# RELATION BETWEEN ETHNIC MATCH AND COMPLETION OF THERAPY AMONG VIETNAMESE CLIENTS AT AN ETHNIC-SPECIFIC AGENCY

A Thesis Presented to the
Faculty of the College of Education
University of Houston

In Partial Fulfillment
Of the Requirements for the Degree

Master of Education

by

Sarah B. McIntyre

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## Abstract

Previous research on the relation between ethnic match and treatment outcomes has focused on examining Asian Americans as a whole and not as distinct ethnic groups. The present study investigated the relation between ethnic match and completion of therapy among Vietnamese Americans. Data was obtained from a de-identified database of clients who received counseling services at an ethnic-specific agency in Houston, Texas. Results indicate that ethnic match does not significantly predict completion of therapy above and beyond other variables. The current study expanded on previous research in three ways: (1) by examining the relation between ethnic match and treatment outcomes at an ethnic-specific mental health agency in the southern United States, (2) by examining Vietnamese separately from other Asian ethnicities, and (3) by using a different proxy measure for treatment outcome (i.e., completion of therapy rather than number of sessions or Global Assessment Scale score improvement). Implications and limitations of the study are discussed.

TABLE OF CONTENTS

LIST OF TABLES

# Chapter I

## Review of Literature

Asian Americans make up the fastest growing ethnic group in the United States (U.S. Census Bureau, 2011). There are more than 14.5 million Asian Americans, making up 4.8% of the U.S. population (U.S. Census Bureau, 2011). Research has consistently shown that Asian Americans underutilize mental health services and leave therapy prematurely at higher rates than their White counterparts (Cheung & Snowden, 1990; Hu, Snowden, Jerrell, & Nguyen, 1991; O'Sullivan, Peterson, Cox, & Kirkeby, 1989; Sue, S., 1977; Sue S., Fujino, Hu, Takeuchi, & Zane, 1991; Sue, S. & Sue, 1974). Researchers have identified a number of reasons for these phenomena.

### Barriers to Utilization of Mental Health Services

Traditionally, psychotherapy has been a White, middle-class activity (Sue, D. W. & Sue, 1977). Theories of psychotherapy, in general, are based on White, middle-class values and may not meet the needs of clients from other cultures. For example, Chinese Americans, who may have grown up in an environment with structured social relationships and patterns of interaction, may feel anxious and confused in an unstructured counseling setting (Sue, D. W. & Sue, 1977).

Indeed, research has shown that people's attitudes toward seeking professional psychological help are connected to their cultures (e.g, Atkinson & Gim, 1989; Tata & Leong, 1994). Kim (2007) examined the relationships between acculturation (i.e., adapting to the norms of the majority culture) and enculturation (i.e., retaining the norms of one's indigenous culture) and attitudes toward seeking professional psychological help among Asian American college students. He found that enculturation was inversely

related to help-seeking attitudes but found no significant relationship between acculturation and help-seeking attitudes. These results suggest that acculturation and enculturation are separate processes, and adherence to Asian cultural values presents a barrier to seeking professional psychological help (Kim, 2007).

Given that counseling is not a traditional part of Asian cultures, it follows that Asian Americans may seek support elsewhere. For example, in Southeast Asian countries, the concept of psychotherapy is unheard of and is not considered an option for dealing with problems. Instead, Southeast Asian refugees are likely to seek support from family members, friends, and other relatives (Nishio & Bilmes, 1987). In a related study, Narikiyo and Kameoka (1992) compared Japanese American and White college students' help-seeking preferences. The researchers found an interesting ethnic difference: Japanese American students rated "talk to family and/or friends," "spend time/socialize with others," and "resolve disagreements with others" as significantly more helpful than did Whites. These findings suggest that Asian Americans may underutilize mental health services because they tend to seek support and resolution within informal interpersonal relationships (Narikiyo & Kameoka, 1992).

Another barrier to initiation of mental health services is lack of knowledge of available services. Loo, Tong, and True (1989) interviewed residents of San Francisco's Chinatown and found that lack of knowledge of existing mental health services was a major factor contributing to underutilization of mental health services. Other contributing factors included the belief that mental disorders cannot be prevented, the belief that self-help is the means by which problems should be handled, and lack of knowledge as to how psychological problems can be treated (Loo, Tong, & True, 1989).

Financial and geographic barriers, such as not being able to take time off from work to seek services and not having access to necessary transportation, are also pertinent (Leong & Lau, 2001). These barriers likely have more to do with social class than with culture or ethnicity (Leong & Lau, 2001).

Once an Asian American client enters therapy, a counselor's competence in working with this population may either support or hinder the therapeutic relationship. There is evidence to support that a counselor's use of multicultural competencies has a desirable effect on the therapeutic process. Wang and Kim (2010) used a video analogue design to determine how a European American counselor's multicultural competence may affect Asian Americans' experience in therapy. The researchers found that Asian Americans gave higher ratings to a videotaped session of a European American therapist demonstrating multicultural competencies than the videotaped session where the therapist did not.

**Ethnic Specific Services**

Ethnic specific services (ESS) seek to address barriers to utilization by providing culturally responsive mental health care for ethnic minority communities (Lau & Zane, 2000). Features of ESS include the recruitment of ethnic minority personnel, modification in treatment practices that are presumably more culturally appropriate, and development of an atmosphere in which services are provided in a culturally familiar context. Services are typically located in communities with large ethnic minority populations and serve a predominantly ethnic minority clientele (Takeuchi, Sue, & Yeh, 1995).

There is strong evidence to support the effectiveness of ESS. O'Sullivan, Peterson, Cox, and Kirkeby (1989) replicated S. Sue's 1977 study of Seattle-King County which found that Asian Americans, Blacks, Native Americans, and Chicanos had a higher failure to return rate than Whites. Ten years later, O'Sullivan and colleagues found that failure to return rates for ethnic minority clients were dramatically lower than they had been in the previous study. O'Sullivan and colleagues hypothesized that this improvement was due to the increase in ESS in the county.

To examine the effectiveness of ESS, Zane, Hatanaka, Park, and Akutsu (1994) conducted a study using data from an ethnic-specific mental health center developed to serve Asian Pacific communities. Zane and colleagues found that treatment in ESS reduced service inequities (i.e., inequities in premature termination after one session, early termination after four sessions, treatment duration, and treatment outcome as measured by the Global Assessment Scale, or GAS) between Asian Americans and Whites.

Other studies have compared Asian Americans utilizing ESS to Asian Americans attending mainstream services. Takeuchi, Sue, and Yeh (1995) found that Asian Americans attending ESS had a higher return rate and stayed in treatment longer than those utilizing mainstream services. In a related study, Lau and Zane (2000) examined the relation between cost-utilization (i.e., the total cost for services provided, which are a function of client utilization of services) and treatment outcome (i.e., GAS score) for Asian American clients and found that the relation was significant for those using ESS but not for those attending mainstream services.

**Ethnic Matching**

One key aspect of ESS is the recruitment of ethnic minority personnel (Takeuchi, Sue, & Yeh, 1995). This practice allows for clients to be matched with therapists based on ethnicity more frequently than in mainstream service settings. In their Los Angeles based study, Takeuchi, Sue, and Yeh (1995) found that Asian American clients in ESS were of the same ethnicity as their counselors 72% of the time compared to 11% of the time in mainstream services.

Exploring the effects of ethnic match on therapeutic outcomes is important because counselors who share their clients' ethnicity may also share their clients' cultural background and primary language (Sue S., Fujino, Hu, Takeuchi, & Zane, 1991). Being of the same culture as a client may facilitate the therapeutic relationship and may increase the likelihood of the counselor using culturally appropriate interventions. Additionally, speaking the same primary language as a client facilitates communication.

Studies that have examined the connection between ethnic match and therapeutic outcomes have been based on data from the Los Angeles County Department of Mental Health, one of the nation's largest mental health systems. In one such study, S. Sue et al. (1991) found that ethnic match was positively related to length of treatment for Asian Americans. S. Sue et al. also found that when English was not the client's primary language, ethnic and language match was related to treatment outcome, as measured by GAS score.

In their study of low-income Asian American clients with major depression, Flaskerud and Hu (1994) examined how ethnic match and treatment in ESS influenced length of treatment and GAS score. Consistent with previous studies, ethnic match and

treatment in ESS both had significant positive relationships to the number of treatment sessions, although there was no significant relationship to GAS score improvement. Fujino, Okazaki, and Young (1994) examined both ethnic and gender match and found that ethnic and gender match were significantly associated with increased length of treatment for Asian American women and that ethnic match, but not gender match, was significantly associated with increased length of treatment for Asian American men. The researchers also found that neither ethnic match nor gender match were significant predictor of GAS score improvement.

Previous research on the effects of ethnic match has two limitations that will be addressed in the current study. The first limitation is that previous studies have focused on examining Asian Americans as a whole and not as distinct ethnic groups. This can be problematic, as Asian ethnic groups differ greatly (e.g., Leong & Lau, 2001). Uehara, Takeuchi, and Smukler (1994) caution against combining ethnic groups into a single category. They found that when grouped together, Asian Americans had a lower level of functioning difficulty than Whites. However, when groups were examined separately, only one of five ethnic groups had a significantly lower level of functioning difficulty. The authors suggest examining differences between ethnic groups before combining them. The second limitation of the available research is geographic in nature. Previous studies have been based on data from the Los Angeles County Department of Mental Health, which is not representative of the whole nation. To determine the applicability of previous findings, it is important to conduct similar studies in other regions of the United States.

The current study examined the relation between ethnic match and completion of therapy for Vietnamese clients utilizing ESS. Instead of GAS score improvement, the current study used completion of therapy (i.e., reaching predetermined treatment goal determined by both the therapist and the client at the outset of therapy) as a proxy measure for treatment outcome. The foregoing literature review suggested that ethnic match would predict completion of therapy for Vietnamese clients while accounting for other variables including age, gender, primary language, years in the U.S., annual household income, and comorbidity.

# Chapter II

# Method

## Data

Data was obtained from a de-identified database of clients who received counseling services at Asian American Family Services (AAFS) between 2004 and 2011. AAFS is a non-profit organization that primarily serves Asian American clientele and is located within Asia-town in Houston, Texas.

The database contained information on clients, therapists, and treatment. Therapists' credentials and levels of training varied: therapists were psychologists, licensed master social workers, licensed professional counselors, licensed professional counselor-interns, licensed marriage and family therapists, and students in training.

The original de-identified database contained 432 clients of various ethnicities, including Vietnamese, Chinese, Korean, Japanese, and Indian. Of those clients, 152 were Vietnamese. Thirty Vietnamese clients were under 18 years old and were excluded from the sample. Two other cases were excluded because clients received family counseling rather than individual counseling. The final sample included 120 Vietnamese adults receiving individual counseling at AAFS.

## Procedure

New clients seeking services at AAFS went through an intake procedure during which clients described their needs. If the intake clinician believed that the client had a mental disorder and could benefit from therapy, counseling services were offered to the client. If the client agreed to counseling, the clinician would explain the process of

therapy and, together, the client and the clinician would determine treatment goals. Treatment goals became the basis of the treatment plan.

Generally, a client's intake clinician also became their therapist. Clients were matched ethnically with their therapists whenever possible. When Vietnamese therapists were not available to take new clients, Vietnamese clients were matched with therapists of other ethnicities. At the conclusion of therapy, either due to drop out or completion, the therapist would indicate whether treatment goals had been met.

**Research Design**

The current study was intended to examine the relation between therapist-client ethnic match and completion of therapy for Vietnamese clients. Ethnic match was defined as a client-therapist pair who identified as the same ethnicity (i.e., a Vietnamese client matched with a Vietnamese therapist). Completion of therapy was defined as reaching predetermined treatment goal determined by both the therapist and the client at the outset of therapy (e.g., twelve sessions of cognitive behavioral therapy and client reports an improvement in symptoms). A hierarchical logistic regression was used to determine to what extent ethnic match predicts completion of therapy above and beyond other independent variables. ANOVA and Chi-square analyses were used to determine which variables to include in the hierarchical logistic regression: only variables that differed significantly between ethnic match and non-match groups were included in the subsequent regression.

## Chapter III

## Results

Table 1 provides the demographic and clinical data for ethnic match and ethnic non-match groups. The total sample (n = 120) consisted of 32 male (26.9%) and 87 female (73.1%) participants with a mean age of 40.88 years (standard deviation, 13.65 years). Number of years residing in the U.S. ranged from zero to 35 with a mean of 16.11 (standard deviation, 10.37 years). Ninety-five participants (79.2%) spoke Vietnamese as their primary language, and 25 participants (20.8%) spoke English as their primary language. Yearly household income ranged from $10,427 to $85,706 with a mean of $37,225.13 (standard deviation, $19,090.31). Ninety-four participants (78.3%) had less than a high school education, and 26 participants (21.7%) had a high school education or more. Sixteen participants (13.35%) had comorbid conditions. Of the total sample, 19.2% were diagnosed with an anxiety disorder, 35% were diagnosed with a mood disorder, 28.3% were diagnosed with adjustment disorder, and 5% were diagnosed with a psychotic disorder. Twenty-four participants completed therapy (20% of total sample). As indicated in Table 1, the match and non-match groups differed significantly in terms of primary language and clinician level of training. These variables were included in the subsequent hierarchical logistic regression.

Table 2 contains results of the hierarchical logistic regression assessing the relation between ethnic match and completion of therapy. Block 1 indicates that primary language and clinician level of training did not contribute significantly to the prediction of group membership. The Nagelkerke $R^2$ value was .013. In block 2, ethnic match was

added and did not contribute significantly to the model. The change in Nagelkerke $R^2$ value was .047. No significant predictors of treatment outcome were found.

Table 1. *Descriptive Statistics for Participants in Ethnic Match and Ethnic Non-Match Conditions*

| Variable | Total ($n$ = 120) | Match ($n$ = 79) | Non-Match ($n$ = 41) | P Value |
|---|---|---|---|---|
| Age (Years) | 40.88 (SD = 13.65) | 41.53 (SD = 13.45) | 39.66 (SD = 14.10) | .481[a] |
| Gender | | | | .442[b] |
| Male | 32 (26.9%) | 23 (29.1%) | 9 (22.5%) | |
| Female | 87 (73.1/%) | 56 (70.9%) | 31 (77.5%) | |
| Years residing in the U.S. | 16.11 (SD = 10.37) | 15.14 (SD = 11.23) | 17.96 (SD = 8.36) | .195 [a] |
| Primary language | | | | <.001[b] |
| Vietnamese | 95 (79.2%) | 70 (88.6%) | 25 (61%) | |
| English | 25 (20.8%) | 9 (11.4%) | 16 (39%) | |
| Household income per year | $37,225.13 (SD = $19,090.31) | $38,908.18 (SD = $18,575.98) | $33,982.20 (SD = $19,873.46) | .181 [a] |
| Level of education | | | | .379[b] |
| Less than high school | 94 (78.3%) | 60 (75.9%) | 34 (82.9%) | |
| High school or above | 26 (21.7%) | 19 (24.1%) | 7 (17.1%) | |
| Initial diagnosis | | | | |
| Comorbid diagnoses | 16 (13.3%) | 12 (15.2%) | 4 (9.8%) | .406[b] |
| Anxiety disorder | 23 (19.2%) | 18 (22.8%) | 5 (12.2%) | .162 [b] |
| Mood disorder | 42 (35%) | 29 (36.7%) | 13 (31.7%) | .586 [b] |
| Adjustment disorder | 34 (28.3%) | 19 (24.1%) | 15 (36.6%) | .148 [b] |
| Psychotic disorder | 6 (5%) | 5 (6.3%) | 1 (2.4%) | .354 [b] |
| Clinician level of training | | | | <.001[b] |
| Ph.D. or M.D. | 29 (30.5%) | 27 (45%) | 2 (4.9%) | |
| Master's or student | 66 (69.5%) | 33 (55%) | 33 (80.5%) | |

Note: [a]ANOVAs were used to calculate p values for interval data. [b]Chi-squares were used to calculate p values for nominal data.

Table 2. *Hierarchical Logistic Regression Analysis Predicting Treatment Completion (n = 120)*

| Variable | *B* | SE *B* | Odds Ratio (95% CI) |
|---|---|---|---|
| Constant | -1.632 | .583 | - |
| Primary language (1= English, 0= Vietnamese) | -.605 | .877 | .546 (.098-3.044) |
| Clinician level of training (1= Ph.D. or M.D., 0= Master's or student) | .964 | .842 | 2.622 (.503-13.650) |
| Ethnic match (1= Match, 0= Non-match) | -1.222 | .832 | .295 (.058-1.505) |

Note: Nagelkerke $R^2 = 0.013$ for block 1; change Nagelkerke $R^2 = 0.047$.

## Chapter IV

## Discussion

The present study expanded on previous research in three ways: (1) by examining the relation between ethnic match and treatment outcomes at an ethnic-specific mental health agency in the southern United States, (2) by examining Vietnamese separately from other Asian ethnicities, and (3) by using a different proxy measure for treatment outcome.

Previous findings on the relation between ethnic match and treatment outcome have been mixed and have indicated that ethnic match significantly predicts number of treatment sessions but does not significantly predict GAS score improvement (Flaskerud & Hu, 1994; Fujino, Okazaki, & Young, 1994; S. Sue et al., 1991). Inline with findings on ethnic match and GAS score improvement, the results of the current study indicate that ethnic match does not predict completion of therapy above and beyond other variables (i.e., primary language and clinician level of training).

While the findings were not significant, further discussion is warranted. One possible explanation for non-significant findings is the lack of variability in the criterion variable: eighty percent of participants did not complete therapy. Increased variability may have yielded different results. An alternative explanation is that ethnic match is distal to treatment outcome, and, thus the relation between ethnic match and treatment outcome is expected to be weak (S. Sue, 1988). S. Sue (1988) proposed that cultural match is more proximal to treatment outcome. The difficulty with exploring the connection between cultural match and treatment outcome is that culture is difficult to define and to measure (S. Sue, 1988). Additionally, studies on treatment outcome often

obtain data from already existing databases. Typically such databases contain basic demographic information, including information on ethnicity, and do not include information on culture.

It is noteworthy that a relatively small number of participants actually completed therapy (20% of total sample). The 80% dropout rate in the current study is high compared to the general population. For example, in their meta-analytic review of 125 studies of psychotherapy dropout, Wierzbicki and Pekarik (1993) found an average dropout rate of 47%. Because the results of the current study were not significant, it is important to explore other explanations for poor treatment outcomes. Why did Vietnamese clients have a high rate of non-completion? S. Sue and Zane (1987) offer a possible explanation: Asian clients, including Vietnamese clients, may perceive therapists as lacking credibility. S. Sue and Zane explain that therapist credibility is a proximal factor and "giving," or what occurs when a client feels a direct benefit from therapy, serves to increase therapist credibility. S. Sue and Zane suggest that gift giving is especially important during the earliest therapy sessions because of the high dropout rate among Asian Americans. Examples of gifts include anxiety reduction, depression relief, cognitive clarity, normalization, reassurance, hope and faith, skills acquisition, a coping perspective, and goal setting (S. Sue & Zane 1987). Future research could explore the relations between gift giving during the first several sessions of therapy, perceived therapist credibility, and treatment outcomes.

There are several limitations of the current study. Because a convenience sample was used, it is difficult to generalize findings to all Vietnamese clients utilizing ESS across the country. Additionally, because participants were not randomly assigned to

ethnic match and non-match conditions, it is likely that there were confounding variables that could not be controlled for and that may have affected the outcome variable. For example, the database did not contain information regarding immigration status nor age at immigration. Because these variables could not be controlled for, it is possible that they confounded the results. This study was also subject to difficulties of using a de-identified database. Because the database was provided by AAFS, the accuracy of the data cannot be accounted for. Finally, the reliability of the outcome variable (i.e., completion of therapy) is unknown.

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