling and Rehabilitation Counseling master's programs.

Counseling sessions were recorded as part of routine operations for Project Working Recovery. All recorded clients signed consent prior to recording for sessions to be used by East Carolina University for educational and research purposes. Researchers in this study were given access to archived recordings in order to collect data.

The sessions were reviewed and coded by two independent raters using the Motivational Interviewing Skill Code (MISC) 2.0 coding system (Miller, et. al., 2003). Counselor utterances were coded into categories determined by the MISC, including reflective listening statements.

Researchers noted the number of reflective listening statements made in the last 10 minutes of each client's session. Data was analyzed using a paired t-test. Also, the data sets were compared for interrater reliability.

Interpretation of the results

The principal finding from this exploratory study is the correlation between client race and counselor behavior. With a mean difference between race of 8.31 and 10.02, the researchers found that counselors working in an outpatient substance abuse treatment program used reflective listening behaviors less frequently with African American clients versus Caucasian clients. This was significant at the $p = 0.1$ level.

The results coincide with the Tripartite Model of Personality (Kluckhohn & Murray, 1950) and the Integrative Model for Cross-Cultural Counseling (Leong, 1996), which says that due to various effects that occur in cross-cultured dyads, (e.g., out-group homogeneity effect, ethnocentrism or complementarily) counselor behavior is affected. The results also concur with previous findings. Thompson, Bazile, and Akbar (2004) surveyed African American clients who reported feeling that their Caucasian psychologists were too far removed from the Black community to fully comprehend the nature of their issues.

The results of this study lend credence to the research discussed in Chapters one and two; race is an important factor in client perception of treatment (Woodstock Striley, Margavio & Cottler, 2006; Chang & Berk, 2009). The present study found that counselor behavior varies with client race, specifically the counselors' use of reflective listening skills. Reflective listening is an important technique counselors use to establish rapport with clients (Miller, 2003). It expresses an understanding of what the client is sharing and empathy for that which has been said (Truax & Carkhuff, 1967, as cited in Miller & Moyers, 2006). Research shows that minority clients

have higher dropout rates (Wintersteen, Mensinger, & Diamond, 2005). If there is a lack of use

of the counselor behaviors that establish rapport and empathy, this could account for higher

dropout rates and lower levels of satisfaction seen in the population of minority clients.

Study limitations

The findings of this study should be viewed in the context of the study's methodological

limitations. The sample size in this study was limited, thereby inhibiting the use of results for

generalization. Additionally, other variables, such as age of client and counselor, were not taken

into account when examining the data. A small sample size affects the ability of the study's

results to definitively describe the relationship between client race and counselor behavior. Other

factors were not addressed, such as presence of co-occurring disorders, client's experience in

counseling, other counselor behaviors used in the sessions, or counselor's theoretical orientation.

These factors may or may not have a bearing on counselor's use of reflective statements.

Additionally, it should be noted that all of the counselors in this study were students and

new counselors. New counselors tend to have a sense of fear regarding their new role as a

counselor. Because of this fear, new counselors often lack awareness of client issues and tend to

be focused on their own feelings (Anderson, 2000). There is a possibility that the counselors

used in this study were affected by their feelings towards their new role as a counselor and

because of that, their in-session behaviors were affected.

Implications of findings for future research, practice, and administration

The results of this study have both theoretical and clinical implications. Results give

credence to the Integrative Model for Cross-Cultural Counseling, which suggests that a

counselor's inability to communicate with a client on a particular level; individual, group, or

universal, will affect his or her ability to effectively counsel (Leong, 1996). Reflective listening

inherently implies a counselor's attempt to effectively communicate with a client in his or her own words. The Integrative Model suggests that in cross-cultural pairs it is more difficult for the counselor to communicate on the client's level due to the overt difference of race. Previous studies have exemplified this (Thompson, Bazile, & Akbar, 2004; Chang & Berk, 2009). Because of the nature of reflective listening implies connectedness, it was the skill chosen to operationalize counselor behavior.

Clinical implications can be drawn from the results. Primarily, it should be noted that there is a difference in the treatment of clients based on race. This can greatly affect the quality of counseling. The disproportionate statistics found concerning substance related problems and race (Substance Abuse and Mental Health Services Administration, 2009), suggest a need to alter the previously used methods when counseling clients of a different race. The results from this study suggest that counselors vary their use of counseling skills based on the race of the client.

Substance abuse counselors may benefit from increased efficacy in cross cultural relationships. In order for this to happen, a counselor needs to become aware of the possibility that his or her behaviors are affected by race, which this study exemplifies. Courses and workshops on multicultural counseling can follow an experiential design allowing counselors to gain firsthand knowledge of their behaviors in various counseling relationships. Once varying counselor behaviors are acknowledged, counselors should learn "best practice" techniques for counseling various races. Counselors should then be given an opportunity to practice these techniques. Also, various multicultural theories, including the Tripartite Model of Personality (Kluckholn, 1950) and the Integrative Model of Cross Cultural Counseling (Leong, 1996) can be incorporated into a curriculum that more thoroughly discusses multicultural issues. Furthermore, issues of race in counseling should be addressed in group and individual supervision. Frequent

assessment of behaviors and alignment of techniques to efficacious theory is necessary for counseling to be effective.

This begs the question of what other factors co-vary within the counselor and client race. Future studies should explore the nature of these findings in terms of other counselor variables such as age, theoretical perspective, or number of years working in the field. Also, in order to increase the likelihood of generalization, future studies should use a larger sample size and control for client and counselor age.

Lastly, emphasis should be placed on examining counselor perception of client. Eliason and Amodia (2006) found that counselor perceptions of client resistance in a residential program for substance abuse treatment were affected by the race of the client. Specifically, counselors more frequently cited hostility and anger in African American women and African American women were found to have poor treatment outcomes in terms of early termination. It is possible that expectation bias caused counselors to "see" in the client what they expected and thus they counseled according to those expectations.

Conclusion

The current and previous research demonstrates that client race has an effect on counselor behavior. Research shows the importance of counselor behaviors on treatment outcomes (Okiishi et al., 2006; Okiishi, Lambert, Nielson, & Ogles, 2003). Also, previous research shows less favorable treatment outcomes for African American clients (Sue, Fujino, Hu, Takeuchi, & Zane, 1991; Wintersteen, Mensinger, & Diamond, 2005). The theory presented in this thesis, the Integrative Model for Cross Cultural Counseling, puts forth reasons for such findings. Counselors are ineffective when counseling cross matched clients due to effects of race on their

ability to accurately connect and communicate with clients at their levels of communication: individual, group, or universal (Leong, 1996).

Reflective listening allows for effective communication between counselor and client. It demonstrates to the client that the counselor is attuned to the client. In this study, reflective listening was used to gauge counselor behavior.

The data in this study supported previous findings and the theoretical explanation for those findings. This study revealed that counselors' use of reflective listening is affected by the race of the client being counseled. Counselors' use of reflective listening skills, in ratio to total utterances, was less with African American versus Caucasian clients. These findings may have clinical significance for future cross-cultural counseling.

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APPENDIX A: IRB Approval Letter

UMCIRB #: 07-0455

UNIVERSITY AND MEDICAL CENTER INSTITUTIONAL REVIEW BOARD
INVESTIGATOR REVISION FORM

RECEIVED
APR 11 2011
UMCIRB

UMCIRB #: 07-0455   Date this form was completed: 04/05/11
Title of research: Project working recovery (PWR)
Principal Investigator: Paul J. Toriello
Sponsor: Katherine B. Reynolds Charitable Trust

Revision submission requested for:
☐ Principal Investigator
☒ Subinvestigator

List the duties of the research team members and describe the qualifications of each member to perform their duties, including the completion date of the human protections modules located on the UMCIRB web site.
Duties: Conduct evaluation activities of PWR services. Qualifications: Current student, in good standing, within the Masters of Substance Abuse & Clinical Counseling and/or Masters in Rehabilitation Counseling programs.

CITI
01|23|09
GH

_____   _____   4/5/11
Investigator Signature   Print Bonnie Seay   Date

_____   _____   4-5-11
Principal Investigator Signature   Print Paul Toriello   Date

DEPARTMENT CHAIR APPROVALS STATEMENT IF CHANGE IN PRINCIPAL INVESTIGATOR (IF YOU DO NOT HAVE A DEPARTMENT CHAIR, SUBMIT 1 COPY OF YOUR CURRENT CV FOR REVIEW)

I have reviewed this project. I believe that the research is sound, the goals are scientifically achievable, and does not involve any significant human rights issues. There are appropriate departmental resources (financial and otherwise) available to conduct the research. The investigator is qualified to conduct all aspects of this research project based on education, training or experience, and has the necessary authorizations or privileges to conduct all outlined procedures. I endorse the investigator and outlined research project as indicated by my signature below.

I have reviewed the UMCIRB Conflict of Interest Disclosure Form and evaluated the principal investigator of this project for risk related to conflict of interest according to the UMCIRB Standard Operating Procedure Manual. I endorse the investigator and the attached plan (if required) for managing conflict of interest related to this research study as indicated by my signature below.

NOTE: A department chair may not sign this statement if listed as an investigator, and should seek the signature of the division chair/dean.

_____   _____   4-5-11
Signature of Chief of Service/Department Chair   Print Lloyd Goodwin   Date

Box for Office Use Only

The above revision has been reviewed by:
☐ Full committee review on _____   ☒ expedited review on 4/13/11

The following action has been taken:
☒ Approval for period of 4/13/11 to 8/15/11
☒ Approval by expedited review according to category 45CFR46.110
☐ See separate correspondence for further required action.

_____   _____   4/13/11
Signature   Print Susan McCammon   Date

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UMCIRB #: 07-0455

UNIVERSITY AND MEDICAL CENTER INSTITUTIONAL REVIEW BOARD
INVESTIGATOR REVISION FORM

UMCIRB #: 07-0455   **Date this form was completed:** 04/05/11

Title of research: Project working recovery (PWR)   RECEIVED

Principal Investigator: Paul J. Toriello

Sponsor: Katherine B. Reynolds Charitable Trust   APR 1 1 2011

Revision submission requested for: UMCIRB
☐ **Principal Investigator**
☒ **Subinvestigator**

List the duties of the research team members and describe the qualifications of each member to perform their duties, including the completion date of the human protections modules located on the UMCIRB web site.

Duties: Conduct evaluation activities of PWR services. Qualifications: Faculty member in the Rehabilitation Studies Department, Ph.D., in Counselor Education.

CITI 11/15/10
GH

Investigator Signature	Shari M. Sias _Print_	4-5-11 _Date_
Principal Investigator Signature	Paul Toriello _Print_	4-5-11 _Date_

DEPARTMENT CHAIR APPROVALS STATEMENT IF CHANGE IN PRINCIPAL INVESTIGATOR (IF YOU DO NOT HAVE A DEPARTMENT CHAIR, SUBMIT 1 COPY OF YOUR CURRENT CV FOR REVIEW)

I have reviewed this project. I believe that the research is sound, the goals are scientifically achievable, and does not involve any significant human rights issues. There are appropriate departmental resources (financial and otherwise) available to conduct the research. The investigator is qualified to conduct all aspects of this research project based on education, training or experience, and has the necessary authorizations or privileges to conduct all outlined procedures. I endorse the investigator and outlined research project as indicated by my signature below.

I have reviewed the UMCIRB <u>Conflict of Interest Disclosure Form</u> and evaluated the principal investigator of this project for risk related to conflict of interest according to the UMCIRB Standard Operating Procedure Manual. I endorse the investigator and the attached plan (if required) for managing conflict of interest related to this research study as indicated by my signature below.

<u>NOTE:</u> A department chair may not sign this statement if listed as an investigator, and should seek the signature of the division chair/dean.

Signature of Chief of Service/Department Chair	Lloyd Goodwin _Print_	4-5-11 _Date_

Box for Office Use Only

The above revision has been reviewed by:
☐ Full committee review on _____   ☒ expedited review on 4/13/11

The following action has been taken:
☐ Approval for period of 4/13/11 to 8/15/11
☒ Approval by expedited review according to category 45 CFR 46.110
☐ See separate correspondence for further required action.

Signature	Susan McCammon _Print_	4/13/11 _Date_

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