

Children and Adolescents in Community Health Centers: Does the Ethnicity or the Language of the Therapist Matter?

May Yeh

Karen Eastman

Mang King Cheung

University of California, Los Angeles

In order to test the influence of therapist's ethnicity and language on the course of treatment for children and adolescents, this study investigated the effect of language and ethnic therapist-client match on the mental health treatment of thousands of Asian-American, Mexican-American, African-American, and Caucasian-American children and adolescents in the Los Angeles County Mental Health System. Conclusive support for the cultural responsiveness hypothesis for children was not found, but some validity for the hypothesis among adolescents was found. Ethnic match was a significant predictor of Mexican and Asian adolescent dropout after one session and total number of sessions, as well as African adolescent dropout after one session. When language match was added to the model for Mexican adolescents, language match was a significant predictor of dropout after one session and total number of sessions, whereas ethnic match was no longer a significant predictor. However, when language match was added to the model for Asian adolescents, language match was not a significant predictor of dropout after one session or total number of sessions, whereas ethnic match remained a significant predictor for both variables. Implications of these findings are discussed.

Past community mental health research has focused on service underutilization by ethnic minority groups and the inadequate and unresponsive services that ethnic minorities may be receiving within the mental health system (Flaskerud, 1986; Root, 1985; Sue, 1977). For example, in Sue's (1977) study of 14,000 adult clients in the Seattle area, he found that Asian Americans and Hispanics underutilized the mental health system and, along with American Indians, dropped out of treatment at higher rates than Whites. Sue concluded that mental health services were unresponsive to these minority clients. To improve the delivery of services to minority groups, he recommended several "culturally responsive strategies" such as (1) training mental health providers to work with culturally dissimilar clients, (2) hiring more bilingual and bicultural mental health workers, and (3) establishing independent but parallel services specifically for ethnic minorities.

Further development of Sue's (1977) recommendations has led to the proposition that psychotherapy efficacy is a function of the extent to which therapists can communicate in the language of clients and understand their cultural backgrounds (Leong,

This research was supported by National Institute of Mental Health Grant Number MH44331 and 47525. We are indebted to the Los Angeles County Department of Mental Health for providing the data for this research. We would like to express our appreciation to David Takeuchi for his time, support, expertise, and invaluable conceptual contributions to this paper. Special thanks to Greg Hirokawa for providing the manuscript of his dissertation as a valuable reference for this article. Correspondence concerning this article should be addressed to May Yeh, NRCAAMH, Franz Hall, UCLA, Los Angeles, CA 90024-1563.

1986; Marcos, 1988; Sue, 1988; Sue, Fujino, Hu, Takeuchi, & Zane, 1991), thus supporting the idea that cultural responsiveness can be tested by language and ethnic match between client and therapist. Although client-therapist matches in language and ethnicity fail to indicate the particular processes that result in effective psychotherapy, this matching may, nevertheless, be associated with positive outcomes in the treatment of ethnic minority groups. As Sue and Zane (1988) have argued, the ethnicity and language skills of the therapist may be a less relevant focus than a therapist's ability to establish credibility or to respond according to cultural expectations. Yet, research has shown that ethnic and language match between client and therapist can be related to outcomes for ethnic minority adults (Sue et al., 1991). Thus, research on client-therapist ethnic and language match may help investigators to clarify the particular processes that are more closely linked to positive outcomes in the mental health system.

Since the time of Sue's (1977) recommendations, several studies have reported that cultural responsiveness in a mental health system is related to improved services to ethnic minority groups. In one study, O'Sullivan, Peterson, Cox, and Kirkeby (1989) revisited the population of the Sue (1977) project after some of Sue's recommendations had been implemented and found that ethnic minorities were no longer underutilizing services. In fact, their dropout rates had been reduced and were not much different from those of Whites. In a more direct test of a culturally responsive strategy, Sue and his colleagues (1991) examined whether therapist-client matches in ethnicity and language were beneficial to clients as measured by their length of treatment, dropout rate, and level of functioning at discharge. They found that for African Americans, Asian Americans, Mexican Americans, and White clients, ethnic match was indeed related to length of treatment. For Mexican Americans ethnic match was also related to level of functioning at discharge. Finally, among Asian Americans and Mexican Americans who do not speak English, ethnic match was a significant predictor of length of treatment and functioning at discharge. Whereas previously Flakerud (1990) had reviewed the adult literature on the effect of client-therapist ethnicity, language, and gender match and claimed that there was no support for the influence of these matches on treatment process and outcome, a year later Flakerud and Liu (1991) examined Asian Americans and replicated the findings that client-therapist language or ethnic match increased length of treatment.

Although research has partially supported the cultural responsiveness hypothesis for ethnic minority adults, investigators have largely neglected to examine whether culturally responsive strategies influence the mental health care of ethnic minority children (Hirokawa, 1992; Rogler, Malgady, Constantino, & Blumenthal, 1987). General research on ethnic minority children in the mental health system indicates that ethnic differences in the utilization rates of services among children and adolescents are similar to those found for adults (Bui & Takeuchi, 1992). They determined that Asian-American and Mexican-American children and adolescents are underrepresented in the mental health system whereas African-American children and adolescents are overrepresented. These ethnic differences in patterns of utilization among the younger population suggest that researchers need to extend their focus on the effectiveness of culturally responsive strategies to include children and adolescents in the mental health system.

In one of the first studies to examine the effectiveness of culturally responsive types of service among children, Yeh, Takeuchi, and Sue (1994) compared ethnic-specific to mainstream outpatient mental health services for Asian-American children and found that Asian-American children who received services at ethnic-specific centers were less

likely to drop out
higher functioning
Although Yeh et al
they found higher
than at mainstream
associated with be
In a specific exam
developed a cultur
children (Constan
ning theory, cuen
from Puerto Ric
therapy, cuento
reduced trait an
studies indicate t
cent populations

It is possible
language match
children and ad
ethnicity and lar
adolescents as it
that adults hav
children and ad
therapists.

Alternative
beneficial for ch
children are rel
and language
adolescents. M
the cultural an
credibility in th

Furthermore
treatment of c
be just as imp
Americans dif
tain treatment
In another st
at a child guid
and contact w
to give less ad
tive in handlin

In sum
on treatment
processes to
factors that
that respond
the unique f
of four diffe
Caucasian-A

likely to drop out of treatment after the first session, utilized more services, and had higher functioning scores at discharge than those who attended mainstream centers. Although Yeh et al. (1994) did not compare the effects of therapist-client match directly, they found higher proportions of client-therapist ethnic matches at ethnic-specific centers than at mainstream outpatient service centers. They also found that parallel centers were associated with better service utilization and outcome beyond the effects of ethnic match. In a specific example of culturally responsive therapy implementation, researchers have developed a culturally sensitive type of psychotherapy, *cuento* therapy, for Puerto Rican children (Constantino, Malgady, & Rogler, 1986). Based on the principles of social learning theory, *cuento* therapy is a modeling technique that uses the medium of folktales from Puerto Rican culture. Researchers found that compared to traditional group therapy, *cuento* therapy, administered by bilingual/bicultural therapists, significantly reduced trait anxiety among Puerto Rican children (Constantino et al., 1986). These studies indicate that culturally responsive services may be beneficial for child and adolescent populations.

It is possible that the cultural responsiveness hypothesis as measured by ethnic and language match between therapist and client may have differing levels of relevance for children and adolescents when compared to adults. For example, it may be that the ethnicity and language ability of the therapist may not be as important to children and adolescents as it is for adults. Children may not have internalized a culture to the degree that adults have, and the particular processes associated with positive outcomes for children and adolescents may not be related to the ethnicity or language ability of their therapists.

Alternatively, therapist-client ethnic and language match may be equally if not more beneficial for children and adolescents. To the extent that the problems of ethnic minority children are related to an environment dominated by an unfamiliar culture, the ethnicity and language skills of the therapist may be particularly important to children and adolescents. Mental health professionals who look and act as though they understand the cultural and perhaps bicultural nature of their family and society may earn a certain credibility in the eyes of children, who may respond particularly well to these therapists.

Furthermore, to the extent that parents and family are involved in the mental health treatment of children, the ethnic and language match of the therapists to parents may be just as important for the outcomes of children as it is for adults. Indeed, Afro-Americans differed from Caucasian mothers in their ratings of the acceptability of certain treatments for depressed children (Tarnowski, Simonian, Bekeny, & Park, 1992). In another study of the attitudes of parents of Black and Caucasian children treated at a child guidance clinic, 40% of Black parents viewed therapist lack of understanding and contact with Black people as a barrier to therapy. In this study, therapists appeared to give less advice to Black parents, felt less free to interrupt them and were less directive in handling parental/patient resistance (Warren, Jackson, Nugaris, & Farley, 1973).

In summary, an examination of the effects of therapists' language and ethnicity on treatment outcome of children and adolescents will not specify the mechanisms or processes to which ethnic minorities respond, but such a study will begin to narrow the factors that researchers need to consider in order to establish a mental health system that responds to the needs of ethnic minority children and adolescents. Our study has the unique features of having large numbers of ethnic clients and substantial numbers of four different groups: Asian-American, African-American, Mexican-American, and Caucasian-American clients. Specifically, we will examine the benefit of therapist-child

matches in ethnicity and language on three measures of outcome: length of treatment, level of functioning at discharge, and rate of dropout after one session.

Method

Respondents

This study consisted of African-American, Asian-American, Caucasian-American, and Mexican-American youths from 6-17 years of age who used outpatient services at Los Angeles County mental health facilities between 1982 and 1988. Asian Americans were the smallest client group, and thus comparable numbers of the remaining three groups were randomly selected from the original data set for inclusion in the study. Children and adolescents who used emergency services or were assessment cases were excluded from analyses, and only first-time clients were included in the study. The size of the samples may vary by analysis according to the availability of complete client data. The total number of clients was 4,616, including 1,219 African Americans, 903 Asian Americans, 996 Caucasian Americans, and 1,498 Mexican Americans, with 1,517 children and 3,099 adolescents.

Measures

Demographic characteristics. Client characteristics were measured by five variables: age, ethnicity, gender, Medi-Cal eligibility, and seriousness of admission diagnosis. For the age variable, subjects were divided into two groups: (1) children aged 6-11, and (2) adolescents aged 12-17. Ethnicity was determined by client self-identification, and subjects were then categorized into African-American, Asian-American, Caucasian-American, and Mexican-American groups. The client's Medi-Cal eligibility was determined by gross family income adjusted for the number of dependents in the child's household. Medi-Cal eligibility entitled the client to payment by the state of California for use of health and mental health services. Thus, Medi-Cal status was used as a socioeconomic measure, with clients qualifying for Medi-Cal considered as being in poverty, and children who did not qualify for Medi-Cal considered as not being in poverty. Children and adolescents were also categorized depending on the seriousness of their admission diagnoses. Disorders that may feature psychotic symptoms and often require medication were defined as serious. These disorders included Pervasive Developmental Disorder, Organic Brain Syndrome, Schizophrenic Disorder, Paranoid Disorder, Schizophreniform Disorder, Schizoaffective Disorder, Major Depression, and Major Bipolar Disorder. All other disorders were grouped separately.

Finally, one other variable, admission functioning level, was included in those analyses that also included functioning level at discharge. Admission functioning was not included in the other analyses because it was not available for 78% of the child population. Admission functioning level consisted of a continuous GAS score ranging from 1 to 100 (Global Assessment Scale; Endicott, Spitzer, Fleiss, & Cohen, 1976). This GAS score measured the client's overall functioning and was based on psychological, social, and performance dimensions with 1 designating "the hypothetically sickest individual" and 100 "the hypothetically healthiest" individual (Endicott et al., 1976).

Cultural responsiveness measures. Cultural responsiveness was measured by ethnic match and language match. Ethnic match occurred when the primary therapist's ethnicity matched that of the client. For example, a Korean therapist with a Chinese client would not be considered an ethnic match, whereas an African-American therapist with an

African-American client when the primary therapist's ethnicity matched that of the client. The responsiveness hypothesis was tested on treatment effectiveness.

Dependent variables

Dropout, or premature termination of treatment, was the primary dependent variable. Length of treatment was also a dependent variable. A log transformation was used to compensate for skewness in the GAS score given

Analyses

Regression analyses were conducted for children and for adolescents, and for age and language match, and for sessions attended, dropout rate, and length of treatment. Two sets of analyses were conducted: one for the hypothesis that ethnic match was related to treatment effectiveness, and another for the hypothesis that ethnic group differences in treatment effectiveness were related to client characteristics. Analyses for children and adolescents were conducted using both the variate and the univariate. American and Asian-American and non-English language groups were excluded from analyses. Endorsed non-English language status, and serious dichotomous dropout rate, and continuous variables: logistic regression, the odds ratio is read as the expected ratio greater than 1 in all analyses.

Children and Adolescents

Ethnic match was tested for the whole but not for children and adolescents who were less likely to drop out and had higher functioning. Significant differences in child population. Significant differences in child population. Significant differences in child population.

African-American client would constitute an ethnic match. Language match resulted when the primary therapist was able to speak the client's primary language. The cultural responsiveness hypothesis was then examined as the effect of ethnic and language match on treatment effectiveness.

Dependent variables. Treatment effectiveness was measured by three variables: (1) Dropout, or premature termination, occurred when clients did not return to the mental health facility following the first session. Using this dropout measure allowed comparison with other studies that have used the same criterion (Sue, 1977; Sue et al., 1991). (2) Length of treatment was determined by the total number of sessions attended by the client. A log transformation was performed on the total number of sessions in order to compensate for skewed distributions. (3) Functioning level at discharge was measured by the GAS score given to the client at termination of services.

Analyses

Regression analyses were used to test the cultural responsiveness hypothesis for children and for adolescents. Cultural responsiveness was measured by ethnic match and language match, and service effectiveness was evaluated by the total number of sessions attended, dropout rate after one session, and functioning score at discharge. Three sets of analyses were conducted. First, the general validity of the cultural responsiveness hypothesis was tested for children and then separately for adolescents, using the variable of ethnic match. Second, adolescents were further separated into ethnic groups to evaluate ethnic group differences on the importance of ethnic match. Third, separate within-group analyses for children and adolescents were conducted on Asian and Mexican groups to evaluate the importance of language preference upon the cultural response hypothesis, using both the variables of ethnic match and language match. Subjects in Mexican-American and Asian-American groups were separated into those who selected English and non-English languages as their primary language. Caucasian and African-American groups were excluded from this analysis because of the limited number of subjects who endorsed non-English-language preferences. All analyses controlled for gender, Medical status, and seriousness of disorder. A logistic regression was performed on the dichotomous dropout measure, and multiple regressions were conducted for the two continuous variables: length of treatment and functioning at discharge scores. In the logistic regression, the logistic coefficients were converted into odds ratios. The odds ratio is read as the expected odds of dropping out after one treatment session. An odds ratio greater than 1 indicates that a variable increases the odds of dropping out, and a ratio of less than 1 decreases the odds. The SAS statistical package was utilized for all analyses.

Results

Children and Adolescents

Ethnic match was a significant predictor of service outcome for adolescents as a whole but not for children. Adolescents who were ethnically matched to their therapists were less likely to drop out of treatment ($p < .0001$), attended more sessions ($p < .0001$), and had higher functioning scores at discharge ($p < .05$) than did those adolescents who were not matched. These same effects of ethnic match were not demonstrated for the child population. Significant predictors of the criterion variables for children were Medical status for total number of sessions, and gender and admission functioning score for functioning score at discharge. For adolescents, significant predictive relationships

were found for Medi-Cal status with all three criterion variables, seriousness of disorder with dropout and discharge functioning, and gender with total number of sessions. Admission functioning was also a significant predictor of discharge functioning. Results are shown in Table 1.

Table 1

Effects of Ethnic Match and Covariates for Children and Adolescents on Dropout After One Session, Total Number of Sessions, and Functioning Score at Discharge

	Children	Adolescents
Dropout (odds ratio)		
Sex (female = 1)	.89	.98
Medi-Cal (eligible = 1)	1.09	1.61***
Disorder (serious = 1)	.55	2.24****
Ethnic match (match = 1)	.85	.54****
(n = 4,548)		
Total number of sessions (estimated effect)		
Sex (female = 1)	.05	.05*
Medi-Cal (eligible = 1)	-.08**	-.12****
Disorder (serious = 1)	.03	-.02
Ethnic match (match = 1)	-.01	.10****
(n = 4,548)	R ² = .01	R ² = .03
Discharge functioning (estimated effect)		
Sex (female = 1)	.15**	.01
Medi-Cal (eligible = 1)	-.07	-.05****
Admission functioning	.63****	.75****
Disorder (serious = 1)	-.02	-.03*
Ethnic match (match = 1)	.05	.03*
(n = 3,124) ^a	R ² = .44	R ² = .57

* $p < .05$; ** $p < .01$; *** $p < .001$; **** $p < .0001$.

^a Children: $n = 281$; adolescents: $n = 2,843$.

Children. When the cultural responsiveness hypothesis was tested for children, ethnic match and language match were not found to be significant predictors for any of three dependent variables used in this study. The results of the analyses involving discharge functioning deserve further comment. Admission functioning scores are calculated the same way that discharge functioning scores are calculated and therefore level of functioning at admission needed to be controlled for in the analyses of discharge functioning levels. Nevertheless, a large proportion of children (78%) were missing data on their admission and/or discharge scores and had to be deleted in the analyses of this third dependent variable. (Only 6% of the adolescent population was missing these admission/discharge functioning scores.) Thus, only 18% of the child population was represented in the regression analysis predicting discharge scores. Even when the admission functioning score was eliminated from the model, and 99% of the child population was examined in the analyses of dropout and total number of sessions, no significant effects for ethnic match were found. Furthermore, no significant effects of ethnic match or language match on dropout, total number of sessions, or discharge score were found for children, regardless of ethnic group or primary language preference even when admission functioning scores were included. Thus, the remaining results will focus upon findings for the adolescent population.

Adolescents analysis yielded some differences. Sex was a significant predictor for Mexican American and Asian-American adolescents. Ethnic match was not significant in Table 2.

Table 2

Effects of Ethnic Match and Covariates for Adolescents on Dropout After One Session, Total Number of Sessions, and Functioning Score at Discharge

Dropout (odds ratio)
Sex (female = 1)
Medi-Cal (eligible = 1)
Disorder (serious = 1)
Ethnic match (match = 1)
(n = 3,049)
Total number of sessions (estimated effect)
Sex (female = 1)
Medi-Cal (eligible = 1)
Disorder (serious = 1)
Ethnic match (match = 1)
(n = 3,049)
Discharge functioning (estimated effect)
Sex (female = 1)
Medi-Cal (eligible = 1)
Admission functioning
Disorder (serious = 1)
Ethnic match (match = 1)
(n = 2,843)

* $p < .05$; ** $p < .01$; *** $p < .001$.

Ethnic Match and Language Match

When Mexican American adolescents were analyzed, preference for the predictor ethnicity. For the Mexican American adolescents, dropout and total number of sessions, language and for those adolescents, ethnicity was a predictor of any of the three dependent variables in the model. For the Asian-American adolescents, dropout and total number of sessions, regardless of primary language preference.

The cultural responsiveness hypothesis was tested for adolescents within the mental health system. The results of the analyses involving discharge functioning deserve further comment. Admission functioning scores are calculated the same way that discharge functioning scores are calculated and therefore level of functioning at admission needed to be controlled for in the analyses of discharge functioning levels. Nevertheless, a large proportion of adolescents (78%) were missing data on their admission and/or discharge scores and had to be deleted in the analyses of this third dependent variable. (Only 6% of the adolescent population was missing these admission/discharge functioning scores.) Thus, only 18% of the adolescent population was represented in the regression analysis predicting discharge scores. Even when the admission functioning score was eliminated from the model, and 99% of the adolescent population was examined in the analyses of dropout and total number of sessions, no significant effects for ethnic match were found. Furthermore, no significant effects of ethnic match or language match on dropout, total number of sessions, or discharge score were found for adolescents, regardless of ethnic group or primary language preference even when admission functioning scores were included. Thus, the remaining results will focus upon findings for the adolescent population.

of disorder
sessions. Ad-
ng. Results

One Session,

scents

98
61***
24****
54****

05*
12****
02
10****
03

01
05****
75****
03*
03*
57

Adolescents analyzed by ethnic group. Separating adolescents into ethnic groups yielded some differences in the importance of ethnic match for these groups. Ethnic match was a significant predictor of both dropout and total number of sessions for Mexican-American and Asian-American adolescents and of dropout alone for African Americans. Ethnic match was not significant for Caucasian-American adolescents. Results are shown in Table 2.

Table 2
Effects of Ethnic Match and Covariates for Adolescents by Ethnic Group on Dropout After One Session, Total Number of Sessions, and Functioning Score at Discharge for Adolescents

	Caucasian	African	Mexican	Asian
Dropout (odds ratio)				
Sex (female = 1)	.79	.88	.97	1.24
Medi-Cal (eligible = 1)	1.68*	1.19	1.56	2.25**
Disorder (serious = 1)	3.29***	1.29	2.70***	2.08**
Ethnic match (match = 1)	.71	.37**	.57*	.14****
(n = 3,049)				
Total number of sessions (estimated effect)				
Sex (female = 1)	.04	.09**	.05	-.00
Medi-Cal (eligible = 1)	-.13**	-.08*	-.09**	-.15****
Disorder (serious = 1)	-.01	.03	-.09**	-.00
Ethnic match (match = 1)	.04	.06	.09**	.23****
(n = 3,049)	R ² = .02	R ² = .03	R ² = .03	R ² = .08
Discharge functioning (estimated effect)				
Sex (female = 1)	.06*	-.00	-.00	-.00
Medi-Cal (eligible = 1)	-.11****	-.00	-.02	-.05
Admission functioning	.65****	.86****	.69****	.75****
Disorder (serious = 1)	-.04	.03	-.09***	-.01
Ethnic match (match = 1)	.03	-.01	.03	.05
(n = 2,843)	R ² = .46	R ² = .73	R ² = .53	R ² = .58

* $p < .05$; ** $p < .01$; *** $p < .001$; **** $p < .0001$.

Ethnic Match and Language Match for Mexicans and Asians

When Mexicans and Asians were separated into groups by English primary language preference, the predictive powers of ethnic match and language match differed by ethnicity. For the Mexican adolescents, language match was a significant predictor of dropout and total number of sessions both for those who spoke English as their primary language and for those who did not. However, ethnic match was no longer a significant predictor of any of the three criterion variables when language match was entered into the model. For the Asian adolescents, ethnic match remained a significant predictor for dropout and total number of sessions, whereas language match did not reach significance regardless of primary language preference.

Discussion

The cultural responsiveness hypothesis proposes that culturally responsive strategies within the mental health system such as providing clients with clinicians who share their culture will provide more effective services for ethnic minority groups. This study sought to examine the validity of the cultural responsiveness hypothesis for children and adolescents. Shared ethnicity and shared language between therapist and client were

ldren, ethnic
any of three
ng discharge
culated the
vel of func-
functioning
ara on their
of this third
hese admis-
ulation was
hen the ad-
child popula-
ns, no signi-
cts of ethnic
ge score were
e even when
l focus upon

considered two elements of cultural responsiveness within the mental health system. The results suggest that the hypothesis may not apply to the child population, whereas the results for the adolescent group yield some support for the cultural responsiveness hypothesis and point to some interesting variations between ethnic groups for the validity of the hypothesis.

Table 3

Effects of Ethnic Match, Language Match, and Covariates for Mexican and Asian Adolescents on Dropout After One Session, Total Number of Sessions, and Functioning Score at Discharge for Adolescents

	Mexican	Asians
Dropout (odds ratio)		
Sex (female = 1)	1.00	1.22
Medi-Cal (eligible = 1)	1.52	2.25**
Disorder (serious = 1)	2.44**	2.02**
Ethnic match	.84	.17****
Language match (non-English)	.09****	.60
Language match (English)	.46***	.86
(n = 1,155)		
Total number of sessions (estimated effect)		
Sex (female = 1)	.05	-.00
Medi-Cal (eligible = 1)	-.08*	-.16****
Disorder (serious = 1)	-.08*	-.00
Ethnic match	.05	.20****
Language match (non-English)	.20****	.02
Language match (English)	.15***	-.03
(n = 1,155)	R ² = .05	R ² = .08
Discharge functioning (estimated effect)		
Sex (female = 1)	-.00	.00
Medi-Cal (eligible = 1)	-.02	-.05
Admission functioning	.69****	.74****
Disorder (serious = 1)	-.09***	-.01
Ethnic match	.02	.04
Language match (non-English)	.04	.04
Language match (English)	.01	.02
(n = 1,456)	R ² = .53	R ² = .58

* $p < .05$; ** $p < .01$; *** $p < .001$; **** $p < .0001$.

Cultural Responsiveness for Children

Ethnic match and language match were not significant predictors for any of the three outcome variables for the child population, suggesting that the cultural responsiveness hypothesis does not hold for children aged 6–11.

If future studies confirm that culturally responsive strategies such as language and ethnic match are not important for children whereas they are important to adolescents, investigators may want to pursue the importance of parent-therapist relationships in influencing child mental health outcomes. Specifically, the importance of therapist-client match may differ between children and adolescents as a function of differences between parents' involvement in therapy at different ages, differing degrees of identity formation, the client's understanding of why he/she is in therapy, and a relative difference in the importance of parent-therapist ethnic and language match.

Cultural Responsiveness for Adolescents

Ethnic match was a significant predictor for adolescent dropout after one session, total number of sessions, and functioning score at discharge when the cultural

responsiveness hypothesis supports the cultural responsiveness hypothesis.

When adolescents are matched with therapists of the same ethnicity, ethnic match may not affect the functioning score. However, ethnic mismatch may affect the functioning score for African American and Asian American adolescents. The latter group replicates the findings in Asian-American adolescents that the number of sessions and the proportion of sessions between therapists and clients may not affect the functioning score. However, ethnic mismatch may affect the functioning score for minority clients past the first session. Ethnic match may be given to the role of clients and their therapists. The minority clients may not feel understood.

It is interesting to find that ethnic match is a significant predictor of dropout for Asian-American adolescents. Primary language is a significant predictor of dropout for Asian-American adolescents. Conversely, primary language is not a significant predictor of dropout for Mexican adolescents. However, our study implies that this finding implies that ethnic group, race, and ethnicity are important factors in cultural responsiveness.

Researchers may find that ethnic match is more important for Asian-American adolescents than for Mexican adolescents. The appearance of many Asian-American adolescents may be more important for Asian-American adolescents than for Mexican adolescents. The appearance of many Asian-American adolescents may be more important for Asian-American adolescents than for Mexican adolescents. The appearance of many Asian-American adolescents may be more important for Asian-American adolescents than for Mexican adolescents.

Similar factors may be more important for Asian-American adolescents than for Mexican adolescents. The appearance of many Asian-American adolescents may be more important for Asian-American adolescents than for Mexican adolescents. The appearance of many Asian-American adolescents may be more important for Asian-American adolescents than for Mexican adolescents.

system. The
whereas the
sponsiveness
or the validity

n Adolescents e at Discharge

sians

1.22
2.25**
2.02**
.17****
.60
.86

.00
.16****
.00
.20****
.02
.03
.08

.00
.05
.74****
.01
.04
.04
.02
.58

ty of the three
sponsiveness

language and
adolescents,
ationships in
erapist-client
nces between
ty formation,
ference in the

r one session,
the cultural

responsiveness hypothesis was tested with therapist-client ethnic match. This finding supports the cultural responsiveness hypothesis for persons aged 12-17.

When adolescents were separated into ethnic groups, differences in therapist-client ethnic match relevance were found. The findings suggest that ethnic match does not apply to treatment utilization and outcome for Caucasian-American adolescents and may not affect the functioning score at discharge for any specific adolescent ethnic group. However, ethnic minorities may show greater utilization of services if they are ethnically matched. Ethnic match revealed significance as a predictor of dropout after one session for African Americans, Mexican Americans, and Asian Americans. This result for the latter group replicated Hirokawa's (1992) finding that ethnic match was related to dropout in Asian-American adolescents. Ethnic match was also a significant predictor for total number of sessions attended by Mexican and Asian adolescents. Given that ethnic match between therapists and adolescents seems to play an important role in retaining ethnic minority clients past the first session, researchers can now turn to identifying the aspects of common ethnicity that are most important to adolescent clients. Consideration should be given to the role of cultural identification and rapport building between adolescent clients and their therapists. Researchers should also consider the possibility that ethnic minority clients may not return after the first session or continue therapy because they do not feel understood by non-ethnically matched therapists.

It is interesting to note that language match and ethnic match played different roles for Asian-American and Mexican-American adolescents. Language match was a significant predictor of dropout and total number of sessions for Mexicans regardless of primary language choice whereas it was not so for Asians in any of the three outcome variables. Conversely, ethnic match was a predictor for dropout and total number of sessions for Asians whereas it was no longer a predictor for any of the dependent variables for Mexicans when language match was added to the model. It is possible that a greater proportion of the Asian adolescents in Los Angeles County who have a non-English primary language are bilingual in comparison to Mexican adolescents, thus accounting for the non-significance of language match among Asian Americans in our sample. However, our study had no means of measuring degree of bilingualness. Alternatively, this finding implies that the importance of ethnicity and language may differ according to ethnic group, regardless of bilingual ability.

Researchers may want to explore several arenas to determine why ethnic match may be more important than language match to Asian Americans. For example, the many different Asian languages and dialects may make the commonality of physical appearance more salient than language to Asian Americans. The relative similarities in the physical appearance of many Asians (e.g., hair and eye color) when compared to the diversity of physical appearance and ethnic groups in the United States may further contribute to this sense of commonality and therefore the importance of the ethnic category to Asian Americans. Finally, ethnic match may represent distinct cultural expressions and ways of relating, such as the practice of saving face in social interactions, that are more integral and prominent to Asian individuals and thus affect their service utilization more than other ethnic groups. These specific factors that may be encompassed by the broad ethnic category deserve further attention.

Similar factors may be responsible for the greater relative importance of language than ethnicity among Mexicans. The relative diversity of physical appearances coupled with the greater similarity of language regardless of location may contribute to the significance of language commonality among Mexicans. Although we had no way of

confirming these speculations for the persons in our sample, they warrant future empirical investigation.

The present study's findings on ethnic and language match for children and adolescents differ from the past research on adults. These differences suggest that age may play an important role in determining the cultural strategies that will best meet the needs of ethnic minorities. For example, Sue et al. (1991) found that ethnic match was a significant predictor of length of treatment for African-American, Asian-American, Mexican-American, and Caucasian-American adults, whereas this study found that ethnic match was only related to treatment length for Mexican-American and Asian-American adolescents. In addition, Sue et al. (1991) report that language match was a significant predictor of number of sessions for those Asian-American adults who did not speak English as their primary language, whereas this was not true for Asian-American adolescents in the present study. Such differences between child, adolescent, and adult findings suggest that the cultural responsiveness hypothesis may differ according to age group in the variables that are salient and also in its overall importance.

Two limitations of this study must be kept in mind. One, outcome evaluation is limited in this study by the use of discharge GAS scores. The strong relationship between admission GAS score and discharge GAS score may minimize the impact of the other variables in our regression model. Future research should seek outcome measures in addition to the discharge GAS score. Two, the small R^2 scores obtained for total number of sessions suggest that the findings be interpreted with caution.

The finding that the relevance of the cultural responsiveness hypothesis differs according to age and also ethnic group suggests several veins for further research. Future studies should investigate the specific processes and mechanisms related to the ethnic category and to language that may be responsible for the differing importance of ethnic and language match for children and adolescents of various ethnic groups. For example, physical appearance, language similarity, and cultural factors may play different roles among Asian-American and Mexican-American adolescents. In addition, researchers need to explore if and why the cultural responsiveness hypothesis differs for children and adolescents and in turn how these apply to adults. Investigators may consider the unique role of the family when examining the effectiveness of culturally responsive strategies in the treatment of children and adolescents. In particular, the family's role in the therapy process may be examined to discern whether the importance of cultural responsiveness in Mexican and Asian adolescent therapy utilization is due to adolescents internalizing their culture and then relating to their therapist or is due to family variables such as parent's receptiveness to services, the family's ability to communicate with the therapist, or the therapist's role as mediator between parents and client. Data on children may also be investigated more completely, controlling for severity of functioning. As Bui and Takeuchi (1992) have suggested, categories such as "Asian American" are composed of many ethnic groups that are quite diverse in terms of their immigration patterns, cultural values, economic background, and ethnic identity. Therefore, future studies should also consider analyzing the ethnic group identification within the Chicano and Asian communities separately.

The findings strongly support the cultural responsiveness hypothesis for ethnic minority adolescents. Mental health professionals who work with adolescents should be aware that service utilization for Mexicans may improve with language match and that Asian adolescents may be more likely to utilize services if their therapists are of the same ethnicity. Recruiting a greater number of bilingual, bicultural, and ethnic

minority mental health professionals to serve the ethnic minority community.

- Bui, K. T., & Takeuchi, D. (1992). *Journal of Community Psychology*, 21, 1-12.
- Constantino, G., & Malgady, G. (1992). *Journal of Community Psychology*, 21, 1-12.
- Endicott, J., Spitzer, R., & Gibbon, M. (1986). *General Psychiatry*, 53, 1-12.
- Flaskerud, J. H. (1986). *Journal of Community Psychology*, 15, 1-12.
- Flaskerud, J. H. (1990). *Issues in Mental Health Services by Minority*, 1, 1-12.
- Flaskerud, J. H., & Liu, L. (1992). *Journal of Community Psychology*, 21, 1-12.
- Hirokawa, G. (1992). *Journal of Community Psychology*, 21, 1-12.
- Leong, F. T. (1986). *Journal of Counseling and Development*, 64, 1-12.
- Marcos, L. R. (1988). *Journal of Psychoanalysis*, 64, 1-12.
- O'Sullivan, M. J., & Peter, J. (1992). *Journal of Community Psychology*, 21, 1-12.
- Rogler, L. H., & Malgady, G. (1992). *Journal of Community Psychology*, 21, 1-12.
- Root, M. P. P. (1985). *Journal of Community Psychology*, 14, 349-356.
- Sue, S. (1977). *Community and Family Therapy*, 1, 1-12.
- Sue, S. (1988). *Psychologist*, 43, 1-12.
- Sue, S., Fujino, D. C., & Linn, S. (1992). *Clinical Psychology*, 1, 1-12.
- Sue, S., & Zane, N. (1992). *Journal of Community Psychology*, 21, 1-12.
- Tarnowski, K. J., & Sim, J. (1992). *Behavioral Assessment*, 1, 1-12.
- Warren, R. C., & Jack, J. (1992). *Journal of Community Psychology*, 21, 1-12.
- Yeh, M., Takeuchi, D., & Chao, M. (1992). *Child Psychology*, 1, 1-12.

minority mental health workers may be the best step in improving service delivery to the ethnic minority child and adolescent population.

References

- Bui, K. T., & Takeuchi, D. (1992). Community mental health services for ethnic minority children. *American Journal of Community Psychology*, 20, 403-415.
- Constantino, G., Malgady, R. G., & Rogler, L. H. (1986). Cuento therapy: A culturally sensitive modality for Puerto Rican children. *Journal of Consulting and Clinical Psychology*, 54(5), 639-645.
- Endicott, J., Spitzer, R. L., Fleiss, J. L., & Cohen, J. (1976). The Global Assessment Scale. *Archives of General Psychiatry*, 33, 766-771.
- Flaskerud, J. H. (1986). The effects of culture-compatible intervention on the utilization of mental health services by minority clients. *Community Mental Health Journal*, 22, 127-141.
- Flaskerud, J. H. (1990). Matching client and therapist ethnicity, language, and gender: A review of research. *Issues in Mental Health Nursing*, 11, 321-336.
- Flaskerud, J. H., & Liu, P. Y. (1991). Effects of an Asian client-therapist language, ethnicity, and gender match on utilization and outcome of therapy. *Community Mental Health Journal*, 27(1), 31-42.
- Hirokawa, G. (1992). *The relationship of ethnic and sex match between client and therapist on treatment outcome and premature termination among Asian American adolescents*. (Doctoral dissertation, California School of Professional Psychology, 1992).
- Leong, F. T. (1986). Counseling and psychotherapy with Asian-Americans: Review of the literature. *Journal of Counseling Psychology*, 33(2), 196-206.
- Marcos, L. R. (1988). Understanding ethnicity in psychotherapy with Hispanic patients. *American Journal of Psychoanalysis*, 48(1), 35-42.
- O'Sullivan, M. J., Peterson, P. D., Cox, G. B., & Kirkeby, J. (1989). Ethnic populations: Community mental health services ten years later. *American Journal of Community Psychology*, 17, 17-30.
- Rogler, L. H., Malgady, R. G., Constantino, G., & Blumenthal, R. (1987). What do culturally sensitive mental health services mean? The case of Hispanics. *American Psychologist*, 42(6), 565-570.
- Root, M. P. P. (1985). Guidelines for facilitating therapy with Asian-American clients. *Psychotherapy*, 22, 349-356.
- Sue, S. (1977). Community mental health services to minority groups: Some optimism, some pessimism. *American Psychologist*, 32, 616-624.
- Sue, S. (1988). Psychotherapeutic services for ethnic minorities: Two decades of research findings. *American Psychologist*, 43, 301-308.
- Sue, S., Fujino, D. C., Hu, L., Takeuchi, D. T., & Zane, N. (1991). Community mental health services for ethnic minority groups: A test of the cultural responsiveness hypothesis. *Journal of Consulting and Clinical Psychology*, 59(4), 533-540.
- Sue, S., & Zane, N. (1987). The role of culture and cultural techniques in psychotherapy: A critique and reformulation. *American Psychologist*, 42, 37-45.
- Tarnowski, K. J., Simonian, S. J., Bekeny, P., & Park, A. (1992). Acceptability of interventions for childhood depression. *Behavior Modification*, 16(1), 103-117.
- Warren, R. C., Jackson, A. M., Nugaris, J., & Farley, G. K. (1973). Differential attitudes of black and white patients toward treatment in a child guidance clinic. *American Journal of Orthopsychiatry*, 43(3), 384-393.
- Yeh, M., Takeuchi, D. T., & Sue, S. (1994). Asian American children within the Los Angeles County mental health system: A comparison of parallel and mainstream outpatient service centers. *Journal of Clinical Child Psychology*, 23(1), 5-12.