

SOCIAL WORK DEPARTMENT FIELD-BASED RESEARCH PROPOSAL FORM

Submit all materials to:

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Part I. Overview

A. Principal Investigator Information

Name: <u>M. David Malone</u>	Date Submitted: <u>10/18/07</u>
Email: <u>Michael-Malone@utc.edu</u>	Phone: <u>423-344-3319</u>

B. Field Agency Information

Agency: <u>The Partnership for Families, Children and Adults</u>
Address: <u>1800 McCallie Avenue</u>
<u>Chattanooga, TN 37404</u>
Field Instructor Name/E-Mail Address: <u>Rhonda Jacks, LCSW /rjacks@partnershipfca.com</u>
Telephone: <u>423-697-7130</u> Fax: <u>423-697-3839</u>
Can you receive confidential information on the fax number and E-mail address provided above? <u>Yes through email, but if by fax then there must be a prior notice</u>

Part II. Information About the Study**Study Overview**

Study Title:	<u>Do the demographics of counselors have an impact on their clients' satisfaction?</u>
Area of Study:	<u>Client Satisfaction</u>
Specific Topic:	<u>Clients' preference of a counselor's race, gender, and sexual orientation</u>

If "cut-and-pasting" text to complete the items below, make sure the text appears as Arial 10pt, line spacing 1.5.

1. **Abstract—including (but not limited to) the nature and rationale of the study, its primary supporting references in the literature, its need and expected applied or theoretical value (attach annotated bibliography of references):**

In this research, client satisfaction will be is defined as how comfortable a client is with the counseling service they are receiving. The purpose of this research is to evaluate if the race and ethnicity, gender, and sexual orientation of counselors are major concerns for clients who are seeking counseling. In 1996, Liddle found that gay, lesbian, and bisexual therapists of both genders and heterosexual female therapists were all rated more helpful than heterosexual male therapists. Other research by Bichsel and Mallinckrodt (2001), found that female clients have a higher comfort level and are able to fully disclose personal information to female counselors. In 2002, Constantine discovered that clients belonging to ethnic minority groups expressed higher satisfaction when they viewed their therapist as being culturally competent. Client satisfaction will be measured by several items designed to assess how positively or negatively the client views their counselor; clients will respond to specific questions on a survey regarding their perceptions of their counselor's race and ethnicity, gender, and sexual orientation. I will control for factors such as religious affiliations, educational background, socioeconomic status and court ordered or employer referred clients. The value of this research will be to help the Partnership determine if they are appropriately meeting the specific cultural needs of their clients.

2. **Major hypotheses/questions to be investigated:**

- Do clients have a preference for their counselors to be of the same race, gender, and sexual orientation?
- Is client satisfaction negatively impacted when a client's counselor isn't of the same race, gender, and sexual orientation?

3. Population(s) or data desired (describe in detail):

The Partnership sees on average 62 new clients each month; 10% of those clients are court ordered or employer referred. The target population for this research will be men and women who are clients at the Partnership and range in age from ages 16-60 and have a diverse ethnic and SES backgrounds. The clinical staff at the Partnership consists of two females and one male all in the age range of 45-60. The male and one of the females are of European American descent and the other female is a mixture of European American and Native American descent. The females and the male identify with the heterosexual orientation. The survey will be administered only to voluntary clients who are seeking counseling. My reason for not including court ordered or employer referred clients is that I felt they would already possess a bias toward the counselors simply based on the fact that they were forced to attend; this type of bias would interfere with my study. I will be using convenience sampling methods to collect my data. The problem with using this method is that I may not receive a diverse pool of clients to survey.

4. Titles of instruments (forms, questionnaires, tests, etc.) to be used for data collection; include reference page citing empirical support for instruments:

I will be using a self-created survey following the initial intake session to collect my data. See survey on page 10.

5. Procedures planned for administering instruments, and/or collecting data (be as specific as possible):

I will give my survey to each of the three clinicians so that it can be attached to the evaluation form that the Partnership already administers after the first session. There will be a consent form that must be filled out by the client prior to participation. The survey should take 5 to 7 minutes to complete. After the client has finished with the evaluation forms, my survey will be separated in order for me to collect and record the results. After I have recorded the results, I will destroy the hard copy of the survey.

6. Design and statistical techniques planned for data analysis (each data analysis step must be stated):

What type of study design is this? Data will be collected and scored by using a combination of Excel and SPSS, no, you need to specify statistical analysis for each research question.

7. Expected beginning date and completion date of study:

I expect to begin the research in January 2008; data collection will be completed by March 1, 2008 and the final report will be submitted by April 15, 2008.

8. Form in which findings will be reported:

All findings will be reported in a paper and in a PowerPoint presentation. This information also has a potential to remain with the Partnership so they can better their knowledge of the client's needs.

Bibliography

Baum, N. (2005). Correlates of clients' emotional and behavioral responses to treatment termination. *Clinical Social Work Journal*, 33(3): 309-26.

This study investigates the associations between clients' emotional and behavioral responses to treatment termination and eight sets of independent variables, covering the source of termination (client, therapist, external source); the termination process (speed, centrality, control, choice, and desire), and the perceived outcome (failure, goal achievement) of the therapy. Subjects were 92 student therapists and 40 professional therapists, who reported on their clients' perceptions, experiences, and responses. All the variables examined were associated with one or another client response. The findings support the view of treatment termination not only as a loss experience but also as a transition. They highlight the need for therapists to pay careful attention to both the source and the process of treatment termination.

Bichsel, R. J., & Mallinckrodt, B. (2001). Cultural commitment and counseling preferences and counselor perceptions of Native American women. *The Counseling Psychologist*, 29(6): 851-81.

Native American women (N = 218) living on a reservation were surveyed to assess their preferences for counselor sex, ethnicity, cultural awareness, counseling style, and commitment to Native American and Anglo-American cultures. Women generally preferred a counselor with the following attributes: female, ethnically similar, culturally sensitive, and used a nondirective counseling style. All these preferences, except for counseling style, were generally stronger for personal versus vocational problems and were stronger for women with high commitment to Native American culture. Written analogue portrayals depicted counselors in four combinations (Native American vs. Anglo, culturally sensitive vs. insensitive). The Native American/sensitive counselor was rated highest, with the Anglo/insensitive counselor rated lowest. The Anglo/sensitive counselor was preferred to the Native/insensitive counselor by women who strongly identified with Native American culture.

Constantine, M.G. (2002). Predictors of satisfaction with counseling: racial and ethnic minority clients' attitudes toward counseling and ratings of their counselors' general and multicultural counseling competence. *Journal of Counseling Psychology*, 49(2): 255-63.

One hundred twelve college students of color who sought and terminated mental health treatment at their campus counseling center were asked to indicate their (a) attitudes toward counseling, (b) ratings of their counselors' general counseling competence, (c) ratings of their counselors' multicultural competence, and (d) satisfaction with counseling. Results revealed that these students' counseling attitudes and perceptions of their counselors' general and multicultural competence each accounted for significant variance in their satisfaction with counseling. Of particular note was the finding that racial and ethnic minority clients' ratings of their counselors' multicultural counseling competence explained significant variance in satisfaction ratings beyond the variance previously accounted for by their general counseling competence ratings. Moreover, results revealed that clients' ratings of their counselors' multicultural counseling competence partially mediated the relationship between general counseling competence ratings and satisfaction with counseling.

Fouad, N. A., & Carter, R. T. (1992). Gender and racial issues for new counseling psychologists in academia. *The Counseling Psychologist*, 20(1): 123-40.

Counseling psychology has begun to focus on the concerns of new professionals, but it has not addressed the concerns of women or visible racial/ethnic group members (i.e., Black, Hispanic, Native American, or Asian American) as new counseling psychologists in academia. This article addresses their unique concerns and makes recommendations for new faculty members as well as for the departments that hire them. The article focuses on issues (a) for new professors in counseling psychology, (b) shared by women and visible racial/ethnic group members, and (c) experienced differently by women and visible racial/ethnic group members.

Fuertes, J.N., Mueller, L.N., Chauhan, R.V., Walker, J.A., & Ladany, N. (2002). An investigation of European American therapists' approach to counseling African American clients. *The Counseling Psychologist*, 30(5): 763-88.

Interviews were conducted with 9 European American psychologists, asking them to recall their first 12 counseling sessions with a current or recent successful case with an African American client. Using consensual qualitative research (CQR) methodology, the psychologists revealed that they generally attended to differences in race between themselves and clients directly and openly within the first two sessions. This was done to acknowledge this difference and convey to the client comfort and trust; psychologists also intended to engender client trust and participation in therapy. The psychologists saw race as a central component to be discussed and continually attended to in establishing and maintaining a trusting and solid working relationship. They typically saw race-related issues as relevant to clients' concerns. Despite wide variability in theoretical orientations and variety of client presenting problems, they typically reported using Rogerian core skills to engage the client and establish the relationship. However, they also reported using more culture-specific and sensitive interventions to deepen and strengthen the therapy relationship. These interventions included relying on their level of racial identity development to understand the client, being attuned to the client's racial identity development and worldview, and attending to client reports of racism.

George, A., & Rubin, G. (2003). Non-attendance in general practice: a systematic review and its implications for access to primary health care. *Family Practice*, 20(2): 178-84.

Non-attendance in general practice has received increasing attention over the past few years. Its relationship with access to health care has been recognized and is of particular relevance in light of the access targets set out in the NHS Plan. The literature was searched for articles relating to non-attendance. Titles and abstracts were examined, and relevant articles obtained. Bibliographies were examined for further references. Articles that described interventions for reducing non-attendance that were comparative studies and that examined general appointments, as opposed to appointments for screening purposes for example were of particular interest. The epidemiology of non-attendance has been well described, but there is little work on the reasons for non-attendance. Evidence for effective interventions to improve attendance in primary care is lacking, and this may prove to be an area of research interest in the future. As well as specific interventions to reduce non-attendance, new approaches to health care access are required in order to tackle this issue.

Han-Jong, L., & Shinobu, N. (2006). Clients' response modes and session outcome. *Psychological Reports*, 99(3): 911-22.

This study examined clients' response modes in one-session counseling interviews with two counselors and 32 volunteer college students as clients. Sessions which yielded clients' higher ratings of helpfulness and satisfaction were associated with low proportions of clients' recounting, which involves clients providing statements on factual information in a storytelling style and high proportions of clients' response modes, which indicate an exploration of feelings, thoughts, and behaviors, insight into problems, and a problem-solving attitude. Thereafter, clients' response modes were examined in conjunction with counselors' interventions in the previous speaking turn using a sequential analysis. This analysis indicated that the occurrences of clients' response modes were not random but rather seemed to be associated with antecedent interventions by a counselor.

Kahn, J.H., Achter, J.A., & Shambaugh, E.J. (2001). Client distress disclosure, characteristics at intake, and outcome in brief counseling. *Journal of Counseling Psychology*, 48(2): 203-11.

Client tendencies to disclose versus conceal personally distressing information (termed distress disclosure) were hypothesized to relate to measures of social support, personality, perceived stress, and symptomatology at intake, as well as improvement over the course of counseling. Seventy-nine college counseling center clients completed questionnaires at intake; 45 of these clients also completed measures at termination. Distress disclosure was related to social support, trait positive affectivity, and trait negative affectivity at intake; and distress disclosure was associated with a decrease in client-rated stress and symptomatology over the course of counseling. These findings point to the importance of attending to client differences in tendencies to disclose versus conceal personally distressing information both at intake and as it relates to change in counseling.

Liddle, B.J. (1996). Therapist sexual orientation, gender, and counseling practices as they relate to ratings of helpfulness by gay and lesbian clients. *Journal of Counseling Psychology*, 43: 394-401.

Three hundred ninety-two lesbian and gay volunteers described their experiences with 923 therapists, reporting therapist sexual orientation, therapist gender, and perceived helpfulness of the therapist in each case. Gay, lesbian, and bisexual therapists of both genders and heterosexual female therapists were all rated more helpful than heterosexual male therapists. Participants also reported whether each therapist exhibited 9 negative and 4 positive practices. Relative risk ratios indicated that 8 of the 9 negative therapist practices were significantly associated with (a) client designation of a therapist as unhelpful and (b) termination after 1 session. All 4 of the positive practices were inversely associated both with unhelpful ratings and with termination after 1 session. Therapist practices accounted for more of the variance in ratings of helpfulness than did therapist demographic characteristics.

Manthei, R.J. (2005). A follow-up study of clients who fail to begin counseling or terminate after one session. *International Journal for the Advancement of Counseling*, 18(2): 115-28.

Counseling clients who fail to begin counseling or terminate after one session are often labeled failures, dropouts, unmotivated, etc. There is some evidence, however, that such clients cannot be assumed automatically to be failures or unimproved. The present study used a series of self-report questions similar to those reported in Talmon (1990) in a telephone follow-up of "no show" and one session only clients at a community counseling agency in Christchurch, New Zealand. The aims were to replicate Talmon's research by determining the rates of improvement and the reasons for not commencing or continuing counseling in these two groups of clients. In addition, the reasons for any improvements among clients in both groups were investigated. Results indicated that substantial percentages of both groups reported problem improvement. Reasons for not beginning or continuing in counseling included: excessive cost, being waitlisted and practical problems like lack of transportation. Reasons for improvement included efforts at self-improvement and/or having sought counseling elsewhere (no-show clients) or having benefited sufficiently from their single session (one session only clients). Implications for counseling agencies are discussed.

McCabe, K.M. (2002). Factors that predict premature termination among Mexican-American children in outpatient psychotherapy. *Journal of Child and Family Studies*, 11(3): 347-59.

The role of demographic variables, acculturation, and therapy attitudes and expectations in predicting treatment dropout for Mexican-American families who presented for mental health treatment for a young child at a community mental health center was examined. Unvaried analyses indicated that less educated parents who felt that they should be able to overcome their child's mental health problems on their own, and who felt that emotional and behavioral problems should be handled by increasing discipline were more likely to terminate prematurely. In addition, parents who perceived more barriers to treatment and expected their child to recover quickly were more likely to drop out of treatment after attending just one session. Measures of household income, acculturation, therapist-client ethnic match, perceptions of stigma, and expectations of therapist directiveness were not related to treatment dropout. When multivariate analyses were examined, parental education, perceived barriers to treatment, and belief in increased discipline remained significant predictors of treatment dropout, and client-therapist ethnic match became a significant predictor of dropout. Results are discussed in terms of implications for culturally-sensitive interventions.

Meyer, S.W. (2001). Why they don't come back: a clinical perspective on the no-show client. *Clinical Social Work Journal*, 29(4): 325-39.

Clinical writers love to publish their success stories. Treatment failures get shuffled to the bottom drawer. Perhaps this is why there is so little in the clinical literature about a problem so frequently encountered by the clinical social worker: the patient or client who never shows up or doesn't return. Why don't they keep their appointments? What are the most common dynamics? How much of the problem rests with the client and how much with the clinician or agency? What should be done when your client no-shows? When should you do it? This paper will explore these questions in an attempt to deepen the practitioner's understanding and management of this common clinical challenge.

Renk, K., & Dinger, T.M. (2002). Reasons for therapy termination in a university psychology clinic. *Journal of Clinical Psychology*, 58(9): 1173-81.

This study examined the reasons for therapy termination documented by graduate student therapists. The closed case files of individual adult clients who had terminated their therapy experience at a university-based psychology clinic were reviewed. Results indicated that the most frequent reasons for termination documented by graduate student therapists were that clients stopped attending therapy session without providing their therapists with notice or reason and that clients' reached a satisfactory termination point in their therapy experience. A substantial number of clients terminated therapy because of difficulties unrelated to therapy, seeking services elsewhere, or dissatisfaction with therapy services. Level of depressive symptomatology and the number of sessions attended differed across clients who had different reasons for termination. By addressing such client concerns early in the therapy experience, premature termination may be prevented.

Tryon, G.S. (1984). Effects of client and counselor sex on client attendance at counseling. *Sex Roles*, 10: 387-93.

The present study examined the relationship between sex of client, sex of counselor, client's presenting problem, and the length of time the counseling dyad stayed together. Dyads engaged in personal counseling had significantly more sessions than dyads engaged in vocational counseling or test feedback. Clients receiving personal counseling were more likely to terminate unilaterally than clients receiving vocational counseling or test feedback.

Wei, M., Heppner, P. P. (2005). A replication and extension to Taiwanese client-counselor dyads. *The Counseling Psychologist*, 33(1): 51-71.

One mission of the International Forum section in *The Counseling Psychologist* is to increase the globalization of counseling psychology (Leong & Ponterotto, 2003). The goals of this study are in line with this mission: (a) to replicate U.S. counseling research on the working alliance to Taiwan by examining clients' perceptions of their counselors' credibility and (b) to extend the working-alliance literature by examining the role that counselors' problem-solving styles play in predicting the initial working alliance. Thirty-one counseling dyads from four counseling centers in Taiwan participated by completing inventories after their first counseling sessions. Results found that (a) clients' perceptions of their counselors' credibility and (b) counselors' perceptions of their problem solving styles significantly predicted the client-rated, but not the counselor-rated, working alliance. Counseling implications and recommendations for future research are discussed.

INFORMED CONSENT FORM

Investigator:

M. David Malone, BSW, Principal Investigator, (423) 344-3319 / Email: Michael-malone@utc.edu

I, _____, have been asked to participate in a survey for research being conducted by the Social Work Program at the University of Tennessee at Chattanooga.

Purpose:

I understand that the purpose of this study is to examine if a counselor's race, ethnicity, gender, or sexual orientation has any impact on client satisfaction at that the Partnership.

Duration and Location:

I understand the survey will be given out at the Partnership for Families, Children and Adults counseling center. Further more, I understand participating in the survey will take approximately 5-7 minutes of my time on one occasion.

Procedures:

I will be asked to answer questions about my views and perceptions related to client satisfaction and services provided by the Partnership.

Risks/Discomforts:

It has been explained to me that a few of the questions may be sensitive in nature due to the direct focus of this study. **I realize that participation in this survey in no way will jeopardize my ability to receive service at the Partnership.**

Benefits:

I understand that the benefits from participating in this study may help the social work program and the Partnership better understand clients' needs in relation to cultural and gender identity.

Confidentiality:

I understand that a no identifying information will be used to identify my responses from those of other participants and that my name, address, and other identifying information will not be directly associated with any information obtained from me. If results of this study are published, my name or other identifying information will not be used. In addition, I understand that my honest responses to the questions will in no way jeopardize my current status at the Partnership for Families, Children and Adults.

Payments:

I will receive no type of financial reimbursement for participating in this study.

Right to Withdraw:

I understand that I do not have to take part in this study, and my refusal to participate will involve no penalty or loss of rights to which I am entitled. I may withdraw from the study at any time.

Signatures:

I have read this entire consent form and completely understand my rights as a potential research subject. I voluntarily consent to participate in this research. I have been informed that I will receive a copy of this consent should questions arise and I wish to contact Mr. Malone or the University of Tennessee at Chattanooga's Institutional Review Board to discuss my rights as a research subject.

Signature of Research Subject

Date _____

Signature of Witness

Date _____

Signature of Investigator

Date _____

Partnership Counseling Center
 CLIENT SATISFACTION QUESTIONNAIRE

SECTION I: Please tell us a little about yourself.

Place a check by the appropriate answer.

1. **Are You:** Male Female
2. **What is your ethnicity?** African-American Hispanic
 Asian-American Native-American Caucasian/White Bi-racial
 Other
3. **Do you consider yourself:** Heterosexual Homosexual/gay or lesbian
 Bi-sexual Trans-sexual
4. **Was your visit:** Voluntary Court Ordered Referred

SECTION II: We would like to know a little more about your experience with the counselor you talked with today.

	SA (4) Strongly agree	A (3) Agree	D (2) Disagree	SD (1) Strongly Disagree	Does not apply to me (0)
1. I felt comfortable disclosing issues in my personal life with a professional counselor.					
2. I felt I would have spoken more openly with my counselor if our cultural backgrounds were similar.					
3. I felt that my counselor understood and sympathized with the specific obstacles and challenges associated with being a person of my race.					
4. I feel that I would be more willing to accept and try the treatment goals if my counselor were of the same race as my own.					
5. I felt comfortable disclosing my sexual orientation with a professional counselor.					

RESEARCH PROPOSAL FORM *(continued)*

<p>6. I felt that my counselor understood and sympathized with the specific obstacles and challenges associated with being a person of my sexual orientation.</p>					
<p>7. I felt I would have been more comfortable talking to a counselor of the same gender.</p>					
<p>8. I feel that I would be more willing to accept and try the treatment goals if my counselor were of the same gender as my own.</p>					
<p>9. I felt that my counselor understood and sympathized with the specific obstacles and challenges associated with being a person of my gender.</p>					
<p>10. Overall, I felt that I received culturally competent care.</p>					

Data Analysis Code Book

Year of Sample 2008

Variable Name Survey Question and Corresponding Numbered Responses

Demographics

Sex Are You:
1. Female
2. Male

Ethnicity What is your ethnicity?
1. African-American
2. Hispanic
3. Asian-American
4. Native-American
5. Caucasian/white
6. Bi-racial
7. Other

Sexual Orientation Do you consider yourself?
1. Heterosexual
2. Homosexual/gay or lesbian
3. Bi-sexual
4. Trans-sexual

Reason for attending counseling Was your visit:
1. Voluntary
2. Mandatory
3. Referred by Employer



C E R T I F I C A T E

This Certificate Is Presented To:

M. David Malone

For Completion of
the Jaeb Center for Health Research's
Investigator Education for the
Protection of Human Research Subjects
with HIPAA Privacy Rule Component.

On this day: October 18, 2007



RESEARCH PROPOSAL FORM (continued)

Part III. Signatures

(For electronic submission, this page with the original signatures must be sent also by regular mail.)

Applicant

I, the applicant, do hereby agree that I will abide by the policies and regulations of the UTC Social Work Program and will furnish a copy of the abstract and report describing the findings of the study to my field placement agency.

Signature of Applicant

§ _____
Date

Field Instructor Approval

I am familiar with the proposed study and feel that the student researcher submitting this proposal is professionally qualified to undertake the investigation. I also believe the research design to be valid and appropriate. By signing this form I agree that my agency will assist the student in obtaining the necessary sample and data required to complete this research project.

Signature of Field Instructor

§ _____
Position or Title

§ _____
Name of Agency

Field Instructor Comments:

FOR INTERNAL USE ONLY

Approved:

Denied/Resubmit:

Comments: §

Reason for denial: §

UTC Social Work Program Department Head Signature

UTC Social Work Program Field Education Coord. Signature

ASSIGNED STUDY ID: §

Attached Proposal Approval Form (date of approval/denial) : §