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ABSTRACT

It is generally acknowledged that racial groups differ in their values, beliefs and behaviors as well as counseling needs, but evidence is mixed as to the effects of racial differences in the counseling process. A sample of 70 clients participated in a study to examine the differences in the duration, satisfaction, and effectiveness resulting from combinations of white and nonwhite counselors and clients. Results indicated that white counselors provided fewer sessions and that nonwhite clients expressed lower levels of overall satisfaction with counseling regardless of counselor race. No differences in counseling effectiveness were observed. White clients seeing white counselors attributed their change more to counseling than to other outside factors. The results suggest that racial factors may be associated with the duration, satisfaction, and attribution of perceived change in counseling, but not with perceived effectiveness. (Author/JAC)





Duration, Satisfaction, and Perceived Effectiveness
of Cross-Cultural Counseling
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Running Head: Cross-Cultural Counseling



Duration, Satisfaction, and Perceived Effectiveness of Cross-Cultural Counseling

Recent research has focused on the dissatisfaction of nonwhite populations with traditional counseling (Pine, 1972), as reflected in their underutilization (Sue, 1973) and premature termination (Sue & McKinney, 1974) of counseling services. Many cultural factors may contribute to this service deficiency but researchers have paid particular attention to the impact of racial differences on the counseling process.

It is generally acknowledged that racial groups differ in their values (Sue & Sue, 1977), beliefs (Schwebel, 1980), and behaviors (Berman, 1979), as well as their counseling needs (Westbrook, Miyares, & -Roberts, 1978) and expectations (Yuen & Tinsley, 1981). If the counselor is not sensitive to such differences they may serve as impediments to effective counseling (Sue, 1981, pp. 27-47; Sue & Sue, 1977).



This has given rise to the suggestion that, in the absence of specific training, individuals who share similar backgrounds may work together more effectively than those of different backgrounds.

In support of this reasoning some work has suggested that clients prefer racially similar counselors (Porche and Banikiotes, in press) and that this similarity may actually enhance counseling effectiveness (Fry, Kropf & Coe, 1980). Other evidence is inconsistent with these findings, however.

Proctor and Rosen (1981), for example, found that treatment satisfaction and termination were unrelated to the racial makeup of counseling dyads. Even when the preference for a racially-similar counselor was violated there appeared to be no adverse effect on client satisfaction. These findings parallel those of Duckro and George (1979) and suggest that cross-racial



counseling may be as effective as same-racial counseling.

In sum, the empirical evidence is mixed as to the effects of racial differences on the counseling process. If cultural differences operate as barriers to effective counseling, then cross-racial dyads should be marked by higher premature termination rates and lower levels of satisfaction and outcome effectiveness than same-race dyads. Within cross-racial dyads there may be differences between those dyads in which the counselor is White and the client is Nonwhite, and those in which the roles are reversed. Among other things, these dyads may differ in their levels of understanding. The Nonwhite counselor may have greater access to the White's value system than the White counselor has to the Nonwhite perspective (Sue, 1981, pp. 27-97). If so, these differences could be related to counseling satisfaction and effective-Therefore it might be useful to ness. examine the differences in the duration,



satisfaction, and effectiveness of counselors.

Method

Subjects

The sample was drawn from a multicultural university counseling center. consisted of the seventy clients who completed the center's counseling evaluation measures from the Winter of 1979 through the Fall of 1980. The return rate of all forms was approximately 72% (based on yearly report information which did not discriminate between White and Nonwhite clients nor between those seen in group and individual contexts). During this period. 24.4% of the individual clientele was Nonwhite while 75.6% was White. Only clients who had participated exclusively in individual counseling and had completed all evaluation measures were included in the sample. Persons seen only in groups, or in both individual and group treatment, were excluded from the study. In all, forty-nine White (20 male, 29 female; mean age = 23.2; SD = 4.7) and twenty-one Nonwhite (12 male, 9 female;



Asian = 8, Black = 7, Hispanic = 3, Native

American = 1, Unspecified Nonwhite = 2;

mean age = 22.6; SD = 4.0) clients met

these criteria and were included in the

study (The "Unspecified Nonwhite" category

was the result of including an "other"

category in the racial designation question.).

Thus, 30% of the sample was Nonwhite and 70%

White, percentages which closely approximate

those of the larger population from which

it was drawn.

Each client was seen by one of twenty counselors; seven Nonwhite (3 Black male, 1 Black female, 1 Asian female, and 2 Hispanic males; mean age = 32.8; SD = 7.6), and thirteen White (8 females and 5 males; mean age = 31.7; SD = 5.0). All counselors were either advanced interns (n = 13; predoctoral interns from counseling or clinical psychology programs beyond their 3rd year of doctoral training) or senior staff (n = 7; Ph.D. psychologists with a mean of 6.0 years of post-doctoral counseling experience).



Clients were assigned randomly to counselors strictly on the basis of caseload requirements. No attempt was made to match counselors and clients according to race. This assignment resulted in a 2×2 design in which counselors (Nonwhite or White) and clients (Nonwhite or White) served as the factors. The rationale for grouping together individuals of different races into the Nonwhite group derived from the assumption that, while they vary widely in backgrounds and cultural heritage, they also share a number of common issues related to being Nonwhite in a White-dominated culture (e.g., social and political oppression, Sue, 1981, 3-21; educational handicaps, Sue, 1981, 148-150). Because Nonwhite counselors might have greater awareness of these cultural issues than White counselors, they may experience fewer cultural barriers (Sue, 1977) to effective counseling.



Instruments and Procedure

Data were derived from the standard Counseling Services Evaluation Forms.

The forms consisted of a number of questions designed to elicit demographic information and to assess the nature and severity of the presenting problem(s), the duration of counseling, and perceptions concerning overall satisfaction and perceived effectiveness of services.

Counselors and clients independently completed similar forms at intake and 10 weeks after the initial session, regardless of the duration of counsel-ing.

Perceived Severity. After eliciting information concerning the nature of the presenting problem(s), both the counselor and client evaluation forms asked: "How much are the above concerns affecting you/the client's ability to cope with life generally?" Choices ranged from 1 (I/he or she feel imobilized much of the time, it's hard to cope), through 3 (They effect me/him or her to a considerable degree), to 5 (These concerns do not bother me/him or



Counseling Duration. Data concerning the duration of counseling was derived from a question on the counselor's evaluation form which asked for the <u>number</u> of sessions the client had received and double checked against the counselor's termination report to assure that any sessions given beyond the 10-week period also were included. The duration of counseling ranged from 1 to 11 sessions (mean = 5.2). Only four clients (5.6% of the sample) exceeded 10 sessions.

Overall Satisfaction. Overall satisfaction was derived from the client's response on the ten week follow-up form to the question, "How would you rate your overall individual counseling experience?" Response alternatives ranged from 1 (extremely negative) to 5 (extremely positive).

Perceived Effectiveness: Three components of perceived effectiveness were assessed. On the 10-week follow-up form both clients and counselors responded to questions concerning the perceived degree of client relief, understanding, and coping as related to the concerns present in counseling.

Perceived <u>relief</u> was assessed by the question, "Did you/your client find some relief from the distress or concern that originally brought you/him or her in?"



Alternatives ranged from 1 (No, feeling worse) to 5 (Yes, very much so).

Degree of understanding was measured by the question, "Do you/your client have a better understanding of the kinds of situations that brought you/him or her in?" Choices ranged from 1 (No, more confused now) to 5 (Yes, much better).

Degree of coping was indexed by the question, "Are you/the client handling better the kinds of situations that brought you/him or her in?"

Alternative choices ranged from 1 (No, functioning worse than before) to 5

(Yes, functioning much better now).

Attribution of Causality. In order to determine the factors clients perceived as responsible for their change(s), the following question was asked of them on the 10-week follow-up form: "If you are less troubled by the concerns which brought you into the Counseling Center, to what do you attribute this change?" Choices ranged from 1 (Counseling primarily important), through 3 (Counseling and outside influences contributed equally), to 5



(Outside events primarily important).

A total of eleven dependent
measures were derived from the measures
described above: perceived severity
(client and counselor), duration of
counseling, overall satisfaction
(client only), perceived relief
(client and counselor), understanding (client
and counselor), coping (client and counselor),
and causal attribution (client only).

Results

Pretests were performed to determine the equivalence of the four groups in terms of age and perceived severity. No significant differences were noted. Possible differences in client/counselor gender matching were also examined... No significant differences were found between the percentages of White clients seeing same sex (55%) and opposite sex (45%) counselors, and Nonwhite clients seeing same (53%) and opposite sex (47%) counselors. Data were then analyzed by way of a 2 X 2 between subject's analysis of variance procedure for each of the eleven dependent The factors represented measures.



the counselor's racial designation (White or Nonwhite) and the client's racial designation (White or Nonwhite).

The first analysis concerned the duration of counseling which, overall, ranged from 1 to 11 sessions (mean = 5.2). The number of sessions was found to vary as a function of counselor race ($F(\overline{1},69)$ = 5.13; p < .05). White counselors gave fewer sessions per client than did Nonwhite counselors (See Table 1). Although no effect for client race was noted, the client X counselor interaction tended toward significance (F(1,69) = 3.40; $p \leq .07$).

Insert Table 1 about here

The second analysis concerned overall satisfaction which was found to vary as a function of client race $(F_{(1,69)} = 8.06; p \le .05)$. Nonwhite clients expressed lower satisfaction than did White clients. No effect for counselor race was noted, nor was the client X counselor iteraction significant.

The third analysis concerned the effect of racial dis/similarity on



treatment outcome. Hypotheses concerning differences in counseling effectiveness received no support. No significant main effects or interactions were observed for client or counselor perceived relief, understanding, or coping. Average Pearson intercorrelations between clients' perceived relief, understanding, and coping (r = .58) and between counselors' perceived relief, understanding, and coping (r = .63) qualified these findings by indicating that the three variables were not independent of one another.

The final analysis involved the clients' attributions concerning the causes of perceived change. No effects for counselor or client race were noted, but a significant interaction effect was observed ($F_{(1,69)} = 5.36$; $p \le .05$). Results of a Dunn's multiple comparisons procedure demonstrated that White clients seeing White counselors attributed significantly greater change to therapy itself than did any other client-counselor combination ($p \le .05$; See Table 1).



Discussion

The results of this study help clarify the possible influence of cultural factors on the duration, satisfaction, and perceived effectiveness of counseling. Because racial differences are not identical to cultural differences (Sue, 1981, p. 94), however, results of this study must be generalized cautiously to cross-cultural counseling.

The finding that White counselors provided fewer sessions per client than did Nonwhite counselors was unexpected. It seems inconsistent with the literature which suggests that Whites engage in more nondirective, as opposed to action-oriented, interventions (Berman, 1979). Because the effect did not vary as a function of client race, results also are inconsistent with the literature which indicates a higher incidence of early termination among Nonwhite populations (Sue & McKinney, 1974).

The finding that Nonwhite clients expressed lower overall satisfaction with counseling supports previous research (Pine, 1972), but should be interpreted cautiously given the

magnitude of the difference. While statistically significant, the mean difference in satisfaction between White $(\bar{x}=4.8)$ and Nonwhite $(\bar{x}=4.3)$ clients may not be clinically meaningful. Moreover, the level of satisfaction did not var, as a function of the counselor's race and therefore seems unrelated to cross-racial differences in the counseling dyad.

Specifying the exact nature of the dissatisfaction is difficult.

It is possible that it is directed more at the mental health system in general (Pedersen, 1976) than at the treatment dyad itself. This interpretation is consistent with the findings that there were no differences in perceived effectiveness among the four different treatment dyads.

Neither counselors nor clients perceived any difference in the effectiveness of counseling as a result of racial similarity or dissimilarity in treatment dyads.

This is inconsistent with the



literature which suggests that same-race interactions are more effective than cross-racial interactions (Frye et al, 1980). In the present study racial differences appeared not to have operated as barriers to effective counseling. This result may be accounted for by any of a number of factors. First, the absence of differences may have been a result of including several different races within the group designated Nonwhite. Alternately, given the multi-cultural context within which these counselors work, it is possible that they were sensitive to, and sophisticated regarding, cultural issues. This also would diminish any differences in counseling effectiveness (Sue & Sue, 1977). Thirdly, this finding may be accounted for by the differential return rates of forms by White and Nonwhite groups. Although the approximate overall return rate was moderately high (72%), it is possible that less satisfied clients were the ones who failed to respond and that Nonwhite clients were overrepresented in this category. This would have the effect of attenuating any differences in perceived effectiveness between White and Nonwhite clients. Lastly, it is possible that the racial composition of counseling dyads is of little importance relative to such variables as counselor experience

(Cimbolic, 1972), style (Berman, 1979), or attitudes (Porche & Banikiotes, in press).

Due to the inability of the current design to adequately account for these alternative explanations, the finding that racial composition did not affect counseling effectiveness should be considered tentative and interpreted with caution.

Finally, results revealed that White clients seeing White counselors attributed their change more to counseling than did other treatment dyads. This supports the observation that Whites tend to overlook the importance of systemic or environmental causation (Schwebel, 1980); factors to which Nonwhite individuals are more sensitive (Sue, 1981, pp. 74-80). This does not explain why Whites attributed greater change to counseling when seeing a White than when seeing a Nonwhite counselor, however. Perhaps because greater credibility is associated with samerace counselors (Atkinson, et al., 1978) the White client perceives the White counselor as more responsible than outside factors for therapeutic progress.

In sum, the results of this study suggest that racial factors may be associated with the duration, satis-



faction, and attribution of perceived change in counseling, but not with perceived effectiveness. The finding that racial differences did not act as barriers to effective intervention is consistent with some research (Proctor & Rosen, 1981) but inconsistent with other literature (Fry. et al., 1980), and must be interpreted cautiously given the design limitations of the present study.



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Table 1
Means and standard deviations for each of the dependent variables

Cuitural Designation																			!	
Counselor/ Client	n	:	# So	ssion	Overall Satisfaction		Perceived Relief Counselor Client			Perceived Understanding Counselor Client				Perceived Coping Counselor Client				Causal Attribution		
0110110		1	M	SD	. M	SD	M	SD	M	SD	M	SD	M	SD	i M	SD	M	SD	M	SD
White/ Nonwhite	10	•	3.0	1.5	4.3	.70	4.1	1.0	4.2	.42	4.1	.74	4.4	.74	4.1	.99	3.5	1.4	2.8	.8
White/ White	30		5.5	2.7	4.9	.35	4.2	.92	4.2	.66	4.0	.74	4.1	.90	3.8	.75	3.9	1.0	1.8	1.0
Nonwhite/ .White	19	:	6.1	3.6	4.7	.44	4.3	.58	4.1	.86	3.8	,73	4.4	.51	3.8	.92	3.9	.78	2.5	.82
Nonwhite/ Nonwhite	11		6.1	3.2	4.3	.61	3.9	.70	4.5	.50	; ; 4.2 !	.60	4.2	.40	4.1	.70	3.4	.80	2.4	1.2