

## 7.4 Still little evidence for matching client with same-gender or same-race therapist

**Findings** Even in one-to-one therapy, a US study found that matching clients to therapists of the same gender or race does not improve retention or outcomes. The study involved 116 African-Americans newly admitted for outpatient treatment of cocaine dependence in a poor area of Philadelphia. Ten counsellors (including three women and six African-Americans) conducted both intake interviews and therapy. Whether or not the client's first impression of the agency had been a person of the same gender or skin colour made no difference to the number who returned for their first therapy session; matched and mismatched rates were all within a few % of the 85% average. 73 clients also returned for a second session. On average they stayed in therapy for nearly eight weeks and attended five to six sessions; on neither measure did race/gender matching make any noticeable difference. Six months after scheduled completion of therapy, 50 clients were interviewed over the telephone. Just three out of 32 tests of whether matching made any difference to outcomes (including drug use, social and psychological problems, ongoing treatment, and occupational and legal status) were statistically significant, two of which favoured mismatching. These results could have occurred by chance. The conclusion was that there was no evidence supporting matching.

**In context** For several reasons this study is in itself weak evidence against gender or race matching. It was a test only of how black, largely unemployed cocaine dependants responded to a limited range of therapists whom they will be seeing just once a week for 12 weeks. A broader range of race-on-race matching possibilities, enough therapists to submerge individual differences between them, and/or more intense therapeutic contact, might have produced different results. The potentially crucial impact of the first encounter with one's allocated therapist was excluded from the analysis. Even though the study's design would have tended to obscure any positive matching effect, the pattern of follow up results did suggest that race mismatched clients were more often continuing to use cocaine regularly and (perhaps as a result) tended more often to have been imprisoned or to have needed further treatment.

**LINKS** Nugget 3.7

However, the negative findings are in line with studies at the same agency on larger samples and limited evidence from controlled studies of other non-residential services. Other work shows that simply making residential services all-men or all-women (ie, without also making the programme gender-specific) has not improved outcomes. However, the evidence is very far from being sufficiently extensive or robust to justify the dismissal of race or gender matching, and on race, relates mainly to US black versus white populations.

**Practice implications** Considerations of race, culture, language and gender, and of associated needs and blockages to treatment access such as childcare, are important to improve and equalise access to services and to ensure that appropriate services are delivered in an appropriate manner. However, these goals are not necessarily advanced by matching the client's skin colour or gender to that of the therapist. Once someone has attended for treatment, the race and gender of the therapist are generally far less important than their sensitivity to the individual's concerns and their ability to forge a therapeutic relationship with the client. Services cannot assume that simplistic matching on gender or race will in itself create such a bond. Exceptions may include some cultural groups very uncomfortable at not seeing (or sometimes, seeing) people from their own community, individuals who cannot express themselves adequately in the majority language, and women who have been abused by men, as well as clients with strong preferences. But in general, services do not need to concern themselves over whether clients are assessed by or allocated to a counsellor of the same race or gender.

**Featured studies** Sterling R.C. *et al.* "The effect of therapist/patient race- and sex-matching in individual treatment." *Addiction*: 2001, 96(7), p. 1015–1022. Copies: apply DrugScope.

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