

Prevalence and perceived importance of racial matching in the psychotherapeutic dyad: A national survey of addictions treatment clinical practices

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Research

Keywords: culturally responsive counseling; cross-racial counseling; addictions treatment

Posted Date: February 19th, 2020

DOI: <https://doi.org/10.21203/rs.2.23927/v1>

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Version of Record: A version of this preprint was published on October 8th, 2020. See the published version at <https://doi.org/10.1186/s13011-020-00318-x>.

Abstract

Background: Despite conflicting results in the literature concerning its efficacy in practice, racial matching has been identified as a component of culturally sensitive treatment. Methods: This study examined the perceived importance and prevalence of racial matching by surveying a national sample of substance abuse treatment centers from the Substance Abuse and Mental Health Services Administration (SAMHSA). Results: Using univariate statistical analysis, results for the prevalence of racial matching revealed that in 58% of the clinics, there was the potential to match a counselor with a racially similar client, while in 39% of the clinics, there was no potential to provide such a match. Among the agencies that displayed a potential for racial matching, 26% of the respondents indicated that they never racially matched clients and therapists, 71% reported that they sometimes practice racial matching, 15% indicated that they usually racially match, and only 7% purported to always racially match clients and therapists. Results for the perceived importance of racial matching revealed that in both situations where treatment centers had the potential for racial matching and did not have the potential for racial matching, supervisors reported that it was relatively important to provide culturally sensitive treatment but that it was not as important to match clients in substance abuse centers with racially/ethnically similar counselors. Conclusion: The topic of racial matching can be very complex and has shown variation amongst substance abuse centers; however, this study emphasizes the importance of providing culturally sensitive treatment and an appreciation of differences among members within each racial group. Keywords: culturally responsive counseling; cross-racial counseling; addictions treatment

Introduction

The provision of effective psychotherapeutic services is a constantly evolving process. This process is challenged by the demands of meeting the needs of a clientele that is growing increasingly ethnically diverse. To this point, the first line of a 1987 Sue and Zane article reads,

For nearly two decades research has been devoted to the investigation of the adequacy of psychotherapeutic services and treatment practices for ethnic-minority populations. Yet clinical and community psychologists continue to be perplexed by the problem of how to increase the effectiveness of mental health services to these populations. (p. 37)

Sadly enough, that sentiment still rings true today, over three decades later. Contemporary research concurs with this assertion, indicating that clients of color have substantial barriers to seeking psychological services (Jacoby et. al, 2018; Mendez et. al, 2019), are less likely to receive expected benefits of counseling, report poorer quality of care (Cai & Robst, 2016; Saha, Arbeleaz & Cooper, 2003), and are at a greater risk of prematurely discontinuing counseling services (Mays, et. al, 2017; Smedley, Stith, & Nelson, 2003; Sue & Sue, 2003). Furthermore, low-income ethnic minority individuals have accessibility barriers that decrease the likelihood of seeking and completing mental health treatment (Agosti, Nunes, & Ocepeck-Welikson, 1996; Rebach, 1992; Young & Rabiner, 2015).

Although low socioeconomic status has been often referred to as one of the major contributors to societal inequalities between different ethnic groups, disparities in health care have been documented even when controlling for socioeconomic status (LaVeist, 2005; Owen, Feng, Thrush, Hudson, & Austen, 2001; Rose, 2017). Thus, Branch and Fraser (2002) have purported that regardless of socioeconomic explanations, health care delivery systems are simply providing inferior and/or ineffective services to ethnic minority clients.

In the mental health field, one resolution that has been proffered in response to this quandary involves matching client and therapist in terms of shared race/ethnicity. Racial matching has been identified as one component of culturally sensitive treatment (Banks, 1999; Kim & Kang, 2018; Maramba & Hall, 2002; Presnell, Harris, & Scogin, 2012). More specifically, research has supported matching services to need in substance abuse treatment, particularly for racial/ethnic groups (Marsh et. al, 2009). However, throughout the human-service literature, considerable debate exists concerning the potential benefits and limitations associated with matching clients and psychotherapists in terms of shared ethnicity (Chenot et. al, 2019; Kim & Kang, 2018; Perry & Limb, 2004).

The belief in the efficacy of racial matching has roots in social psychological literature, which indicates that people tend to identify with individuals similar to themselves (Festinger, 1954). This literature base further suggests that ethnic preferences may be based on the perception that similar appearances indicate similar attitudes (Atkinson, 1983). Psychotherapy research has shown that clients prefer a counselor whose ethnicity matches that of their own, especially ethnic minority clients (Coleman, Wampold & Casali, 1995; Constantine, 2001; Smith & Trimble, 2016). Specifically, African American clients may prefer to see African American therapists as opposed to seeing Caucasian therapists (Atkinson, 1983; Helms & Carter, 1991; Smith & Trimble, 2016; Thompson, Bazile, & Akbar, 2004). Furthermore, ethnic differences between client and therapist contribute to attrition, especially for Caucasian therapists who are working with ethnic minority clients (Smith & Trimble, 2016; Wintersteen, Mensinger, & Diamond, 2005).

Despite these findings, empirical support for the practice of racial matching has yielded at best, inconclusive results, and at worst, contradictory results. In individual studies, racial matching has been demonstrated to be a viable means of enhancing the psychotherapeutic experience in terms of clients experiencing more favorable clinical outcomes (Bellini, 2003), receiving more favorable Global Assessment of Functioning Scores (Hall, Guterman, Lee, & Little, 2002), and attending more clinical sessions (Gamst, Dana, Der-karabetian, & Kramer, 2004). Additionally, Jerrell (1995) reported that racially matched clients recorded longer lengths of stay in outpatient facilities instead of utilizing more costly intensive services such as inpatient care, emergency services, and skilled nursing facilities. As a result, the author proposed that this utilization of outpatient services translated into an annual cost savings of approximately \$1,000 per racially matched client.

While these findings support the practice of racial matching as a means of improving client experience, other research findings do not maintain this assertion. Sterling, Gottheil, Weinstein, and Serota (2001)

reported no meaningful effects in support of the contribution of racial matching to outcome measures (i.e., retention, relapse behaviors) among clients receiving substance abuse treatment. In examining psychotherapeutic process variables, Wintersteen et al. (2005) reported that racial matching did not contribute to client perceptions of an enhanced therapeutic alliance between therapists and adolescent substance abuse clients.

Historically, there have been a number of analyses that synthesized the findings of studies conducted on racial matching. Both Maramba and Hall (2002) and Shin, Chow, Camacho-Gonsalves, Levy, Allen, and Leff (2005) have conducted meta-analytic reviews on racial matching in psychotherapy, while Karlsson (2005) provided a qualitative overview of racial matching findings with the inclusion of a discussion of methodological and conceptual issues. More recently, Cabral & Smith (2011) and Smith & Trimble (2016) have explored racial/ethnic matching in mental health services through a meta-analytic review. These studies have attempted to consolidate the literature base and shine a more definitive light on the empirical support (or lack thereof) for racial matching.

Maramba and Hall's (2002) meta-analysis was performed on seven studies that investigated racial match in psychotherapy. Based on racially matched client/therapist dyads, all of these studies attempted to predict one or more of the variables of dropout, utilization, and termination outcome evaluation (i.e., Global Assessment Score). Across these studies, Maramba and Hall (2002) found an aggregate effect indicating that, when compared to racially mismatched clients, those clients who were matched with therapists of the same race/ethnicity attended more sessions and were less likely to drop out of therapy.

However, since these effect sizes were considered small, Maramba and Hall (2002) concluded that racial match should not be considered a clinically significant predictor of decreasing the probability of a client's failure to return to psychotherapy after the initial session, nor should racial matching be considered a clinically significant predictor of increasing the number of sessions that a client attends. Furthermore, the authors added that racial matching was not a clinical predictor of improvement in psychotherapy due to the nonsignificant effect size found for termination outcome evaluation scores across the seven studies.

In their meta-analysis, Shin et al. (2005) synthesized the results of ten psychotherapy studies that also investigated racial matching. However, these authors chose to focus on only two groups, African Americans and Caucasian Americans, rather than examine racial matching across multiple groups. The studies included in this meta-analysis aimed to predict overall functioning, service retention, and total number of sessions attended based on racially matched or mismatched client/therapist dyads.

Shin et al. (2005) found no overall effects of racial matching of client/therapist for either African Americans or Caucasian Americans based on overall functioning, service retention, and total number of sessions attended. The findings from this study have been consistent with other literature within the field. The authors concurred with Maramba and Hall (2002) that the practice of racial matching was not empirically supported in terms of the outcome variables investigated in their quantitative research syntheses.

In another synthesis of previously conducted studies, Karlsson (2005) reviewed the empirical support for racial matching between therapist and client in psychotherapy. He divided the review into three categories: analog studies, archival studies of number of attended sessions and dropout rates, and process-outcome studies of psychotherapy. His review suggested that full empirical support for racial matching is inconclusive due to the absence of a solid foundation of rigorous research designs and methodologies, thus serving to further confound the issue.

Karlsson (2005) was critical of the racial match literature due to a paucity of studies of actual psychotherapy, suggesting that empirical support for racial matching is plagued by low levels of validity. Furthermore, clinical trials investigating racial matching were absent from the literature, and research was hindered by poor conceptualization of key concepts, problems with forming racially homogeneous comparison groups, and a myriad of within-group variables and therapist variables that remain statistically uncontrolled. The author concluded that there exists a need for large-scale psychotherapy studies with well-defined key concepts wherein the impacts of within-group and therapist variables are investigated (Karlsson, 2005).

In a more recent meta-analysis exploring racial/ethnic matching in mental health services, Cabral & Smith (2011) reviewed 52 studies with research in the areas of individuals' preferences for a racially matched therapist, 81 studies concerning clients' perceptions of racial matching, and 53 studies related to the outcome of didactic therapeutic interactions of racially matched clients and therapists. Results ranged from a moderately strong preference for a racially matched therapist, with an effect size of 0.63, to a low moderate level for clients' perception, to no benefit (0.09 effect size) of didactic therapeutic outcomes from racially matched clients and therapist. Results from Smith and Trimble (2016) had similar findings positing benefits (e.g. remaining in treatment) when clients and therapists are racially matched.

These reviews further illustrate the inconclusive and often contradictory empirical support for the practice of racially matching clients and therapists in psychotherapy. However, these findings do not indicate that racial matching should be discarded. The reviews support that racial matching may be a viable practice for enhancing the psychotherapeutic experience for clients; however, there are important considerations. The methodological and conceptual issues are hampering the emergence of empirical support.

While racial matching has received attention in the general psychotherapeutic literature, there is a dearth of studies that specifically address this issue in the substance abuse field. Flicker (2005) investigated Hispanic and Caucasian substance abusing adolescents in family therapy. Despite hypotheses that racial matching would improve treatment engagement, alliance, satisfaction, and outcome, the author found support for only the hypothesis concerning outcome behaviors. Substance abusing Hispanic adolescents who were matched with Hispanic therapists demonstrated greater decreases in their marijuana use, but racial matching did not contribute to improvements in treatment engagement, alliance, or satisfaction. Furthermore, the study's results indicate that racial matching was not related to any of the process or outcome variables for Caucasian clients.

The topic of racial matching has been unequivocally complex. Examining substance abuse clinics at the national level using the Substance Abuse and mental Health Services Administration (SAMHSA), this study examined the perceived importance and prevalence of racial matching. More specifically, this study aimed to ascertain the perception of importance placed on providing culturally sensitive treatment, based on the contention that racial matching represents a component of culturally sensitive treatment (Banks, 1999; Maramba & Hall, 2002; Smith & Trimble, 2016). The guiding research questions are intended to: (1) discern the importance that these clinics placed on racial matching of clients and therapists, and (2) explore the prevalence rates of racial matching practices, as well as the degree to which these centers have the potential to engage in this practice, if in fact they are.

Methodology

Participants

Two hundred and forty substance abuse treatment centers were randomly selected from the Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Provider Directory. A stratified sampling technique was employed in order to ensure representation from all regions of the country. The authors contacted each treatment center via telephone to identify the name of the clinical supervisor. Participants wishing to participate in the drawing enclosed a business card in the envelope that was removed from the survey to ensure anonymity.

Response Rate

One hundred and thirty nine of the 240 surveys were returned for a response rate of 58%. Thirty-nine of the surveys were returned with incomplete information and were excluded from analyses. The authors consider this to be an acceptable rate, given the overstressed nature of the population sampled.

Instrument

The authors developed a survey for the purposes of this study. This survey asked, with a four-point Likert-type question, whether the clinical supervisors believed that it is important to match clients with racially/ethnically similar counselors. An additional four-point Likert-type item inquired whether the clinical supervisor felt that it was important to provide culturally sensitive treatment. Other items on the survey inquired about demographic information on the counselors and clinical population served at the agency, thoroughly examining the relative proportions of racial/ethnic composition of clients and clinicians.

Procedure

Once the completed surveys were analyzed, the authors carefully selected treatment centers where it was possible to provide a racial match. Accordingly, if there was just one counselor who shared a self-reported racial status with at least one client, the potential was seen as having been existent, and the survey was included in the analysis. Note, there could be the situation in which there was an African American

clinician and no African American clients, but there were Latinx clients. In this situation, it was determined that this clinical setting did not provide the opportunity for a racial match because this study intended to examine specifically matching similar race/ethnicities in the psychotherapeutic dyad, not the potential to match non-majority clinicians with non-majority clients.

Analysis

Of the treatment centers where there was the possibility of a racial match, a chi-square analysis was completed comparing the responses on the two Likert-type items: "How important is it to match clients with racially/ethnically similar counselors?" and "How important is it to provide culturally sensitive treatment?"

Results

Demographic Information

treatment centers. Of the treatment centers, 13% were solely inpatient, 55% were solely outpatient, and 32% offered both inpatient and outpatient services. Fifty five percent of the clinics served solely adults, 4% served solely adolescents and 45% served both adolescents and adults. In terms of organizational affiliation, 13.4% of the clinics sampled were affiliated with a hospital, 3.1% were affiliated with a correction system, 21.6% were affiliated with a private mental health practice, 3.1% were affiliated with a faith-based organization, 11.3% were affiliated with the government, 39.2% were affiliated with a community-based organization, and 4.1% were categorized as being affiliated with an unspecified source. Most of the centers (86.6%) reported that they were not a methadone treatment center; however, 12% of the clinics were methadone treatment centers and 1% of the clinics did not respond to the question.

In a typical month, the clinics sampled serve between 14 and 2000 clients ($M = 194.36$, $SD = 301.89$). Additionally, the clinics sampled have between 1 and 120 full time counselors ($M = 9.89$, $SD = 14.56$) and between 0 and 15 part time counselors ($M = 3.06$, $SD = 3.02$). The percentage of counselors in recovery ranged from 0% to 100%, ($M = 47.74\%$, $SD = 29.96$).

educational requirements of counselors. In terms of minimum educational requirements needed to be hired as a counselor, 10.3% of clinics sampled required no education, 23.7% required a high school diploma, 6.2% required an associates degree, 43.3% required a bachelor's degree, 7.2% required a master's degree, 2.1% required a doctorate, and 7.2% did not provide information for this item.

professional certification requirements of counselors. Of the clinics sampled, 44% reported that the minimum professional requirement for being hired as a counselor was certification as a Substance Abuse Counselor (SAC). Thirty two percent reported that the minimum professional requirement for being hired as a counselor was a provisional certification as a SAC, while 16% reported that their minimum professional requirement for being hired for as a counselor was no certification. Eight percent of respondents did not provide this information.

racial/ethnic composition. The race of the counselors was: 74% European American, 20% African American, 1% Native American, <1% Asian American and <1% "other." The race of clients receiving services at the surveyed clinics was: 65% European American, 22% African American, 8% Latino, 3% Native American, 2% Asian American and <1% "other."

potential for racial match. In 58% of the clinics, there was the potential to match a counselor with a racially similar client, while in 39% of the clinics, there was no potential to provide such a match. Of the agencies sampled, 47% of clinics had the potential to match African American clients with African American counselors, 28% of those agencies had the potential to match Latino/a clients with racially similar counselors, 8% had the potential to racially match Native American clients with Native American counselors, and only 2% of clinics had the potential to racially match Asian American clients with Asian American counselors.

prevalence of racial match. Among the agencies that displayed a potential for racial matching, 26% of the respondents indicated that they never racially matched clients and therapists, 71% reported that they sometimes practice racial matching, 15% indicated that they usually racially match, and only 7% purported to always racially match clients and therapists.

responses to "How important do you think it is to provide culturally sensitive treatment?" For the agencies at which there was a potential for racial matching, 72% of respondents indicated that they felt that it was very important to provide culturally sensitive care, while 22% indicated that it was somewhat important, 2% reported that it was only slightly important, and 3% reported that it was not important. Two percent of respondents did not provide a response to this item. For agencies at which there was no potential racial matching, 61% of respondents indicated that they felt that it was very important to provide culturally sensitive care, while 24% reported that it was somewhat important, 13% reported that it was slightly important, and 3% reported it was not important.

responses to "Do you think that it is clinically important to match clients with

racially/ethnically similar counselors?" When there was a potential for match, 16% of respondents indicated that they thought it was important to match clients with racially/ethnically similar counselors, while 26% reported that it was somewhat important, 36% reported that it was only slightly important, and 22% reported that it was not important. When there was no potential for racial matching, 5% of respondents indicated that they thought matching clients with racially/ethnically similar clients was very important, 45% reported that it was somewhat important, 37% reported it was only slightly important, and 13% reported it was not important.

Analyses

In the situation where treatment centers had the potential for racial matching, the difference between the two Likert-type items was significant, $\chi^2(3, n=58) = 47.74, p<.001$. Supervisors reported that it was

relatively important to provide culturally sensitive treatment but that it was not as important to match clients with racially/ethnically similar counselors.

In the situation where treatment centers did not have the potential for racial matching, the difference between the two Likert-type items was significant, $\chi^2(3, n=38) = 27.03, p < .001$. Once again, supervisors reported that it was relatively important to provide culturally sensitive treatment but that it was not as important to match clients with racially similar counselors.

Discussion

These data indicate that the majority of administrators surveyed at the respective substance abuse centers in this study believe that it is very important to provide culturally sensitive treatment. However, results revealed that it was not as important to match clients with racially/ethnically similar counselors in substance abuse centers. Despite the contention that racial matching is commonly practiced in psychotherapy and case management services (Smith & Timble, 2016; Matthews, Glidden, & Hargreaves, 2002), the substance abuse centers surveyed do not appear to prioritize the implementation of this practice.

On the surface, these results appear to be paradoxical. If racial matching is considered to be one component of culturally sensitive treatment, why do clinicians who strive to provide culturally sensitive services not value racial matching? One explanation may be that, despite some research support, racial matching is not fully recognized as a stand-alone mechanism of change in substance abuse centers particularly. Even though in generalized therapy, clients may prefer racially matching a therapist similar to their own race (Smith & Timble, 2016), in substance abuse treatment centers, racial matching may contribute to positive research outcomes as a mediating variable, as an adjunct, or in another fashion. It is possible that, without this componential acknowledgement, racial matching may not be given due regard based on a lack of clear empirical support in the literature. Thus, as pointed out by Karlsson (2005), the potential benefits of racial matching may be undermined by conceptual and methodological issues that cause it to be perceived by clinicians in the field as relatively ineffective or even unimportant. Further research should address this issue.

The confounding nature of racial matching in substance abuse centers may be further evidenced in the distinction between racial matching and cultural matching. Sue and Zane (1987) purported that, when compared to racial match, cultural match is a better predictor of treatment outcome because it is more proximal to therapy. Opposed to general therapy where some clients may value the racially matched experience to build a stronger therapeutic relationship experience (S. Sue, 1977; S. Sue et al., 1991), clients who are in substance abuse centers may find more value in compatibility/experiences than simply possessing shared racial traits. This assertion is supported by research suggesting that racial matching differs based on context. In some instances, racial minority clients may seek other counselor characteristics over racial similarity, such as similar values, attitudes, or personalities (Atkinson, Wampold, Lowe, Matthews, & Ahn, 1998). Similarly, Horst et. al (2012) acknowledged that the impact of

racial matching may differ based on contextual elements. Even though racial matching may not be deemed a necessity in substance abuse center, it is important to acknowledge the consideration of the context.

Furthermore, rather than examining racial match exclusively, research looking to enhance client psychotherapy experiences in substance abuse centers may be better served by investigating certain within group variables such as cultural attitudes, racial identity, social class, cultural commitment, language, and acculturation (Karlsson, 2005). This perspective is aligned with theoretical and empirical research that undergird group identity development frameworks (Dreschin et. al, 2013). Group identity status developmental framework implores that individuals, whether it is in-group or out-group, are unified by commonalities such as racial identity, shared cultural beliefs, attitudes, and/or interests. In substance abuse centers particularly, individuals in therapy may be less interested in racial matching and more interested in shared experiences, aligned with theoretical orientations from group identity development frameworks.

Racial identity matching differs from racial matching in that racial identity includes more than visible physical traits. By providing a more comprehensive assessment of the significance, meaning, and function of race/ethnicity, racial identity is considered to be a more relevant multidimensional psychological construct that can account for a greater understanding of social dyadic processes than the less complex demographic variable of race/ethnicity (Helms & Cook, 1999). Racial identity acknowledges individuals' psychological processes within a sociopolitical and cultural environment wherein power is differentiated by race (Helms, 1984, 1990, 1995).

As relating to the quality of one's identification with his or her racial group

and as a sense of collective identity based on a perception of common racial heritage, racial identity is used to describe and measure within-group variability of individual ethnic groups (Webster, 2002). Based on this assertion, simply racially matching a client with a therapist in substance abuse centers may not provide instant compatibility because of the wide within-group variability. This may potentially account for the differences found in the use of racial matching among the administrators at the substance abuse centers. However, the findings of this study in substance abuse centers confirms the complexity of racial matching as contextually, there may be benefits to client/therapist didactic relationships based on race (Smith & Trimble, 2016).

Limitations

While this study intended to examine the state of racial matching in the substance abuse field, it did not componentially break down racial matching in terms of its within group variables, particularly the aspect of acculturative language discrepancy. Shin and colleagues (2005) purported that racial matching may matter most when there is a linguistic component. This is particularly important for substance abuse centers as the functional nature of language may supersede issues of preference and compatibility in

terms of enhancing the psychotherapeutic experience for clients. This important aspect of racial matching warrants individual attention.

A second limitation of this study is the response rate of those substance abuse clinics surveyed. Although a 58% return rate is appropriate given the high stress and workload of the clinical supervisors in these settings, the supervisors who did take the time to complete the mail survey may not be representative of the entirety of the field. Thus, the results should be interpreted within this given context and further research should utilize multiple methods to attempt to incorporate an entirely representative sample.

A final limitation is that there could be within group differences unrelated to race that could play a role in clinician assignment to specific clients. A pertinent example for this sample could be the recovery status of the clinician or previous drug of choice for the recovering clinician. Although research suggests that a client's preference for a similarly recovering clinician is less salient during treatment and becomes more salient as the disability identity of the individual grows over time, there could be a perception that it may be more clinically powerful to match a counselor who is a recovering intravenous cocaine addict with a similar client than to match the dyad on ethnicity or stage of racial identity development (Priester, Speight, Vera & Azen, 2007).

Conclusion

Implications

This study reviewed the inconclusive nature of the racial matching literature, examined the perceptions and prevalence of racial matching in substance abuse treatment centers, and offered suggestions as to how racial matching can be a confounded and misunderstood construct. Culturally sensitive treatment needs to be aware of differences between racial groups, but it also requires an appreciation of differences among members within each racial group. Clinicians may not want to totally abandon matching client and therapist of similar race; rather, they should view racial matching in a multidimensional manner wherein it has the potential to be an aspect of providing culturally sensitive treatment, but other components need to be considered.

The lack of clear empirical support for racial matching highlights the importance of multicultural training for therapists of all ethnicities so therapists can deliver culturally competent psychotherapeutic services (Smith & Trimble, 2016; Maramba & Hall, 2002). Although racial matching may have an initial appeal to clients, it is the quality of respect and connection felt by the client that supersedes racial differences or similarities (Wintersteen, Mensinger, & Diamond, 2005). Through proper multicultural training, therapists aspire to transcend demographic variables and make deep and meaningful connection with all clients.

List Of Abbreviations

SAMHSA Substance Abuse and Mental Health Services Administration

Declarations

Ethics Approval: The study was approved by the University Institutional Review Board. Since the study is an anonymous survey regarding administrative practices, the IRB designated this study as exempt from full review and was approved prior to gathering the data.

Consent for Publication: Not Applicable

Availability of Materials: Copies of the survey instrument used in this study are available by request.

Competing Interests: None of the authors have any competing interests in this study. JAS, SLC, PEP

Funding: No external funding was used in this study.

Author's Contributions: The relative amount of work completed by the authors is reflected in the order of authors. JAS suggested the study; PEP gathered the data; JAS and PEP analyzed the data; JAS wrote initial draft of paper; SLC revised and rewrote paper.

Acknowledgements: Not applicable

References

Agosti, V., Nunes, E., & Ocepeck-Welikson, K. (1996). Patient factors related to early attrition from outpatient cocaine research clinic. *Journal of Drug and Alcohol Abuse, 22*, 29-39.

Atkinson, D. R. (1983). Ethnic similarity in counseling psychology: A review of research. *The Counseling Psychologist, 26*,

Atkinson, D. R., Wampold, B. E., Lowe, S. M., Matthews, L., & Ahn, H. (1998). Asian American preferences for counselor characteristics: Application of the Bradley-Terry-Luce model to paired comparison data. *The Counseling Psychologist, 26*, 101-123.

Banks, N. (1999). *White Counselors-Black Clients: Theory, Research and Practice*. Brookfield, VT: Ashgate Publishing.

Bellini, J. (2003) Counselors' multicultural competencies and vocational rehabilitation outcomes in the context of counselor-client racial similarity and difference. *Rehabilitation Counseling Bulletin, 46*, 164-173.

Branch, C. & Fraser, I. (2002). Reducing disparities through culturally competent health care: An analysis of the business case. *Quality Management in Health Care, 10*, 15-28.

- Cai, A., & Robst, J. (2016). The relationship between race/ethnicity and the perceived experience of mental health care. *American Journal of Orthopsychiatry*, 86(5), 508.
- Cabral, R. R., & Smith, T. B. (2011). Racial/ethnic matching of clients and therapists in mental health services: A meta-analytic review of preferences, perceptions, and outcomes. *Journal of Counseling Psychology*, 58(4), 537
- Chenot, D., Benton, A. D., Iglesias, M., & Boutakidis, I. (2019). Ethnic matching: A two-state comparison of child welfare workers' attitudes. *Children and Youth Services Review*, 98, 24-31.
- Coleman, H. L. K., Wampold, B. E. & Casali, L. (1995). Ethnic minorities' ratings of ethnically similar and European American counselors: A meta-analysis. *Journal of Counseling Psychology*, 42, 55-64.
- Constantine, M. G. (2001). Predictors of observer rating of multicultural competence in Black, Latino, and White American trainees. *Journal of Counseling Psychology*, 42, 456-462.
- Dreachslin, J. L., Gilbert, M. J., & Malone, B. (2013). *Diversity and cultural competence in health care: A systems approach*. John Wiley & Sons. ISBN 978-1-1180-6560-0, 464 pages.
- Festinger, L. (1954). A theory of social comparison processes. *Human Relations*, 7, 117-140.
- Flicker, S. M. (2005). The relationship between racial matching, therapeutic alliance, and treatment outcome with Hispanic and Anglo adolescents in family therapy. (Doctoral dissertation, University of New Mexico, 2005). *Dissertation Abstracts International*, 65 (8-B), 4282.
- Gamst, G., Dana, R. H., Der-karabetian, A., & Kramer, T. (2004). Ethnic match and treatment outcomes for child and adolescent mental health center clients. *Journal of Counseling and Development*, 82, 457-465.
- Hall, J., Gutterman, D. K., Lee, H. B., & Little, S. G. (2002). Counselor-client matching on ethnicity, gender and language: Implications for counseling school-aged children. *North American Journal of Psychology*, 4, 367-380.
- Helms, J. E. (1984). Toward a theoretical explanation of the effects of race on counseling: A Black and White model. *The Counseling Psychologist*, 12, 153-165.
- Helms, J. E. (Ed.). (1990). *Black and White Racial Identity: Theory, Research, and Practice*. Westport, CT: Greenwood.
- Helms, J. E. (1995). An update of Helms' White and people of color racial identity models. In J. G. Ponterotto, J. M. Casas, L. A. Suzuki, & C. M. Alexander (Eds.), *Handbook of Multicultural Counseling* (pp. 181-198). Thousand Oaks, CA: Sage.
- Helms, J. E., & Cook, D. A. (1999). *Using Race and Culture in Counseling and Psychotherapy: Theory and Process*. Boston: Allyn & Bacon.

- Helms, J. E. & Carter, R. T. (1991). Relationships of White and Black racial identity attitudes and demographic similarity to counselor preferences. *Journal of Counseling Psychology, 38*, 446-457.
- Horst, K., Mendez, M., Culver-Turner, R., Amanor-Boadu, Y., Minner, B., Cook, J., ... & McCollum, E. (2012). The importance of therapist/client ethnic/racial matching in couples treatment for domestic violence. *Contemporary Family Therapy, 34*(1), 57-71.
- Jacoby, S. F., Rich, J. A., Webster, J. L., & Richmond, T. S. (2018). 'Sharing things with people that I don't even know': help-seeking for psychological symptoms in injured Black men in Philadelphia. *Ethnicity & health, 1-19*.
- Jerrell, J. M. (1995). The effects of client-therapist match on service use and costs. *Administration and Policy in Mental Health, 23*, 119-126.
- Karlsson, R. (2005). Racial matching between therapist and patient in psychotherapy: An overview of findings, together with methodological and conceptual issues. *Cultural Diversity & Ethnic Minority Psychology, 11*, 113-129.
- Kim, E., & Kang, M. (2018). The effects of client–counselor racial matching on therapeutic outcome. *Asia Pacific Education Review, 19*(1), 103-110.
- LaVeist, T. A. (2005). *Minority populations and health: An introduction to health disparities in the United States* (Vol. 4). John Wiley & Sons.
- Maramba, G. G. & Hall, G. C. N. (2002). Meta-analyses of ethnic match as a predictor of dropout, utilization, and level of functioning. *Cultural Diversity & Ethnic Minority Psychology, 8*, 290-297.
- Marsh, J. C., Cao, D., Guerrero, E., & Shin, H. C. (2009). Need-service matching in substance abuse treatment: Racial/ethnic differences. *Evaluation and Program Planning, 32*(1), 43-51.
- Matthews, C. A., Glidden, D., & Hargreaves, W. A. (2002). The effect on treatment outcomes of assigning patients to ethnically focused inpatient psychiatric units. *Psychiatric Services, 53*, 830-835.
- Matthews, C. R., Selvidge, M. M. D., & Fusher, K. (2005). Addictions counselors' attitudes and behaviors toward Gay, Lesbian, and Bisexual clients. *Journal of Counseling and Development, 83*, 57-65.
- Mays, V. M., Jones, A., Delany-Brumsey, A., Coles, C., & Cochran, S. D. (2017). Perceived discrimination in healthcare and mental health/substance abuse treatment among blacks, latinos, and whites. *Medical care, 55*(2), 173.
- Menendez, J., Franco, M., Davari, J., Gnilka, P. B., & Ashby, J. S. (2019). Barriers and Facilitators to Latinx College Students Seeking Counseling. *Journal of College Student Psychotherapy, 1-14*

- Owen, R. R., Feng, W., Thrush, C. R., Hudson, T. J., & Austen, M. A. (2001). Variations in prescribing practices for novel antipsychotic medications among Veterans Affairs hospitals. *Psychiatric Services, 52*, 1523-1525.
- Perry, R. & Limb, G. E. (2004). Ethnic/*racial matching* of clients and social workers in public child welfare. *Children and Youth Services Review, 26*, 965-979.
- Priester, P.E., Speight, S., Vera, E. & Azen, R. (2007). The impact of counselor recovery status similarity on perceptions of attractiveness with members of Alcoholics Anonymous: An exception to the Repulsion Hypothesis. *Rehabilitation Counseling Bulletin, 51*, 14-20.
- Rebach, H. (1992). Alcohol and drug use among American minorities. In J. E. Trime, C. S. Bolek, & S. J. Niemcry (Eds.), *Ethnic and multicultural drug abuse: Perspectives on current research* (pp. 23–58). Binghamton, NY: Haworth Press.
- Rose, P. R. (2017). *Health disparities, diversity, and inclusion*. Jones & Bartlett Learning.
- Saha, S., Arbelaez, J. J. & Cooper, L. A. (2003). Patient-Physician Relationships and Racial Disparities in the Quality of Health Care. *American Journal of Public Health, 93*. 1713-1719.
- Sellers, R. M., Rowley, S. A. J., Chavous, T. M., Shelton, J. N., & Smith, M. A. (1997). Multidimensional inventory of Black identity: A preliminary investigation of reliability and construct validity. *Journal of Personality and Social Psychology, 73*, 805-815.
- Shin, S. M., Chow, C., Camacho-Gonsalves, T., Levy, R. J., Allen, I. E., & Leff, H. S. (2005). A meta-analytic review of racial-racial matching for African American and Caucasian American clients and clinicians. *Journal of Counseling Psychology, 52*, 45-56
- Smedley, B. D., Stith, A. Y., & Nelson, Alan R. (2003). *Unequal treatment: Confronting racial and ethnic disparities in health care*. Institute of Medicine of the National Academies. Washington, DC: National Academies Press.
- Smith, T. B., & Trimble, J. E. (2016). Matching clients with therapists on the basis of race or ethnicity: A meta-analysis of clients' level of participation in treatment.
- Sterling, R. C., Gottheil, E., Weinstein, S. P. & Serota, R. (1998). Therapist/patient race and sex matching: Treatment retention and 9-month follow-up outcome. *Addiction, 93*, 1043-1050.
- Sue, D.W. & Sue, S. (2003). *Counseling the Culturally Diverse: Theory and Practice* (4th ed.). Hoboken, NJ, US: John Wiley & Sons.

Sue, S. & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *American Psychologist*, 42, 37-45.

Thompson, V. L., Bazile, A. & Akbar, M. (2004). African Americans' perceptions of psychotherapy and psychotherapists. *Professional Psychology: Research and Practice*, 35, 19-26.

Webster, A. F. (2002). Comparing racial identity attitudes in African American teacher education students at a predominantly White university and a historically Black university. (Doctoral dissertation, University of Memphis, 2002). *Dissertation Abstracts International*, 63 (5-A), 1715.

Wintersteen, M. B., Mensinger, J. L., Diamond, G. S. (2005). Do gender and racial differences between patient and therapist affect therapeutic alliance and treatment retention in adolescents? *Professional Psychology: Research and Practice*, 36, 400-408.

Young, A. S., & Rabiner, D. (2015). Racial/ethnic differences in parent-reported barriers to accessing children's health services. *Psychological Services*, 12(3), 267.