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EFFECTS OF GENDER, RACE, AND AGE MATCHING ON CLIENT RATINGS OF THE
THERAPEUTIC ALLIANCE

by

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SUBMITTED TO SCRIPPS COLLEGE IN PARTIAL FULFILLMENT OF THE DEGREE OF
BACHELOR OF ARTS

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November 30, 2020

Abstract

Identity matching between therapists and clients has been shown to affect the processes and the outcomes of psychotherapy. A quasi-experimental study will be conducted in which patients (n=300) in identity matched or identity mismatched therapeutic pairs will report their perception of the therapeutic alliance and their therapists' engagement with multicultural orientation framework (MCO) variables. This study is expected to find that matching by gender, matching by race, and matching by age are all significantly correlated with participant ratings of the therapeutic alliance, such that matching predicts higher ratings of the therapeutic alliance across treatment. The results of this study will also show that client ratings of MCO variables will correlate positively with higher ratings of the therapeutic alliance. The results will also show that clients in matched therapeutic dyads will rate their therapeutic alliance higher across sessions compared to clients in mismatched therapeutic dyads. These results suggest that matching by identity characteristics including race, gender and age is a predictor of the quality of the relationship between therapist and client, and that this is a potential way to improve therapeutic treatment, especially for clients from historically marginalized identity groups.

Effects of Gender, Race and Age Matching on Client Ratings of the Therapeutic Alliance

Psychotherapeutic treatment is intended to be a safe and comforting space for individuals to receive help and support from a mental health professional. However, this is not always the case, especially for racial and ethnic minority patients. For instance, 53-81% of clients in psychotherapy reported experiencing at least one microaggression during treatment (Hook et al., 2016). Some studies have also shown better therapeutic outcomes for White patients in comparison to racial and ethnic minority patients (Drinane et al., 2016; Imel et al., 2011). Prior research has also shown that older patients are perceived as sicker and less treatable than younger patients, and that therapists often are more willing to treat younger patients (Karasu, 1979). Despite the professionalism required of psychotherapists, implicit and explicit race, gender, and age biases are still present, and can affect therapists' working relationships with their patients (Boysen, 2011; Hansen et al., 2019). Matching these aspects of identity between clients and their therapists has been shown to be useful in improving therapeutic outcomes for clients in marginalized identity groups. There is a relatively large body of research on the effects of identity matching between therapist and client on process and outcome variables of psychotherapy, and while research is divided on the effects, it is possible that identity matching can improve therapy outcomes for patients, including racial and ethnic minority patients, older patients, and patients of all genders, through improvement of the therapeutic alliance (Farsimadan et al., 2006; Flicker et al, 2008; Wintersteen et al., 2005).

The value of the alliance between therapists and clients is vital to effects of identity matching. The therapeutic alliance is a concept which originates from the psychodynamic psychotherapeutic concept of transference, wherein the patient transfers and projects their interpersonal feelings about individuals in their life onto their therapist, and a psychotherapist

can use this to gain understanding of their patient and effectively treat them. Defined as the working relationship and collaboration between the therapist and the client (Ardito & Rebellino, 2011), the therapeutic alliance creates a dynamic system of interaction, providing therapists with essential understanding of their patient, and providing patients with an interpersonal connection in which to contextualize their treatment. The alliance is often considered to be the strongest predictor of client change during psychotherapy (Horvath et al., 2011; Wampold, 2001). This alliance can be affected by the interpersonal capacity of the patient, such as trauma associated with a parent and by interpersonal dynamics, the patient's will to change, as well as by the demographic characteristics of the therapist and client (Cheng & Lo, 2018; Karasu, 1979). A mediator of the effects of identity matching is the similarity-attraction theory, which suggests that individuals like others who are more similar to them physically and attitudinally (Byrne, 1961). This applies to all interpersonal relationships, including the therapeutic alliance. Similarity within the therapeutic alliance can potentially lead to a more successful therapeutic alliance, more effective therapy, and less instances of bias-based microaggressions.

Cultural incompetence in mental health treatment is common, especially in cross-cultural dyads (Vasquez, 2007). Microaggressions and unintentional bias from privileged clinicians can invalidate positive effects of treatment for clients of historically less privileged groups, including racial and ethnic minority clients, women, and the elderly (Chrisler et al., 2016; Pieterse et al., 2012). Matching between therapists and clients along such identity characteristics as race, gender and age is a possible solution to this issue, but it has been researched with mixed results. While some research supports a connection between identity matching and positive experience of therapy (Johnson & Caldwell, 2011; Tall & Ross, 1991; Wintersteen et al, 2005) other research studies reports opposing results (Behn et al., 2018, Zlitnick, 1988). Across the literature, specific

focus on the impact of matching on the quality of the therapeutic alliance is lacking, especially in studies on race and ethnic matching and on age matching. The majority of the current literature on matching does not take into account variables in therapist training and execution of treatment. This study aims to offer new insight into identity matching and the therapeutic alliance in the context of the Multicultural Orientation Framework, in pursuit of improving the process and outcomes of psychotherapeutic treatment for all.

Similarity-Attraction Theory

Better appreciation of the effects of client-therapist match with respect to race, gender, and age can be gained from an understanding of the Similarity-Attraction Theory (Byrne, 1961). Specifically, this theory indicates that perceived physical similarity between individuals increases the likelihood that they are attracted to each other affectively, cognitively, and behaviorally (Michinov & Montiel, 2002). Attitudinal similarity has also been shown to increase interpersonal attraction between individuals (Byrne & Nelson, 1965). Recent studies building on Byrne's work have found stronger effects of dissimilar attitudes than similar attitudes on opinion of others, such that attitudinal dissimilarity between individuals is strongly predictive of a lack of attraction (Singh & Tan, 1992). Applied to psychotherapy, this may suggest that when therapists and clients are similar in terms of identity characteristics, including gender, race, and age, the alliance and the relationship between the two parties may benefit, and when therapists and clients differ in such identity characteristics, the therapeutic alliance suffers.

Since the Similarity-Attraction theory's inception researchers have sought to demonstrate its efficacy. Montoya and Horton (2012) investigated the two potential explanations for the similarity-attraction effect. They conducted a meta-analysis of 240 laboratory studies on the effect, and found support for the information processing model, which suggests that individuals

base their opinion of others on how the information they know about others compares to their own attributes, which are used as the baseline for positive attributes. Study results show that when personal attributes are rated positively, others who share those attributes are seen positively as well. These findings are supported in additional similarity literature, with children, for instance, preferring other children or representations of children who had appearances similar to their own (Fawcett and Markson, 2010). Furthermore, people may be more likely to sit near to individuals who have similar physical characteristics, due to perceived attitudinal similarity (Mackinnon et al., 2011). Taken together, these findings suggest that similarity mediates a sense of shared experience and worldview, which may facilitate interpersonal connections in the context of psychotherapy.

Race, gender, and age are all key components of identity. Attitudes which are assumed from those identity characteristics have been shown to strongly influence liking and interpersonal attraction (Byrne, 1997; Singh et al., 2007). The demographic characteristics of therapist and client have also been shown to impact the therapeutic alliance (Cheng & Lo, 2018). Therefore, in therapist patient pairings which are matched on gender, race, or age, perception of attitudinal similarity based on shared identity characteristics will lead to a stronger therapeutic alliance.

Gender Matching

Multiple studies have explored the significance of gender matching between psychotherapists and clients. The results of these studies have not all been consistent, with some studies finding that gender matching has effects on the therapeutic relationship, and the process and outcomes of therapy, and some studies finding no effects at all.

Gender matching has been found to influence the effectiveness of the therapeutic alliance, with therapists and patients rating their alliances higher in gender-matched therapeutic

dyads (Wintersteen et al., 2005). Similarly, clients in marriage and family therapy who were gender matched with their therapists have also reported higher satisfaction with the therapeutic alliance than clients who did not have a gender matched therapist, suggesting that gender matching's influence on client perceptions of the therapeutic alliance is present across therapeutic disciplines (Johnson & Caldwell, 2011).

Studies have found that female clients gender matched with female therapists have rated their therapeutic alliance higher than female clients matched with male therapists (Bhati, 2014). However, Bhati (2014) also found that in therapeutic dyads with a female therapist and a male patient, male patients reported higher ratings of the therapeutic alliance than male patients in gender matched pairings with a male therapist. Gender matching between therapists and patients has also been shown to increase client self-disclosure, (Zane & Ku, 2014).

Alternatively, some researchers have found no support for gender matching as a factor for treatment process or outcomes. In a study of patients with major depression, no significance was found between gender matching and the outcome and process of treatment (Zlitnick et al., 1988). Female patients have also been shown to improve during therapy more than male patients in general, and patients of male therapists tend to stay in therapy for longer than patients of female therapists suggesting that gender factors other than matching may influence therapy process and outcome (Lambert, 2016).

While academic opinion on the exact effects gender matching has on the processes and outcomes of psychotherapy are inconsistent, it's clear that the gender of the therapist and the gender of the client have an effect on the quality of the therapeutic alliance. There is little research on gender matching and the therapeutic alliance specifically, but the research present has shown higher therapeutic alliance ratings in gender matched pairs. It should be noted that the

majority of research in the field of gender matching has been done according to a binary gender model, and while this study will also follow that model, future studies should focus on the effects of gender matching between therapists and clients who fall outside of the gender binary.

Race and Ethnicity Matching

Similar to gender matching, race and ethnicity matching between therapists and patients has been investigated. However, there is very little research on the effects of race and ethnicity matching on the therapeutic alliance specifically. The majority of studies focus on the effects of race and ethnic matching on other variables in therapy. Studies have shown that race and ethnicity matching often predicts high satisfaction with mental health services, especially among immigrants, as was the case in a study on Surinamese migrants in the Netherlands (Knipscheer & Kleber, 2004). Since therapeutic outcome variables are related to the quality of the therapeutic alliance, including patient satisfaction with therapy (Chae Kim et al., 2008), these results suggest that race and ethnicity matching may play a role in the therapeutic alliance as well.

Matching by race can affect other variables in the outcome of therapy, with Hispanic substance-abusing adolescents treated by Hispanic therapists showing larger decreases in substance use than Hispanic adolescents treated by White therapists (Flicker et al., 2008). However, there are data that suggest that race matching between White patients and White therapists do not have the same improvement effect on therapy results (Flicker et al., 2008). This suggests that race matching may not be effective for White patients. This could be due to the fact that The United States is a majority White country, and White stories and identity are centered in the majority of aspects of culture in the U.S. Therefore, White patients are used to others, including therapists, sharing their attitude and worldview regardless of their race, negating positive effects of matching by race on the therapeutic alliance.

Of the research that has focused specifically on the relationship between racial and ethnic matching and the therapeutic alliance, matching by race predicted greater client retention, but not higher ratings of the therapeutic alliance (Wintersteen et al., 2005). Overall, research on race and ethnic matching has shown correlations between therapist and client race and ethnicity match and improvement in client ratings of the process and outcome of therapy, including reduction of client dropout (Farsimadan et al., 2007; Flaskerud & Liu, 1991). While there exists some limited research on the relationship between race and ethnic matching and the therapeutic alliance, there has yet to be research done into the effects of race and ethnic matching on the quality of the therapeutic alliance while also considering MCO variables.

Age Matching

Relative age matching may be significant in the development of the therapeutic alliance and overall process and outcome of therapy, due to members of the same age group sharing a similar amount of experience in life and similar developmental experiences (Tall & Ross, 1991). There is a popular belief that those in older and younger generations may have different attitudes, which may lead to difficulty forming cross-generational interpersonal relationships. If these beliefs are present during the formation of a relationship in which understanding and acceptance are essential, such as the therapeutic relationship, it is possible that age matching might mitigate the negative impacts on interpersonal relationship formation, thereby facilitating a stronger therapeutic alliance (Tall & Ross, 1991). However, there is limited research on age matching in psychotherapy in general, and very little on the effects of age matching on the therapeutic alliance. Past research has shown that therapists more readily develop therapeutic relationships with patient similar in age to them (Karasu, 1979). Research has also found that clients treated by therapists similar in age to them view their therapists more favorably, as more competent, and

thus are more willing to disclose personal details to them (Tall & Ross, 1991). In contrast, however, Behn et al. (2018) found that initial ratings of the therapeutic alliance in outpatient therapy were not impacted by matching by age. Overall, there is support for age matching's positive effects on the therapeutic alliance, despite limited studies on the topic.

Multicultural Orientation Framework and Multicultural Competence Theory

Identity matching alone does not induce positive outcomes of therapy for culturally diverse clients. Rather, clinical approaches based on theoretical perspectives on multicultural counseling contribute to improving the experience and outcomes of therapy for diverse clients from marginalized groups. One such theory is Multicultural Orientation (MCO, Davis et al., 2018), a framework for psychotherapy based on multicultural competence which has become popular in the 21st century, in response to research on the experiences of racial and ethnic minority individuals in therapy (Davis et al., 2018). The MCO framework provides a more effective way of interacting with clients with diverse cultural identities (Perez-Rojas et al., 2019). Mio et al. (2012) defines multicultural competence in therapists with three skills: development of an awareness of one's own cultural biases and values, learning to value the worldviews of others, and developing a set of culturally appropriate interpersonal skills. MCO recognizes these constructs, but instead emphasizes a way of being for therapists based on concepts of cultural humility, cultural opportunities and cultural comfort (Davis et al., 2018). *Cultural humility* can be defined as "the ability to maintain an interpersonal stance that is other-oriented (or open to the other) in relation to aspects of cultural identity that are most important to the client" (Hook et al., 2013, p. 354). It involves combining the aspects of humility (i.e., being other-oriented, un-self-centered and having an accurate view of one's limitations) with ideas of diversity and cultural relativism. Therapist cultural humility has been shown to be predictive of a successful alliance,

such that higher levels of cultural humility are associated with stronger therapeutic alliances (Hook et al., 2013)

Cultural comfort and *cultural opportunities* are seen as expressions of cultural humility in the process of therapy (Davis et al., 2018). *Cultural comfort* refers to the emotional state of a therapist before, during, and after discussions of a patient's cultural identities, marked by feelings of calm, openness and relaxation (Hook et al., 2017; Perez-Rojas et al., 2019). An expression of cultural humility, it's characterized by the therapists ability to engage in the cultural aspects of a client's identity in a relaxed and connected manner (Hook et al., 2017). Researchers have demonstrated that therapists' cultural comfort predicts better outcomes in psychotherapy (Bartholomew et al., in press). *Cultural opportunities* are occurrences within the course of therapy in which there is the opportunity to explore a facet of the patient's cultural identity (Davis et al., 2018). These can be times when the client brings up values, beliefs, or other details associated with their cultural identity to their therapist, and can also be times when the therapist chooses to ask a question or initiate a discussion about the clients' cultural identity in more depth (Davis et al., 2018).

Embracing cultural humility, being culturally comfortable and taking advantage of cultural opportunities may result in more effective treatment with racial and ethnic minority patients, who often receive subpar treatment from therapists, and experience worse therapeutic outcomes compared to white patients (Drinane et al., 2016). However, researchers have yet to consider these clinical techniques alongside identity matching. Consideration of MCO and matching identity characteristics may explain if both factors are relevant in psychotherapy, or if one theoretical perspective more strongly predicts the quality of the therapeutic alliance.

The MCO Framework was developed to with racial and ethnic cultural identity in mind, but it is possible for the skills which the MCO framework is based on to be applied to aspects of identity beyond those specifically cultural. While this is purely speculative, it stands to reason that the skills of being other-oriented in terms of a client's identity, being calm and open during discussions of a client's identity, and taking opportunities to explore elements of a client's identity can be applied to aspects of identity beyond culture, including gender identity, sexuality, and identification with age or generation. Gender and age are unique facets of a client's identity, and inform their interactions with other people in a similar way to cultural identity. Therefore, while it is not the express purpose of the MCO to do so, it is possible to use the theories of the MCO to more appropriately interact with all aspects of a client's identity, not just their cultural identity.

Current Study

Gender matching, race matching, and age matching have been shown in past research to affect the therapeutic alliance. These effects are potentially mediated by the Similarity-Attraction theory, wherein perception of similarity between therapist and client based on readily apparent identity characteristics of gender, race, and age lead to an assumption of attitudinal similarity between the two. This perception of connection and shared attitudes and beliefs facilitates the development of the working relationship between therapists and their clients.

As of yet, no studies have attempted to test the effects of identity matching on the therapeutic alliance while including Multicultural Orientation Framework variables of cultural humility, cultural comfort, and cultural opportunities in the model. These variables are extremely relevant to the interaction of identity matching and the therapeutic alliance, because therapist training does influence the development of the therapeutic alliance (Summers & Barber, 2003).

MCO skills are used by trained therapists to maximize effectiveness of treatment and improve the working relationship with diverse clients. This study will investigate the effects of identity matching on client perceptions of the therapeutic alliance across treatment, while controlling for MCO variables of cultural humility, cultural comfort, and cultural opportunities in order to understand how identity matching alone affects the therapeutic alliance. Understanding the relationship between identity matching and the therapeutic alliance is vital to develop improvement of client experiences of psychotherapy and clinical outcomes of psychotherapy for racial and ethnic minority clients, female clients, and elderly clients, who do not fully benefit from the therapeutic alliance due to bias, lack of understanding, and dissimilarity in attitude.

Research Question. Does identity matching by gender, race, and age between therapists and clients predict higher ratings of the therapeutic alliance over treatment when client distress, and client perception of therapist's cultural humility, cultural comfort, and cultural opportunities are controlled?

Hypothesis. Identity matching between therapist and patient in gender, race and age predicts higher ratings of the therapeutic alliance over 4 sessions of treatment, when client distress, and client perception of therapist's cultural humility, cultural comfort, and cultural opportunities are controlled.

Method

Participants

The sample will include patients currently seeking treatment at counseling center in Claremont, CA. This study will have approximately 300 participants between the ages of 18 and 65, treated by 30 therapists. Claremont itself is diverse in age, with a slightly higher population

of 18-22-year-olds due to the presence of the Claremont Colleges. Claremont has an average distribution of women and men, and there is a slightly higher than average population of individuals who identify as gender non-conforming, again due to the presence of students from the Claremont Colleges. Claremont resides just on the edge of the Inland Empire, a geographical and political area consisting of cities in the western part of Riverside County and the southwestern part of San Bernardino county, an area that has generally higher racial diversity than Claremont. Therefore, the demographics of the patients at the counseling center used in this study should echo the demographics of the Inland Empire as a whole, not just Claremont. San Bernardino county's racial demographic breakdown is: White: 34.1%, Latino or Hispanic: 50.0%, African American: 7.3%, Asian: 7.2%, Indigenous American: 1.9%, Pacific Islander: 0.4%, Two or more races: 3.6% (U.S. Census: San Bernardino County, 2019). The racial demographics of Riverside county are: White: 27.3%, Latino or Hispanic: 54.4%, African American: 9.4%, Asian: 8.0%, Indigenous American: 2.1%, Pacific Islander: 0.5%, Two or more races: 3.6% (U.S. Census: Riverside County, 2019).

G*Power was used to conduct an a priori power analysis to assess the minimum sample size possible for the fixed components of the model. This analysis indicated a minimum of 153 participants are needed to test connection between the predictor variables and the client ratings of the therapeutic alliance. To account for the multilevel nature of the data, I will collect data from 300 clients, seen by 30 therapists, at four points during treatment. This approach will be sufficient to meet the standards for multilevel modeling (Maas & Hox, 2005).

Materials

The Pre-Treatment Demographic Questionnaire. The Pre-Treatment Demographic Questionnaire will be used to learn demographic information about participants' age, racial

identity, and gender, as well as the number of sessions of treatment they have previously experienced. It will also describe the process of the study and collect informed consent, while leaving out the researchers' hypotheses. This questionnaire will be created by the researchers.

Therapeutic Alliance. The Working Alliance Inventory Scale (WAIS) is a 36-item scale that is used to measure clients' perceptions of their working alliance with a therapist (Tracey & Kokotovic, 1989). It measures three aspects of an alliance: the ways that tasks completed during therapy help the client see their problems differently (tasks), whether the client and the therapist are working collaboratively towards mutually agreed upon goals (goal), and the degree to which the client feels that they and their therapist trust each other (bond) (Tracey & Kokotovic, 1989). For each item, participants rate the degree to which they agree or disagree with the statement on a Likert-type scale of 1 to 7, with 1 = *strongly disagree*, and 7 = *strongly agree*. The scale was shown to have good internal reliability and consistency by Tracey and Kokotovic (1989), with a Cronbach's α score at .96.

Cultural Comfort. The Therapist Cultural Comfort Scale (TCCS), will be used to measure the client's perception of the therapist's cultural comfort (Perez-Rojas et al., 2019). This is a 13-item Likert-type scale with two subscales. Eight items make up the Negative subscale, which measures cultural discomfort (e.g., anger, anxiety), and five items make up the Positive subscale, which measures cultural comfort, (e.g., ease, genuineness). The TCCS demonstrates invariance across race/ethnicity and gender, suggesting that the TCCS has the same theoretical structure and meaning for those groups. The scale has shown strong validity and initial reliability and is correlated with client ratings of cultural humility and missed cultural opportunities (Perez-Rojas et al., 2019).

Cultural Humility. The Cultural Humility Scale (CHS) will be used to measure the client's perception of the therapists' level of cultural humility (Hook et al., 2013). The CHS is a 12-item Likert-type scale consisting of Positive subscale and a Negative subscale. Participants rate the degree to which they agree or disagree with each statement on a scale of 1 to 5 with 1 = *strongly disagree*, and 5 = *strongly agree* (Hook et al., 2013). Development of the scale has demonstrated that client perceptions of their therapists' cultural comfort is positively correlated with cultural opportunities and considerations of cultural opportunities. It has had consistently high construct validity, being significantly related to working alliance and cultural humility, and moderate reliability, with a Cronbach's α ranging from .83 to .95 (Davis et al., 2018).

Client Distress. The Shorter Psychotherapy and Counselling Evaluation (sPaCE, Halstead et al., 2007) will be used to measure client distress across sessions. sPaCE is a 19-item Likert-type scale which asks clients to rate each item on how much distress it has caused them, on a scale of 0 to 4, with 0 = *Not at all* and 4 = *extremely*. The scale has high construct reliability, being significantly related to anxiety, depression, apathy, and functional cognitive problems. The scale has high reliability, Cronbach's $\alpha = .93$, and no evidence of gender differences across a global population.

Cultural Opportunities. The Cultural Opportunities Scale (COS; Owen et al., 2016) is a Likert-type scale designed to assess client perspective on cultural opportunities taken and missed by their therapist. Each of the four items is rated on a 5-point scale (1 = *strongly disagree*, 5 = *strongly agree*). The measure has been shown to correlate positively with cultural humility, number of sessions, and therapy outcomes, with moderate reliability ($\alpha = .83 - .86$) (Owen et al., 2016).

Procedure

This study is a quasi-experimental, naturalistic, longitudinal study. It will be conducted over the course of 6 months, with data collection conducted 4 times across the study for each participant. It will be conducted at a counseling clinic in Claremont CA which provides nonspecific psychotherapeutic treatment, and does not provide treatment for psychotic disorders, developmental disorders, or substance use disorders. When participants begin their professional relationship with the clinic, they will be offered the chance to participate in this study. As compensation for their participation, their treatment fee will be waived.

Participants will complete a Pre-treatment Demographic Questionnaire, and informed consent will be collected. Therapists who agree to participate in the study will take a similar questionnaire to pinpoint their self-reported identity characteristics for the matching process. Participants will then be matched with therapists manually by researchers in order to balance the amount of matched and mismatched pairs based on race, gender, and age. Gender matching in this study will be achieved by matching clients and therapists who identify as the same gender. Race matching and ethnic matching refer to matching clients to therapists who share the same racial or ethnic background, as defined in the Pre-Treatment Demographic Questionnaire. The terms *race matching* and *ethnic matching* are used interchangeably in the literature on this topic, and will be used interchangeably in this paper, although these two terms are very different. Ethnicity refers to a shared sociocultural experience, while race is a social construction used to refer to shared genetic heritage. Matching by age will be based on generational similarity. Individuals will be matched based on self-identified membership to a generation, which can be seen as a culture itself, and contributes highly to an individual's identity.

Participants will have the option to be switched to a different therapist with the same variable pairing at any time. If a participant opts to switch to another qualified therapist, their

data will be removed from the study. Participants will then go through outpatient treatment, doing one approximately hour-long session per week for four weeks with their assigned therapist. Before each of the first four sessions, clients will begin a survey, and fill out the scale measuring client distress. After each of the first four sessions, the participants will fill out the rest of the survey, including the scales described in the materials section. After the completion of the study period, participants will be debriefed about the process of the study, the hypotheses and main questions, and will be provided contact information in case they have questions for the researchers.

Predicted Results

Statistical Analysis

A three-level multilevel model will be used to analyze the data collected in this study and determine the relationship between the independent variables of race matching, gender matching, and age matching, client ratings of the therapeutic alliance, client distress ratings, MCO training variables including cultural comfort, cultural humility, and cultural opportunities. In my data structure, Level 0 include session level variables including time (in form of session number), cultural humility, cultural comfort, cultural opportunity, and client distress. These variables are nested within Level 1, which includes independent variables of client-therapist identity matching by race, gender, and age, as well as the random intercept of client identification. These levels are further nested within Level 2, the random intercept of therapist identification.

Analyses of Primary Hypotheses

The three-level multilevel model above will be used to test whether matching by race, matching by gender, and matching by age would have a predict significant changes in client

ratings of the therapeutic alliance over time, with WAIS score as the outcome variable, and matching by race, matching by gender, matching by age, TCCS rating, COS rating, CHS rating, and sPacE ratings as well as session number as predictor variables.

The model with matching by race as a predictor of WAIS rating is expected to be significant, such that there is a significant difference between race matched and race mismatched therapeutic dyads over the course of treatment, and that consistent with the hypothesis, race matched dyads are predicted to have higher WAIS ratings across time on average. Although there is very little research linking race matching to ratings of the therapeutic alliance specifically, race matching has been shown to correlate with client satisfaction with therapy, and improvement in therapy (Knipscheer & Kleber, 2004; Flicker et al., 2008). Matching by gender is also expected to be a significant predictor of WAIS rating in the model, with a significant difference in WAIS ratings over time between gender matched and gender mismatched dyads, and higher average WAIS ratings for therapeutic dyads matched by gender, consistent with the hypothesis. Gender matching has been shown to significantly influence ratings of the therapeutic alliance in past research (Wintersteen et al., 2005). The model with matching by age as a predictor of WAIS rating is also expected to be significant, with a significant difference in WAIS ratings over the course of treatment between age matched and age mismatched therapeutic dyads, and higher average WAIS ratings in age matched pairs. Similar to race matching, there is very little research on the effects of matching between clients and therapists by age on the therapeutic alliance. However, there is some support for the effects of age matching on variables including patient disclosure, and positive perception of the therapist (Tall & Ross, 1991).

The model with TCCS rating, COS rating, CHS rating, and sPacE ratings as predictors of WAIS ratings is also predicted to be significant. Ratings of TCCS, COS, and CHS are expected

to significantly increase across treatment, and as these ratings increase, so will WAIS ratings of the therapeutic alliance. Cultural humility, cultural opportunities and cultural comfort are expected to be significant predictors of the therapeutic alliance because the scales used in this study to measure those variables have shown strong construct validity, and significant relation to the working alliance (Davis et al., 2018). sPacE ratings are expected to significantly decrease across treatment, and predict an increase in WAIS ratings across treatment. Client distress has been shown to be related to working alliance levels across time in psychotherapy (Kivlighan et al., 2019).

Discussion

This study aims to determine the effects of identity matching between therapists and their clients on the quality of the therapeutic alliance, incorporating MCO variables of cultural humility, cultural comfort, and cultural opportunities. The expected findings will suggest that matching by gender, matching by race, and matching by age are significantly associated with client ratings of the therapeutic alliance, in that the presence of identity matching predicts higher client ratings of the therapeutic alliance. These findings support those of previous studies on the topic of identity matching (Wintersteen et al., 2005, Knipscheer & Kleber, 2004, Flicker et al., 2008, Tall & Ross, 1991). However, the significant results found in this study are also contradicted by studies which have shown no effect of identity matching on therapeutic variables, including the therapeutic alliance (Behn, 2018, Zlitnick, 1988). The significance of the results of this study also support the connection of the Similarity-Attraction Theory to the concept of identity matching.

This study will contribute important knowledge to the topics of identity matching, Multicultural Orientation Framework, and the wider field of psychology. Research on

improvement of treatment is always necessary and important. Individuals who take it upon themselves to seek support and improvement through therapy should be rewarded with the best experience and outcomes from their treatment possible. The significant expected results of this study indicate that identity matching in psychotherapy is an important and valid topic, which warrants continued research in order to determine the nuances of its effects. The connection found between identity matching and the therapeutic alliance specifically also suggests that this topic should be investigated further, especially given the lack of studies focused on this specific connection.

One limitation of this study is the design. This study is a quasi-experimental design because it is impossible to manipulate the gender, race, or age of individual participants and therapists, and because manual matching and mismatching is necessary to ensure even amounts of matched and mismatched therapeutic dyads. Therefore, this study cannot be used to identify a causal relationship between identity matching and the therapeutic alliance. It is impossible to fully control for the and complicated personalities, identities, and experiences of participants and therapists. MCO framework variables were measured and controlled for, but variables like experience treating individuals of various genders, cultures and ages will not be controlled for, in order to streamline the data analysis model. Another limitation is that observations will be made in the first four sessions of treatment, and not at various points throughout treatment. This will be done to maximize the longitudinal data which can be gained from each participant, as client dropout on average peaks after the fourth session.

Although the results add to our understanding of matching, there are still questions that are unresolved. The previous literature is not conclusive on the effects of identity matching, and research beyond this study is needed to determine its continued validity across time and

circumstances. In the future, research should focus not just on the impact of identity matching on the process and outcomes of psychotherapy, but should also include clients' self-identified preference for identity matching. Similarly, future studies should investigate whether client perspective of similarity with their therapist might impact client ratings of the therapeutic alliance. As mentioned above, complex individual variables such as experience in past practice and treatment were not included in this study. Future studies should investigate how more unique variables like these would alter the prediction validity of matching on the therapeutic alliance. Subsequent studies should also investigate the interactions between the variables of gender matching, race matching and age matching in terms of their effect on the therapeutic alliance.

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