A Comparative Study of Extended Meta-Ethnography and Meta-Analysis Based on the Fundamental Micro-Purposes of a Literature Review

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A COMPARATIVE STUDY OF EXTENDED META-ETHNOGRAPHY AND META-ANALYSIS BASED ON THE FUNDAMENTAL MICRO-PURPOSES OF A LITERATURE REVIEW

by

Rhae-Ann Richardson Booker

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Rhae-Ann Richardson Booker
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CHAPTER I
INTRODUCTION

Statement of the Problem

The literature review serves a myriad of functions and purposes and, as a result, produces a variety of outcomes. Aimed at discovering and extending knowledge from existing research, the literature review is used to inform the researcher of what has been written on a topic, by integrating individual studies on the same topic (Charles & Mertler, 2002; Cooper & Rosenthal, 1980; Leedy & Ormrod, 2005; Monette, Sullivan, & DeJong, 2002; Rudestam & Newton, 2001). Often used prior to a research study (Jackson, 1980) and existing as an end product of a study, the literature review is shaped by the researcher’s epistemology, questions that guide a researcher’s explorations about the world (Denzin & Lincoln, 2000) including the breadth and limits of knowledge and the relationship of the researcher to what is being researched and how it is researched (Ponterotto, 2008). The literature review is executed differently within various epistemologies (Popkewitz, 1999).

The specific methods adopted for conducting the review are also based on the researcher’s philosophy of how to understand the world (Altheide, 1996). According to Cooper (2003), “Scientists bring their personal insights to decisions about what and how to study” (p. 3). In a research study, these insights are shaped by a particular paradigm, the beliefs which guide the approaches taken, methods used, findings made, and conclusions drawn (Wood, 2000). As a result, the synthesized results of multiple studies,

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1 All references in this dissertation follow APA style as expressed in the Review of Educational Research.
instead of just one study, aim to provide more supportive explanation for the researcher's conclusions (Baumeister & Leary, 1997).

Recently, researchers have raised concerns about the incongruence between the epistemology which drives the primary study and that which drives the review (Weed, 2005). For example, some researchers have examined Bayesian meta-analysis, a form of review which is known for its ability to quantitatively synthesize qualitative studies, allowing for use of both qualitative and quantitative data in the review (Mays, Pope, & Popay, 2005; Wood, 2000). More specifically, one concern held about Bayesian meta-analysis is how the technique preserves the essential values of qualitative research when qualitative studies are quantified. What is the appropriate use of qualitative studies in quantitative reviews and of quantitative studies in qualitative reviews? As researchers mix and adapt methodologies based on different paradigms shaped by different epistemological beliefs, the results can include a disjointed mix of methodology and paradigm. Unfortunately, the implications of using disjointed methodology and paradigm and the relevance of the resultant literature review are unknown. Perhaps these implications are not important, as reviewers maintain the integrity of original research while making secondary use of it. However, when a disjointed mix exists there may be grave risk of losing the very paradigmatic assumptions that underlie the inquiry approach driving the primary investigation.

For this study, racial-ethnic matching for African American and Caucasian American clients and clinicians was the domain of interest. The population of existing literature on this topic includes qualitative, quantitative, and mixed-methods primary studies and reviews. In the 2005 publication titled *A Meta-Analytic Review of Racial-*
Ethnic Matching for African American and Caucasian American Clients and Clinicians, researchers meta-analyzed 10 studies on racial-ethnic, client-clinician matching (Shin et al., 2005). The purpose of Shin’s (2005) study was two-fold:

1. To evaluate the effectiveness of client-clinician matching on the basis of race-ethnicity on overall functioning, service retention, and total number of sessions attended for African American and Caucasian American adult populations in mental health services (p. 45).

2. To perform an exploratory analysis to inform the field how one might conduct a meta-analysis as an evaluation tool and to use a robust technique (random effects) not yet used in a meta-analysis on ethnic matching (p. 47).

Using an integrative review method with mostly quantitative studies, the researchers found no significant difference for racially and non-racially matched client-clinician pairs in overall functioning, attrition, and total number of sessions attended. However, one might question how the knowledge base would have been informed had the researchers used meta-ethnography, an interpretive method for synthesizing qualitative studies, to conduct the review on the very same topic.

Review methodologies operating out of different paradigms could yield different results. If they do not, then researchers could be secure in knowing that the particular method applied had little effect on the review’s findings. If the results do differ, then there would be significant benefit in examining how the accumulated knowledge was informed when applying different review methods based on different paradigms. The misapplication and omission of paradigmatically different methods potentially allows for fulfillment of an incomplete and/or inaccurate literature review purpose and outcome.
In the context of this study, literature review, meta-synthesis, and research synthesis—all of which are aimed at aggregating and giving meaning to the findings and conclusions of previous studies, not the actual research data used in each original study (Heaton, 2004; Weed, 2005)—were treated as synonymous and used interchangeably. Also, researcher and reviewer were used interchangeably.

Background

At a fundamental level, researchers conducting literature reviews of any type intend to learn from accumulated knowledge by reviewing existing research. To achieve this core purpose, the literature review exists as an important step in the research process and as an integral part of the scientific method. For example, when looking to conduct a quality study, a good researcher aims to capitalize on prior research on the topic (Boote & Beile, 2005) instead of blindly launching an analysis. To this end, researchers make use of a variety of review methods which may require different types of data and yield results in dissimilar forms. This study used both integrative and interpretive review methods to explore the conduct of the literature review and the similar and different steps taken to fulfill its overall purpose.

The literature review is an essential part of the scientific method, used to find answers to questions and solutions to problems (Charles & Mertler, 2005). The classical presentation of the scientific method provides several steps, but the researcher’s application of the method is much broader and not limited to specific ordinal steps. The act of gathering and interpreting information in order to learn more about the questions, problems, and relationships of interest is often referred to as a literature review. Through
a review of literature, the researcher can understand methodological developments and weaknesses, convey the importance of the topic, identify gaps in the phenomenon of interest, learn more about research instruments, and formulate the topic of interest (Charles & Mertler, 2002; Jackson, 1980; Noblit & Hare, 1988; Rudestam & Newton, 2001).

The scientific method is also useful in the very conduct of the literature review. This method calls for the researcher to learn about the problem and to determine a way to contribute to the knowledge base of the problem. To this end, the researcher must systematically review studies with the goal of developing comprehensive knowledge of the topic of interest, including conflicting viewpoints. As stated by Bauer (1992), “This incessant reaching out for new knowledge speaks to the integral role of the literature review” (p. 20). Clearly, the scientific method and the literature review share common ground; yet, and surprisingly, it is rare to find both explicitly associated in research textbooks (Charles & Mertler, 2002; Monette, Sullivan, & DeJong, 2002).

**Ongoing Evolution of the Literature Review**

As an integral step and product of the research process, the literature review continues to evolve as a result of three primary factors that present great opportunities and significant challenges for researchers: a) growth in and accessibility to knowledge (Pascarella & Terenzini, 2005; Popkewitz, 1999; Sipe & Stallings, 1996), b) changes in the standards of research inquiry (Boote & Beile, 2005; Gordon, 1999; Grant & Graue, 1999; Popkewitz, 1999), and c) development of new review methods (Baumeister & Leary, 1997; Blettner, Sauerbrei, Schlehofer, Scheuchenpflug, & Friedenreich, 1999; Boote & Beile, 2005; Grant & Graue, 1999). However, these three factors do not change
the foundational purpose of the literature review, which is to survey the literature to learn what has already been written about a particular topic (Charles & Mertler, 2002; Leedy & Ormrod, 2005).

_Growth In and Accessibility to Knowledge_

The exponential growth in and accessibility to knowledge have dramatically increased the amount of literature and made it more available but this growth and accessibility have also imposed new challenges for the researcher. Specifically, the increase in knowledge includes both published and unpublished research and the advancement of computerized literature searches (Cooper, 1984). As explained by Valiela (2001), “Knowledge is being generated so fast that today in one year we are accumulating more information than was acquired in the first 50 years of the twentieth century” (p. 25). As a result, the reviewer has more accessible literature than can be fully understood or easily managed. This situation challenges the assumption that more means better. Since one review can embody the comprehensive knowledge of numerous studies (Evans & Chang, 2000), the literature review stands as an invaluable solution for alleviating these burdens by helping researchers access, integrate, and understand the literature on any phenomenon. The review can keep the researcher abreast of developments on the topic of interest (Cooper & Hedges, 1994; Mulrow, 1994). Reviews can also integrate the existing knowledge, so the researcher can avoid reinventing the wheel by making multiple uses of available literature.

_Published and unpublished literature._ There has been a move toward greater acceptance of including unpublished research in reviews (Cooper, 2003), whereas traditionally this was less of a consideration (Bauer, 1992). Reviewers increasingly
accepted that research can be of good quality and utility even if not formally published, e.g., dissertations and conference papers. This acceptance has broadened the perspective of educational resources and scholarship (Goodrum, McCain, Lawrence, & Giles, 2001). However, with this increased openness to including unpublished works, it was important to know that within the published realm alone, reviewers already find it difficult to stay abreast of the vast amount of information (Valiela, 2001).

At the same time, there are concerns with publication bias where studies with negative results, or studies where nothing is found, are unlikely to be published (Olson et al., 2002). This selective publishing may yield literature that does not comprehensively represent all existing research (Scargle, 2000). As a result, it is virtually impossible to access all studies on a particular topic for inclusion in a review.

Still further, available research is rapidly changing so that searches carried out only months apart can yield different sources. Adding to this reality is the bias created by selective electronic journals publishing full text. For example, reviewers may decide to only include electronic articles where full text is readily accessible. Again, the sources of literature for reviewers are plentiful but not without challenges.

*World Wide Web.* Moreover, the advent of the World Wide Web (WWW) has provided an avenue for quickly finding information and has contributed to the dramatically increasing amount of knowledge (Valiela, 2001). The unprecedented and ongoing growth of resources available through the WWW has led to more people making use of the WWW instead of traditional libraries when looking to access information (Tenopir, 2001). Conceivably, the WWW provides a) the researcher and publisher with a wealth of sources and scholarly information, b) the novice and skilled researchers with
the opportunity to publish materials which potentially decreases the publication bias, and c) the reviewer with faster and more convenient means to access information from all over the world. Adding to the opportunities and complexities associated with the WWW is the hybrid of sources found in the gap that exists between traditional libraries and the WWW. For example, electronic journal collections and data bases also provide the researcher with sources of knowledge that can be easily accessed through the Internet.

Since going the traditional route can be more time consuming and does not guarantee accurate or comprehensive results, researchers may limit themselves to only electronically accessing information. However, unlike the peer review process of traditional or paper-based publishing, there has been little-to-no way for the reviewer to evaluate the quality and accuracy of the content of WWW published materials (Frand & Hixon, 1999). Literally, anyone can quickly and inexpensively publish work on the WWW. Because this electronic information is actually published information, the researcher may accept false information as factual, resulting in unintentional erosion of the very knowledge base the researcher aims to strengthen.

To ensure the quality of WWW educational resources in the virtual world, steps are being taken to replicate the peer review model of scholarly journals (Frand & Hixon, 1999). For example, California State University Center for Distributed Learning hosts the Multimedia Educational Repository for Learning and On-line Teaching, which is a “virtual repository of web-based educational resources that have been peer reviewed to ensure their quality” (Cafolla, 2006, p. 313-314).

The increase in production of knowledge and technological advances may have significantly added to the knowledge base, but it remains to be determined if that increase
actually improves the knowledge base as characterized by Glass (1970). Undoubtedly, that increase has created a gap between the huge mass of accessible literature and the researcher. Appropriately but not proficiently, the literature review has attempted to close this gap (Baumeister & Leary, 1997).

Changes in Standards of Research Inquiry

The second factor contributing to the evolution of the literature review reflects changes in the standards of research inquiry. Concerns with the limitations identified with current review methods and their outcomes have led to the development of new and more rigorous methods for conducting quality literature reviews (APA, 2001; Bennett, Lubben, Hogarth, & Campbell, 2005; Boote & Beile, 2005; Charles & Mertler, 2002; Cooper, 2003; Leedy & Ormrod, 2005). In the early years, literature reviews were basically descriptive notes organized by categories and themes with little emphasis placed on the integration of concepts (Grant & Graue, 1999). However, researchers tend to agree that this form of review is no longer satisfactory, especially in light of the massive amounts and types of literature to be reviewed (Boote & Beile, 2005; Charles & Mertler, 2002; Galvan, 2004; Glass, 2000; Rudestam & Newton, 2001). Although found in research textbooks from most disciplines and considered a critical tool for assessing the state of knowledge on any topic, the literature review is often relegated to a lesser function in the overall research process (Baumeister & Leary, 1997; Light, 1983; Rudestam & Newton, 2001). As a result, many researchers have not been appropriately trained (Dickersin, 2002; Galvan, 2004) or simply do not know how to conduct a review (Boote & Beile, 2005; Galvan, 2004; Light, 1983).
At the same time, there is little consistency to the review methodology (Cooper & Rosenthal, 1980). According to Pawson (2004), "As is well known, the problem with old fashioned literature reviews is that no one knows what they are and, methodologically speaking, they come out differently every time" (p. 40). In order to address this situation, some researchers have included in their very research agenda the establishment of clear criteria and methods for conducting reviews (Baumeister & Leary, 1997; Blettner et al., 1999; Boote & Beile, 2005; Cooper & Rosenthal, 1980; Granello, 2001; Grant & Graue, 1999; Light & Smith, 1971; Popkewitz, 1999). As one example, Baumeister and Leary (1997), two psychology faculty members who analyzed published reviews for manuscripts and explored their own challenges with writing reviews, identified nine consistent mistakes made by reviewers. Similarly, Bennett et al. (2005) identified the need for reviews to become more systematic than traditional narrative reviews.

Many proponents for improving review standards are pushing for more systematic reviews by having common procedures that make the review process understandable and replicable. As the "foundation of any research project" and that on which future research will build (Boote & Beile, 2005, p.4), the literature review process must have clear standards, and those standards need to be followed.

Development of New Review Methods

The third factor in the evolution of the literature review was the development of new review methods that led to significant increases in the variety of techniques researchers use when conducting literature reviews. Due to the vast amount of available literature and evolving needs and expectations of reviews, new methods for synthesizing literature demanded greater sophistication (Cooper & Rosenthal, 1980). For example,
Glass (1976) presented meta-analysis, a statistical method for analyzing the results of several studies. Since this seminal paper, there have been numerous variations developed with the aim of integrating and/or interpreting evidence; nevertheless, further development and evaluation of these methods are needed (Dixon-Woods et al., 2005). There are three such areas needing greater understanding and improvements: a) synthesis of studies that make use of different methodology (Dixon-Woods et al., 2005), b) development of tools and/or processes for determining the quality of studies to be integrated in a review (Paterson, Thorne, Canam, & Jillings, 2001), and c) implications of reducing qualitative data to numerical data (MacDonald, Newman, Waite, & Potts, 1993).

Further improvements and fuller understanding of review techniques could contribute to greater acceptance and utilization of these new review methods. More specifically, from 1995-2005 a proliferation in types of reviews led to the development of more systematic and rigorous review methods (Whittemore & Knafl, 2005). For example, research synthesis has grown significantly in its attempts to appropriately combine, order, and, in some cases, give meaning to multiple studies (Noblit & Hare, 1988). Methods of research synthesis can be grouped into two categories, those following either an integrative approach or an interpretive approach.

**Integrative approach.** In the integrative approach, defining characteristics include summarizing a priori evidence for the analysis of empirical data in search of causality and generalizability (Dixon-Woods et al., 2005). This form of analysis often utilizes statistical approaches and descriptions of pooled data. The various review methods following the integrative approach involve quantifying and integrating data (Dixon-Woods et al., 2005) and include content analysis (Wolcott, 1999), systematic reviews (Whittemore & Knafl,
2005), integrative research review (Cooper, 1984), meta-analysis (Glass, 1976), qualitative comparative analysis (Ragin, 1991), case survey (Yin & Heald, 1975), and Bayesian meta-analysis (Smith, Spiegelhalter, & Thomas, 1995).

Interpretive approach. Alternately, other researchers have focused their attention on the development of methods that follow an interpretive approach. Interpretive syntheses focus on interpreting evidence conceived throughout the review process, not in advance, which allows for developing concepts and theories that unite the concepts (Dixon-Woods et al., 2005). Review methods following this approach include traditional narrative (Mulrow and Cook, 1997), thematic analysis (Taylor & Bogdan, 1984), grounded theory (Glaser & Strauss, 1967), meta-ethnography (Noblit & Hare, 1988), meta-synthesis (Paterson et al., 2001), realist synthesis (Pawson, Greenhalgh, Harvey, & Walshe, 2004), meta-study (Paterson et al., 2001), and cross-case techniques (Miles & Huberman, 1994).

Unfortunately, integrative and interpretive review approaches are often portrayed as diametrical when both intend to provide methods for the review of information so the topic of interest can be understood. Beyond simply looking at data, both approaches can lead to building theory and knowledge, to helping to solve problems, and to developing policy. Also, both approaches share characteristics that are sometimes considered exclusive of the other. For example, on the surface, it appears almost inherent that interpretivists have accepted the fact that they interpret data, while it is less common to consider interpreting as a function of an integrative approach. However, integrative methods still require the need to move beyond the conclusions and into an interpretation, which may take many forms including the discerning of the next steps based on the
results of the study. Even with their common purpose and overlap of shared characteristics, methods from integrative and interpretive approaches may elucidate different aspects of the same phenomenon, as the different approaches utilize different processes. This fact contributes to the assumption that the comparison of these approaches is apples to oranges, when, conceivably, the approaches may simply be different varieties of the same apple. As such, greater understanding of these approaches and their associated methods is needed.

**Epistemology and Paradigms**

Even with the dramatic increase in review methods and the distinctions made between variations of them, ultimately, the specific review method chosen will be greatly determined by the research question guiding the inquiry (Dixon-Woods et al., 2005). The very question that is of interest, and how this question is framed, will be derived from the researcher’s ascribed epistemological beliefs and paradigmatic orientation as to what can be understood about the world and how to understand the world. Since Thomas Kuhn’s 1962 publication of *The Structure of Scientific Revolution*, there has been increased recognition that the researcher’s subscribed paradigm plays a key role in defining the research process (Phillips & Burbules, 2000). Accordingly, the chosen methods have been shaped by the researcher’s epistemology (Popkewitz, 1999), which lends itself to specific paradigms adopted by the researcher in search of answers to questions (Wood, 2000).

It is important to note that the ultimate purpose of the literature review remains the same regardless of the epistemological beliefs and adopted paradigm(s); that is,
reviewers survey the literature to learn what has already been written about a particular
topic (Charles & Mertler, 2002; Leedy & Ormrod, 2005).

**Positivist paradigm.** Kuhn (1962) believed that "associated with each paradigm is
a set of methodological orientations that are (at least partially) at odds with the
methodologies of all rival paradigms" (p. 104). Two such fundamentally different belief
systems are positivism and interpretivism. These paradigms are sometimes viewed as
diametrically opposed and other times considered compatible (Roth & Mehta, 2002).
Both positivists and interpretivists believe there are patterns and order in the world, but
they differ as to how to discover these patterns and order. Positivists hold the most
popular view for those seeking to study the world, especially the natural world (Monette
et al., 2002). Traditionally, positivists believe the world exists separately from humans,
even if humans are unaware of the world and its many facets (Weber, 2004). Positivists
also believe that scientific, objective methods can be used to examine what exists
(Phillips & Burbules, 2000; Okasha, 2002; Roth & Mehta, 2002). In this way, when
seeking to understand the world, values held by humans are considered hindrances to
attaining true knowledge because human values are regarded as lacking scientific
validity. Positivists study phenomena in relation to an objective reality, and some of these
phenomena are people. Generalizability, careful measurement, precision, manipulation,
and control are important in the research practice of positivists (Lin, 1998; Hatch, 2002).
Thus, researchers subscribing to the positivist’s belief system typically adopt quantitative
research methods that limit the subjectivity of the researcher and quantify the
measurements to describe and represent the existing reality (Monette et al., 2002). Noblit
and Hare (1988) argue that the characteristics of the integrative approach align most closely with positivism, although not exclusively.

*Interpretivist paradigm.* Criticism of the positivist paradigm—the most dominant view—led to the emergence of interpretivism, one of several alternate paradigms (Monette et al., 2002). Interpretivists embrace an ideology which centers on meaning, and more specifically, meaning in context (Mishler, 1979). In the search for knowledge, interpretivists not only focus on what is being observed but also the *why* behind what is being observed in the context of the observations. According to the sociologist and economist Weber (1957), what people do and how they feel about what they do, are critical. Thus, subjectivity, which is objectionable to positivists, is considered inherent and acceptable when seeking to understand the world, especially social reality (Monette et al., 2002). To this end, interpretivists believe the objective, quantitative methods typically used by positivists are inadequate for fully understanding social reality and, in particular, the meaning that those being studied apply to what is being studied (Strauss & Corbin, 1990). Interpretivists feel researchers should immerse themselves in the lives of people, see people's experiences as the people themselves see their experiences, and then give meaning to what they, as researchers, see. Interpretivists study people in relation to the meaning the people themselves apply to what is being studied. To capture true meaning, interpretivists typically adopt qualitative methods that yield mostly narrative data with "thick description" (Geertz, 1973, p. 5-6) and allow the researcher to understand the object of study contextually and/or historically. Noblit and Hare (1988) argue that the characteristics of the interpretive approach align most closely with interpretivism, although not exclusively.
Qualitative and Quantitative Approaches

From positivist and interpretivist paradigms, a range of approaches for conducting primary studies and reviews have developed which can largely be placed into two categories: for the positivist paradigm, the quantitative approach (Heaton, 2004) and for the interpretivist paradigm, the qualitative approach (Monette et al., 2002). In the quantitative approach, the research questions guide the deductive analysis where study parameters are pre-established. The quantitative researcher often prefers methods that provide mostly numerical data, which allow for counts, manipulation, prediction, and statistical procedures (Charles & Mertler, 2002). The desired methods are presumed to allow for the researcher to be separate from the study. In this way, the researcher is viewed as minimally influencing the study or being minimally influenced by the study, which is believed to support generalizability, reliability, validity, and objectivity (Hatch, 2002).

In contrast, a qualitative study is defined as follows:

An inquiry process of understanding based on distinct methodological traditions of inquiry that explore a social or human problem. The researcher builds a complex holistic picture, analyzes words, reports detailed views of informants, and conducts the study in a natural setting. (Creswell, 1998, p. 15)

Unlike quantitative explorations, the design of a qualitative study may be preplanned or allowed to emerge, as the researcher, who is the primary research instrument, collects data, ideally in the participant's context (Bryman, 1988; Hatch, 2002). Emphasis is placed on the researcher gaining understanding by engaging in, looking at, and experiencing people's lives, behaviors, records, and conversations (Bogdan & Biklen,
The methods applied by the qualitative researcher provide mostly narrative data (Charles & Mertler, 2002). The researcher avoids reducing data to numbers and making sweeping generalizations; the researcher aims for meaning in context (Bryman, 1988; Hatch, 2002).

**Mixing qualitative and quantitative approaches.** According to Monette et al. (2002), “The choice between qualitative and quantitative research is related to whether one follows a positivist or nonpositivist (i.e., interpretivist) paradigm toward science” (p. 91). Thus, a link does exist between paradigms chosen and research approaches taken. However, this link is not mutually exclusive (Monette et al., 2002). Researchers may use both quantitative and qualitative techniques; however, researchers tend to advocate certain kinds of research methodologies “partly out of conviction, but also because of training and the nature of problems studied” (Strauss & Corbin, 1990, p. 18).

The mixing of approaches necessitates an informed and purposeful cross-over. While researchers are applying traditional literature review methods differently and embracing new methods, more attention must be given to the influence of paradigms in shaping these methods and the implications for the review process. For example, there are mounting concerns with applying quantitative techniques to qualitative research instead of upholding qualitative methodological characteristics in both primary studies and literature reviews. In applying quantitative techniques to qualitative research, qualitative methodological characteristics are often relegated to a supportive, second-rate, enhancing, subsidiary role to quantitative techniques (Weed, 2005). Jones (2004) aptly stated, “It is my belief that this rush to imitate quantitative procedures is producing a kind of mission drift in many qualitative systematic research reviews” (p. 96).
Researchers are increasingly coming to view the positivist paradigm as but one way of understanding the world, which has led to greater consideration of including qualitative approaches (Greene, 1999; Miles & Huberman, 1994, p. 15). For example, in *The Elegant Universe*, physicists acknowledge the limitations of positivist science and the bias it creates (Greene, 1999). Hence, the physicists explored other paradigms (e.g., interpretivism) and found them to be beneficial. This evolution represents a great leap in physics, which has been considered the “most fundamental of all scientific disciplines” (Okasha, 2002, p. 8).

**Purpose of the Study**

Positivists and interpretivists alike find literature reviews as usually practiced to be of little value. The study-by-study presentation of questions, methods, limitations, findings, and conclusions lack some way to make sense of what the collection of studies is saying. As a result, literature reviews in practice are more rituals than substantive accomplishments. (Noblit & Hare, 1988, pp.14-15)

Yet and still, the results of reviews conducted with both positivist and interpretivist approaches continue to shape the knowledge base on which future research is built and understood (Glass, 1970). This reality presents serious issues for researchers who need to conduct literature reviews and for those researchers depending on the results of the reviews. One issue is whether researchers can trust literature review interpretations without the awareness that the review method applied may have biased the review findings.

The purpose of this study was to compare review methods from different paradigms in order to determine whether and how they fulfill the foundational purpose of
the literature review. Specifically, in this study an extended meta-ethnography (EME)—an amended interpretive review method—was conducted to make comparisons to a published meta-analysis (PMA)—an integrative review method—based on criteria that aligned the purpose(s) of each review’s process. The data used was racial-ethnic matching for African American and Caucasian American clients and clinicians.

There are three primary contributions to be made from this study. By focusing on each review’s micro purpose(s), which are shaped by adopted paradigms, this study will be useful for examining the practice of qualitative and quantitative research at the review stage. Secondly, the future of interpretive and integrative review techniques will be advanced and strengthened through a more in-depth understanding of the representations of the review techniques. Thirdly, mental health policy-making and program practice will be more appropriately informed by review findings.

Research Question

This study explored the consistency of achieving the foundational purpose of the literature review when using methods based on different paradigms. The aim of this study was to critically examine the practice and outcome of literature reviews through an in-depth analysis of both interpretive and integrative reviews of studies. The research question posed for this study is stated as follows: When paradigmatically different literature review methods are applied to the same population of studies, what is the effect on the results and on the foundational purpose of reviews?
Definitions

Construct: the linking of multiple concepts together and applying meaning to them, e.g., pretty equals thin.


Paradigm: general ways of thinking about how the world works and how knowledge about the world is gained (Monette et al., 2002, p.38).

Qualitative research: an inductive approach that focuses on phenomena occurring in natural settings as well as the study of phenomena in all its complexities (Krathwohl, 1998; Leedy & Ormrod, 2005).

Qualitative systematic review: the synthesis, analysis, and interpretation of studies.

Quantitative research: a deductive approach that relies on mostly numerical data for gaining understanding of phenomena of interest (Charles & Mertler, 2002, p. 30).

Secondary analysis: a research strategy which makes use of pre-existing quantitative data or pre-existing qualitative research data for the purposes of investigating new questions or verifying previous studies (Heaton, 2004, p. 16).

Statistical interactions: the variation among the differences between means for different levels of the independent variables over different levels of the other independent variables (Keppel, 1991).

Thick description: to explain something in enough detail to make it understandable and meaningful within its context (Geertz, 1973, p. 5-6).
CHAPTER II
REVIEW OF LITERATURE

This chapter synthesizes the state of knowledge of literature review techniques. In order to present an objective methodological discussion, when writing this chapter, I conducted the traditional narrative review—the most common form of review. Divided into two parts, in this chapter I examined the core elements of the literature review first and explicated a two-fold framework for classifying literature review techniques: integrative review orientations and the conduct of meta-analysis, and interpretive review orientations and the conduct of meta-ethnography.

Introduction

The literature review is a method for finding, building, and bridging old and new knowledge through the use of existing studies. This method is also referred to as meta-synthesis and research synthesis (Heaton, 2004; Weed, 2005) because of its similar task of using past studies to support and inform current knowledge. In the early years, literature reviews were basically a report or summary of existing research with little synthesis (Grant & Graue, 1999; Leedy, 2005). However, with the increase in the number of available studies, methods for integrating literature demanded greater sophistication (Glass et al., 1981). The literature review aimed to respond to a perpetually expanding knowledge base and to continue as an invaluable method for the systematic identification, organization, integration, and evaluation of prior research (Gay & Airasian, 2000; APA, 2001).
The literature review is defined as a survey of the literature to learn what has already been written about a particular topic (Charles & Mertler, 2002; Leedy & Ormrod, 2005). The survey process includes synthesis and analysis of information using research findings, from which conclusions are drawn. There are several elemental functions of the literature review (APA, 2001; Boote & Beile, 2005; Creswell, 2003; Dickersin, 2002; Evans & Change, 2000; Gordon, 1999; Leedy & Ormrod, 2005; Charles & Mertler, 2005): a) discernment and accounting of existing research similar to the phenomenon of interest, b) development of an informed perspective about the phenomenon of interest, c) establishment of the phenomenon's importance, d) identification of ways for addressing the phenomenon of interest including research design and methods, and e) ongoing use of existing research.

Notably, the literature review is a method to be used in a research study and is an outcome of the research study. A researcher who launches a study without a review risks missing many benefits and creating many problems from not capitalizing on prior research. For example, through the conduct of a good literature review, the researcher can come to understand and explain why findings may differ among studies on the same topic (Gordon, 1999). Further, the researcher can avoid making unnecessary mistakes by drawing upon the work of others (Monette et al., 2002; Rudestam & Newton, 2001). The researcher can also allow relationships, not chronology, to guide the synthesis of information (APA, 2001) which enhances opportunities to learn from this information. Sternberg (1991) surmised that the final goal of a literature review is to “have a take-home message” (p.3). With a good literature review, the researcher walks away with the
embodiment of comprehensive knowledge on a topic and with having advanced the quality and utility of future research.

By contrast, without a good review, the researcher cannot critically analyze related literature or learn from it (Dickersin, 2002; Leedy & Ormrod, 2005). As a result, the researcher may take the work of others as factual (Leedy, 2005; Rudestam & Newton, 2001), which would pass on false information as true knowledge. Also, information that calls into question the point of view held by the researcher may not be included, which again undermines the opportunity to understand and to build upon what others have already done (Rudestam & Newton, 2001; Baumeister & Leary, 1997). Ultimately, the omission of a good review can erode the very substance of review processes which aim to build upon available literature. Glass (1970) made this statement, as he spoke of standards for publishing in the *Review of Educational Research*:

A body of literature can grow faster than a body of knowledge when it swells with false knowledge, inconclusive or contradictory findings, repetitive writing or simple dross. If knowledge is not subjected to scrutiny, it cannot be held confidently to be true. Moreover, if knowledge is to be known it must be “packed down” into assimilable portions either in reviews of literature or in textbooks. The integration of isolated research reports and the criticism of published works serve as an essential purpose in the growth of a discipline. (p. iii)

*Types of Literature Reviews*

In research, various types of literature reviews are defined and presented in a variety of ways, even conflicting ways. According to Whittemore and Knafl (2005), there are four types of review methods: integrative, systematic, meta-analysis and qualitative.
Mulrow and Cook (1997) identify three different types of review: integrative, systematic, and narrative traditional. These researchers consider meta-analysis to be an example of a systematic review approach. By contrast, Baumeister and Leary (1997) view meta-analysis as a distinct type of literature review. Similarly, all of the aforementioned types of review method are sometimes listed as forms of synthesis instead of review. For example, Sipe and Stallings (1996) refer to meta-analysis as a form of “quantitative synthesis of research” (p. 1), while Cooper (2003) defines research synthesis as the integration of research findings and conclusions drawn from the collective results. Suri (2004) uses the term synthesis when comparing research synthesists to primary and secondary researchers. Also Cooper (2003) identifies the exact five stages for both research synthesis and integrative research, which leads to the assumption that these terms are synonymous or, at least, used interchangeably.

For the purpose of this paper and consistent with the distinction made by Noblit and Hare (1988), I classified literature review methods as primarily integrative or interpretive with the awareness that there can be common areas. This grouping system represents the underlying paradigmatic focus of the particular review technique employed, either integration drawing upon the nature of positivism or interpretation drawing upon the nature of interpretivism. There can be overlap, though:

Most forms of synthesis can be characterized as being primarily interpretive or primarily integrative in form and process, although every integrative synthesis will include elements of interpretation, and every interpretive synthesis will include elements of aggregation of data (Dixon-Woods, Agarwal, Jones, Young, & Sutton, 2004, p. 12).
Integrative Reviews

Definition

Cooper (1984, 1994) defines integrative research reviews as summarizing existing research by drawing conclusions from primary studies that address the same or similar hypotheses. He identified five stages of integrative review that he believed corresponded to the same standards and rigor used when conducting primary studies. Firstly, a problem is identified, including the variables under study. Secondly, the literature search is conducted and studies are selected. Next, the selected studies are evaluated to ensure they are of good quality and should be included in the study. Then, the data is analyzed and summarized, and conclusions are drawn about the research problem. Lastly, the results and conclusions of the study are presented in a way that makes the review process clear.

According to Whittmore and Knafl (2005, p.547), integrative reviews represent the broadest approach to reviews because this form of reviews utilizes studies that employ different procedures, experimental and non-experimental, and different purposes, theoretical and empirical. Though often used with quantitative evidence, integrative reviews can be carried out with qualitative data.

Positivist Paradigm Base

The integrative review is primarily based in the positivist paradigm (Noblit & Hare, 1988). In search of the truth, positivists believe the world can be objectively understood (Suri, 2004) in a way that allows for predictions about the world and control of it. Thus, the integrative reviewer typically sticks to what can be observed and measured using techniques where the reviewer may minimally, if at all, influence the phenomenon under study. The review techniques typically include the aggregating of
quantitative studies with "well specified data" (Dixon-Woods et al., 2004, p. 12).

Deductive in nature, the amalgamated research in an integrative review is used to explore differences, theorize causes, conduct statistical analyses, infer generalizations, establish truth, and make predictions and new discoveries about a phenomenon.

Integrative reviews have been criticized for the reviewers’ ability to appropriately combine studies with diverse methodologies and for the bias and error that may exist without specific methods for conducting integrative reviews (Whittmore & Knafl, 2005). Another concern with integrative orientation is the seeming lack of appreciation for the individual differences of the primary studies that are lost during aggregation (Hauser & Cram, 1983).

Meta-Analysis

Methods for integrative reviews include content analysis, qualitative comparative analysis, case survey, Bayesian meta-analysis, and meta-analysis (Dixon-Woods et al., 2004). In all cases, data is pooled, summarized, and quantified. However, meta-analysis is considered one of the most developed integrative review methods drawing from positivism. Meta-analysis is a statistical method for quantitatively synthesizing research in order to integrate the findings and draw conclusions (Glass, 1976; Dickersin, 2002; Kaplan, 2004; Suri & Clarke, 1999). Introduced by Glass (1976), this method was proposed as an alternative to narrative reviews, which Glass believed to be unreliable and to inadequately address the growing available literature.

Meta-analysts hold three criticisms about traditional narrative reviews (Cook & Levition, 1980). Firstly, important information like the magnitude of the relationships or the direction of the findings is overlooked. Secondly, the studies included in the sample
may be biased. Thirdly, there are no explorations of statistical interactions (Glass & Hopkins, 1996; Keppel, 1991). In response to these concerns and others, meta-analysts have sought to address the need for improved understanding, objectivity, the ability to handle increased volumes of literature, accurate accounts, replication, and provision of reliable sources of past research (Bennet et al., 2005; Dickersin, 2002; Glass, 2000). With meta-analysis, bias and error are considered limited, and validity and objectivity are considered strengthened (Cook, Mulrow, & Haynes, 1997; Glass, 1976). Additionally, the overall analysis is considered to be more systematic, rigorous, accurate, and less subjective than traditional narrative reviews (Quintana & Minami, 2006; Smith & Glass, 1977). These characteristics support the belief held by some that meta-analysis is “the epitome of a review method which follows the scientific method” (Bauer, 1992, p. 35).

More specifically, meta-analysis is used to translate different studies into one another, so they can be statistically analyzed. Using numbers, actual summaries from research studies are given an effect size. This estimate reflects the magnitude of the association between variables of interest in each study and allows the results of each study to be interpreted, compared, and combined (Kaplan, 2004, p. 282).

Proponents of meta-analysis value the fact that through statistical techniques the magnitude of the treatment effect, an index of how important or powerful the relationship is between variables, can be determined (Bushman & Wells, 2001; Wood, 2000). In this way, reviewers can report on the efficacy of a particular program or treatment, determine if there is an overall effect size, and explore relationships between variables of interest (Chambers, 2004). The unit of analysis is the actual study, and, more specifically, the actual summary data from the study, not the original data used in each study. For
example, in a meta-analytic investigation Greenberg et al. (2005) explored government-funded training and welfare-to-work programs by statistically summarizing research findings from multiple studies of evaluation of training programs (p. 346). Similarly, Dumbaya (2005) studied the effectiveness of college accessibility programs for low-income students by statistically analyzing 30 studies involving the targeted students. By quantitatively representing the studies’ findings, these researchers were able to apply statistical methods to their analyses. Also, the statistical techniques allowed for correction of sampling error and error of measurement, two important elements that might exist in any study. In addition to an effect size, an interpretation is yielded through meta-analysis. When the meta-analyst presents the discussion and action to be taken, based on the study’s finding, this research-based guidance is implicitly a form of interpretation.

Advocates of meta-analysis also believe this statistical method should be noted for its ability to handle a large number of individual studies and for providing clear rules making the review process transparent. As a result, determining how the conclusions are drawn from the examined data is considered easier.

Along with the many benefits, there are some limitations to meta-analysis (Cook & Leviton, 1980; Noblit & Hare, 1988; Rachman & Wilson, 1980). Four major limitations have been identified which can adversely affect the results: a) comparisons are made using studies that involve different independent and dependent variables; b) good and poor quality studies are included as the reviewer attempts to conduct a comprehensive review of all available studies; c) although the aim is to conduct a comprehensive study, the review may not include unpublished studies, which creates a bias in favor of published research, especially those with positive significance; d) the
practice of using more than one research finding from one study may create bias in favor of one study over another (Glass, McGaw, & Smith, 1981). In addition, Jackson (1980) noted the reviewer can only assess direct evidence on a topic, and there can be inconsistency with the coding of the characteristics of the studies. Lastly, the fact that meta-analysis often omits qualitative data also stands as a source of contention (Dixon-Woods et al., 2005).

Since its inception in the 1970s, meta-analysis has increasingly informed the knowledge base and has been “mostly used in education, psychology, and medicine” (Allen & Seaman, 2005, p.83). For example, the Review of Educational Research, which began in the 1930s, turned increasingly to statistical procedures as of the 1970s (Grant & Graue, 1999). Also, an electronic search of the PsychInfo database beginning in 1976 identified more than 5,700 articles that make use of and/or are on the topic of meta-analysis.

See Table 1 for a summary of the paradigmatic assumptions of meta-analysis.

Table 1

<table>
<thead>
<tr>
<th>Paradigm Assumptions of Meta-Analysis and Meta-Ethnography</th>
<th>Meta-Analysis</th>
<th>Meta-Ethnography</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deductive and positivistic</td>
<td>Inductive and interpretivist</td>
<td></td>
</tr>
<tr>
<td>Static design</td>
<td>Emergent design</td>
<td></td>
</tr>
<tr>
<td>Context-free</td>
<td>Context-bound</td>
<td></td>
</tr>
<tr>
<td>Searches for the truth</td>
<td>Searches for a truth</td>
<td></td>
</tr>
<tr>
<td>Value-free and unbiased</td>
<td>Values accounted for up front</td>
<td></td>
</tr>
<tr>
<td>Nature of reality is objective</td>
<td>Nature of reality is subjective</td>
<td></td>
</tr>
<tr>
<td>Reviewer is independent of study</td>
<td>Reviewer is inevitable influence</td>
<td></td>
</tr>
<tr>
<td>Empirical study</td>
<td>Interpretive study</td>
<td></td>
</tr>
<tr>
<td>Starts with a question</td>
<td>Starts with an interest</td>
<td></td>
</tr>
<tr>
<td>Aims to generalize, predict, explain, control, hypothesize, identify cause, and develop theory</td>
<td>Aims to anticipate what might be involved in similar situations as the one under study</td>
<td></td>
</tr>
</tbody>
</table>
Interpretive Reviews

Definition

The interpretive review involves both induction and interpretation but not prediction (Noblit & Hare, 1988). Understanding of a phenomenon is induced by developing concepts from data, then the interpretive reviewer applies meaning to these concepts, especially social interaction, from the viewpoint of those under study. In this way, interpretive reviews capture particularities and meaning that more deductive review approaches do not or cannot, and these meanings are determined in their context.

Interpretivist Paradigm Base

The inductive practice of interpretive reviews contrasts with more positivistic-based review approaches that often allow pre-specified variables to dictate the study in order to make generalizations. To this end, the reviewer is able to deviate from a research design as new learning emerges throughout the study. Rooted in the interpretive paradigm (Noblit & Hare, 1988), interpretivists “seek an explanation for social or cultural events based upon the perspectives and experiences of the people being studied” (p. 12). Instead of generalizing knowledge in order to find answers to problems, the interpretive reviewer uses multiple studies to give a reinterpretation of the problem (Flinspach, 2001).
This means the reviewer searches for a truth, not the truth, and this truth is grounded in the particular context where it was induced.

Though often used with qualitative evidence, interpretive reviews can be carried out with quantitative data. However, interpretivist approaches usually rely on detailed narrative descriptions, instead of numerical values, and typically, yield interpretive explanations of the phenomenon of interest. As written by Dixon-Woods et al. (2005), "the interpretive analysis that yields the synthesis is conceptual in process and output, and the main product is not aggregations of data, but theory" (p. 45).

Some critics of interpretive reviews, especially their more positivistic counterparts, have been concerned with the procedures for conducting these types of reviews and the criteria for judging their quality. These critics consider interpretive reviews to be subjective in nature and find it difficult to accept the review results. Similar to concerns held about integrative reviews, there is also concern with the lack of explicit methods for conducting interpretive reviews, which makes it difficult to have standards for judging interpretive reviews and to have people trained to conduct interpretive reviews, ultimately hindering efforts to build knowledge from the interpretive reviews.

Meta-Ethnography

Methods for interpretive reviews include narrative summary, thematic analysis, grounded theory, meta-synthesis, realist synthesis, meta-study, meta-ethnography, and Miles and Hubermann's data analysis techniques (Dixon-Woods et al., 2004). All cases involve the identifying and assembling of related concepts by placing narrative descriptions under topical or thematic headings. However, meta-ethnography is considered one of the most developed review methods originating from the interpretivist
paradigm (Weed, 2005) and “by far the most commonly used synthesis technique” (Dixon-Woods et al., 2007, p. 416) for synthesizing qualitative research.

As an alternative to meta-analysis and other more positivistic, aggregative approaches, Noblit and Hare (1988) developed meta-ethnography, a review method for synthesizing ethnographic and interpretive studies in a way that creates a holistic interpretation. Noblit and Hare define meta-ethnography as “the synthesis of interpretive research” (p. 10) where “qualitative studies are translated into one another” (p.25).

Translations are especially unique synthesizes, because they protect the particular, respect holism, and enable comparison. An adequate translation maintains the central metaphors and/or concepts of each account in their relation to other key metaphors or concepts in that account. (Noblit & Hare, 1988, p. 28)

In fact, meta-ethnography is considered by some to be the “best developed method for synthesizing qualitative data” (Campbell et al., 2003, p. 673) and useful with quantitative data (Dixon-Woods et al., 2005), while others consider this method to “offer considerable potential” for upholding interpretive commitments similar to those found in qualitative primary studies (Dixon-Woods et al., 2005, p. 18; Jones, 2004). According to Flinspach (2001), the goals, foci, and methods of meta-ethnography are distinctly interpretive, which make meta-ethnography compatible with interpretive reviewing (p. 38). Similarly, Noblit and Hare (1988) state, “…meta-ethnography must be driven by the desire to construct adequate interpretive explanations” (p.11).

Meta-ethnography is similar to meta-analysis in that both methods synthesize multiple studies and are considered to be complete studies in and of themselves.
However, unlike meta-analysis, meta-ethnography is considered “completely inductive” (Flinspach, 2001, p. 39).

Meta-ethnographers start with an interest, rather than a question. They may or may not search the literature before selecting a few studies (the number must be small) that they think will translate into one another. They conduct the meta-ethnography to see what they find out from the comparison of related ethnographies. (Flinspach, 2001, p. 39)

As data, meta-ethnographers typically use qualitative studies involving qualitative techniques such as observation and interviewing. “Meta-ethnography synthesizes the substance of qualitative research, while meta-analysis synthesizes the data” (Noblit & Hare, 1988, p.81). As such, meta-ethnographers interpret the data to initiate the synthesis process and interpret the data during the synthesis process as well, while meta-analysts apply their interpretation after integration of data has occurred. In a meta-ethnography, metaphors including themes, perspectives, organizers, and concepts (Noblit & Hare, 1988, p. 14) are compared and contrasted to derive understanding from multiple studies. Notably, the uniqueness of the individual studies is not overlooked but preserved as comparisons of studies are systematically made throughout the review process.

Reviewers compare and contrast accounts by comparing and contrasting their metaphors. They identify an important metaphor in an account, and then study its relation to other concepts and metaphors in that same account. This rich analysis of the metaphor provides a possible point of comparison with similarly studied metaphors in other accounts. The reviewers reach synthesis by “translating” these
richly analyzed metaphors across accounts to find similarities and differences.

(Flinspach, 2001, p. 35)

Comprised of a series of seven overlapping phases, there are three assumptions that guide the practice of meta-ethnography (Noblit & Hare, 1988, p. 36):

1. In reciprocal translation, themes and metaphors of each study are considered directly comparable and, therefore, are interpreted in relation to each other.

2. In refutational translation, themes and metaphors of each study are considered in opposition and, therefore, are interpreted in refutation to each other.

3. In lines-of-argument translation, themes and metaphors of each study are all taken together in order to present a line of argument.

After the researcher makes one of these assumptions, then translations are made based on these same assumptions.

Meta-ethnography is intended to enable the following:

1) more interpretive literature reviews,

2) critical examination of multiple accounts of an event, situation, and so forth,

3) systematic comparison of case studies to draw cross-case conclusions,

4) a way of talking about one's work and comparing it to the works of others, and

5) synthesis of ethnographic studies. (p. 12-13)

For example, in the Community College Review article titled “The Transforming Leader: A Meta-Ethnographic Analysis,” Pielstick (1998) synthesized and identified patterns found in the transformational leadership literature. The results included an interpretation that outlined seven themes that described the profile of a transformational leader.
Pielstick recommended using these results to assist community college leaders in their work and as a basis for comparing their work to other leaders.

There are several criticisms held about meta-ethnography which make it difficult for some to accept the results. Firstly, the role of the reviewer is considered to be subjective in nature. In other words, different reviewers read literature differently and produce different results. Secondly, some believe there is a lack of rigor and explicit methods which leave the reviewer free to create and alter the process at will. Although Noblit and Hare (1988) provided a seven-phase framework, there is seemingly "no guidance about what a meta-ethnographer would actually consider and do" (Flinspach, 2001, p.40). For example, there appear to be no clear guidelines for appraising the studies that are to be included. Lastly, there appears to be no consideration of the effects of the order of the synthesis (Campbell et al., 2003). A reviewer is free to determine the order in which papers should be synthesized with no awareness of the difference made, if any.

Although meta-ethnography has existed for almost 20 years and is "the qualitative method most commonly cited in meta-synthesis publication" (Bondas & Hall, 2007, p. 116), only a small number of published meta-ethnographies were retrievable using electronic search engines. Using the key-word meta-ethnography, an electronic search of the PsychInfo and ERIC databases identified nine articles for PsychInfo and six articles for ERIC. More generally, a July 2007 search of Google using the keyword meta-ethnography yielded 13,800 citations, which is significantly less than the 3,560,000 yield using the keyword meta-analysis.

See Table 1 for a summary of the paradigmatic assumptions of meta-ethnography.
Challenges Confronting Literature Reviews

Researchers have asserted several criticisms about literature reviews. Firstly, many researchers simply have not been adequately trained in how to conduct good literature reviews (Galvan, 2004; Light, 1983; Boote & Beile, 2005). According to Baumeister and Leary (1997), two psychology faculty members who analyzed published reviews, there are nine consistent mistakes made by reviewers (pp. 316-320):

a) inadequate development of the introduction, which may lead to describing, not integrating findings;
b) inadequate coverage of cited materials, which stems from an uncertainty about how much detail to give;
c) failure to relate the research procedures and observations of the various studies to the theoretical issues;
d) failure to point out and assess flaws and weaknesses of the evidence;
e) overstatement of the conclusions by going beyond the data;
f) lack of distinction between citing someone who stated an idea and citing someone who provided evidence for it;
g) selectivity on the part of the researcher, e.g., only presenting information that coincides with the researcher’s position;
h) more focus by researchers on citing prominent authors than on flushing out the ideas;
i) lack of application for future research. This lack of basic skill development for conducting reviews leads to questioning of the reviewer’s objectivity, the review process, and the review results.

Secondly, there are few standard guidelines for the conduct of the literature review. Bennett et al. (2005) believed reviewers exercised too much subjectivity and were not guided by systematic standards for how to structure the review, what studies to include in the review, and what to discuss in the review, while Cooper and Rosenthal (1980) believed there was little consistency to the review methodology employed. From merely
recanting what other people have said and exhaustively, instead of comprehensively, reporting everything that has been said (Leedy, 2005; Rudestam & Newton, 2001), researchers have pushed for ongoing developments in review methods. For example, Cooper (1994) discussed the need for standard guidelines for conducting reviews similar to those applied in primary research. Without standard guidelines and clear criteria, the confidence in the literature review, which is a core element of a research process, is compromised.

Thirdly, critics have raised concerns about the limited, and sometimes inappropriate, use of qualitative and quantitative data as applied by review methods (Weed, 2005; Dixon-Woods et al., 2005; Jones, 2004). Some methods are unable and/or limited in the ability to incorporate both qualitative and quantitative evidence. Conversely, it has become acceptable to transpose qualitative data into quantitative data or vice-versa. The fact that reviews may omit or include evidence because of their paradigmatic foundations stands as a source of contention. In particular, additional development is needed with methods that make use of qualitative data (Whittmore & Knafl, 2005), which will strengthen and advance review methods in general. According to Jones (2004), “because qualitative research is now ignored at peril within the systematic review camp, such reviews have become the proving ground for qualitative work” (p. 95). Similarly, Mays et al. (2005) argue: “The qualitative studies contribute in a way similar to their use in much conventional health research by identifying the variables of interest for the subsequent quantitative meta-analysis” (p. 18). Weed (2005) gives two cautions for using qualitative studies in this way. There must be consideration of the losses to qualitative data from
quantifying for statistical manipulation. Also, Weed called for re-evaluation of the subsidiary role of qualitative data to quantitative data.

Fourthly, the positivistic approach used in many reviews is inconsistent with the approach used in the primary studies which yielded the information at hand (Weed, 2007). For example, primary qualitative research is underpinned by interpretivist epistemologies; yet, approaches to synthesis of qualitative research tend to be derived from positivist approaches (Weed, 2007). Some researchers suggest that the nature of the primary research should guide the orientation of the review (Suri, 2004). This concern leads to the questioning of the losses and gains from using a quantitative review method with qualitative primary studies. This practice, although acceptable, disrupts the assumptions that undergird the primary studies and could represent a lack of acceptance and appreciation for the paradigmatic tradition under which the primary studies were carried out. This flip-flop in approaches between primary studies and reviews also sends a contradictory message. The very methodological advances that guide primary qualitative research are not regarded as essential when conducting the review. In many cases, this leads to the qualitative findings being reduced to numbers, which moves away from the foundational characteristics (Hatch, 2002).
CHAPTER III
METHODOLOGY

"The reviewer's decision about what to synthesize, e.g. conclusions, content, contextual knowledge, depends on the knowledge valued in their research paradigm" (Flinspach, 2001, p. 15).

This chapter provides an overview of the research design that I used to explore review findings and to compare the achievement of the foundational purpose of literature reviews based on two review methods: extended meta-ethnography and meta-analysis. Since these methods are based on different paradigmatic assumptions and, as a result, may not yield the same knowledge (Noblit & Hare, 1988), it is crucially important to explore the implications of these methodological choices for review processes and outcomes. Specifically, this was the research question posed in this study: When paradigmatically different literature review methods are applied to the same population of studies, what is the effect on the results and the foundational purpose of reviews? This chapter details how I used the published meta-analysis (PMA) and extended meta-ethnography (EME) in this study. Also, in this inquiry I intended to compare the results yielded using these methods.

Sample and Design

In this study, I followed a case-study design, which is appropriate for closely analyzing a particular group or phenomenon within a larger group or phenomenon. I drew the sample from the complete population of studies under consideration for the Shin et al. article "Meta-Analytic Review of Racial-Ethnic Matching for African American and
Caucasian American Clients and Clinicians” (2005), published in the *Journal of Counseling Psychology*. This journal “publishes empirical research in the areas of counseling activities, career development and vocational psychology, diversity and underrepresented populations in relation to counseling activities, the development of new measures to be used in counseling activities, and professional issues in counseling psychology” (APA Online, 2007). Notably, this journal is governed by an editorial board that has one lead editor from the University of Missouri-Columbia, four associate editors from various universities throughout the United States, and approximately 60 consulting editors. Additionally, this journal is a publication of the American Psychological Association, which is a “scientific and professional organization that represents psychology in the United States... and the largest association of psychologists worldwide” (APA Online, 2007). To ensure the quality of its publications, article submissions require a blind review. The reason for having confidence in the quality of the Shin et al. study published in this particular journal was best stated by Dunkin (1996): “The likelihood that a poor synthesis would survive the rigorous refereeing process employed by prestigious scholarly journals is undoubtedly very small” (p. 88).

The purpose of the Shin et al. (2005) study was two-fold:

1. to evaluate the effectiveness of client-clinician matching on the basis of race-ethnicity on overall functioning, service retention, and total number of sessions attended for African American and Caucasian American adult populations in mental health services. (p. 45)
2. to perform an exploratory analysis to inform the field how one might conduct a meta-analysis as an evaluation tool and to use a robust technique (random effects) not yet used in a meta-analysis on ethnic matching. (p.47)

To these ends, the researchers used a variety of search strategies to identify the initial population of studies on racial-ethnic matching and mental health, resulting in a yield of 35,193 published and unpublished studies (p.47). The researchers began by accessing PsychInfo, Medline, ProQuest, and other electronic databases using relevant terms for their search, i.e., ethnic differences. Then the researchers closely examined the titles of each of these studies and determined that 139 “involved mental health or substance abuse services or counseling” (p. 47). Next, the researchers obtained and reviewed the abstracts for each of the 139 studies. Lastly, specific inclusion criteria were used: a) studies involving “psychotherapy, with experimental or quasi-experimental design, and including findings for African Americans; b) studies that report the key impact outcome variables of interest: attrition, total number of sessions attended, and psychosocial functioning, as indicated by the Global Assessment Functioning (GAF) or similar scores (American Psychiatric Association, 1994; Shin et al., 2005, p.47). At this point in the review process, the 139 studies were narrowed to 36, which were retrieved, read, and narrowed to 21 with enough quantitative data to calculate effect sizes using meta-analysis. These 21 studies also had findings for the groups of interest: African American and Caucasian American clients and clinicians (Shin et al., 2005, p. 47). Since the hope was to compare African American clients of racial/ethnic, client-clinician matches to African American clients of racial/ethnic-different, client-clinician non-matches, the authors of the 21 studies were contacted to ascertain how many clients were actually matched with
clinicians and to explore any additional questions of interest regarding the design of the studies. Difficulties were encountered in determining the client-clinician pairs who were non-matched by race because many of the studies did not report this information, or the reported total did not give a breakdown by race/ethnicity. In other words, the data was not delineated carefully in giving the matched and non-matched client-clinician pairs. Those without information on non-matched pairs by race/ethnicity were excluded, which led to the pool of 21 studies being narrowed to 13. Then the pool was narrowed to 10, when the researchers discovered multiple use of the same dataset in 3 of the 13 studies.

For the purpose of conducting an interpretive review on the same topic as that of Shin et al. (2005), I intensively reviewed 91 of the same population of 139 studies used in the PMA through conducting an extended form of meta-ethnography explored in this study. By amending the traditional meta-ethnography, this study helped further Noblit and Hare’s (1988) vision for developing more synthesis approaches underpinned by interpretivism. The inclusion of quantitative studies is where the EME diverges from Noblit and Hare’s (1988) publication on meta-ethnography. As a variation of meta-ethnography, EME includes identifying and translating findings of qualitative primary studies and interpretive discussion of quantitative primary studies. Using the EME, I synthesized all interpretive findings on the topic of interest, regardless of the primary methodology from which they were derived. Although the 10 studies used in the original PMA were the only ones listed in the journal publication, Clifton Chow, one of the six researchers, reconstructed the inventory of 91 studies from the original population of 139 studies (Appendix A).
Procedure

My analysis, as outlined in this section, represents the two primary steps of the procedure: a) conduct of the EME and b) conduct of the comparative analysis. I conducted Phases 1 and 2 of the total seven phases of the EME, representing an amended version of that described by Noblit and Hare (1988):

1. Phase 1 required me to choose the topic to be investigated. Ideally, the identified topic is of serious interest to the researcher and one that would benefit from being informed through the synthesis of existing studies. As stated by Noblit and Hare, “In this phase the investigator is asking, how can I inform my intellectual interest by examining some set of studies?” (p. 27)

2. Phase 2 called for me to identify the population of qualitative and quantitative studies on the topic. I made four essential considerations when deciding which studies to include: a) intended audience, b) interests of the intended audience and the researcher, c) awareness of what the audience finds credible, and d) the availability of studies on the audience’s interest. The goal was not to identify every existing study on the topic but instead to include studies on the topic of interest and to address the four considerations.

3. Phase 3 involved repeated reading of the text from the identified population of studies. This step launched the synthesis process which included identifying themes and understanding what the studies said about the topic. According to Noblit and Hare, “meta-ethnography is the synthesis of texts; this requires extensive attention to the details in the accounts, and what they tell you about your substantive concerns” (p. 28).

4. Phase 4 involved my seeking to determine how the individual studies related to one another, in order to begin creating a whole out of the individual studies. I
juxtaposed key concepts and themes from each study to those of the other studies and identified relationships. At this stage, I established whether the studies supported (reciprocal translation), refuted (refutational translation), or built upon one another to create a successive understanding (lines-of-argument translation).

5. Phase 5 required me to "translate the studies into one another" (Noblit & Hare, 1988, p. 28). This form of synthesis aims to "protect the particular, respect holism, and enable comparison" (Noblit & Hare, 1988, p. 28). I compared the similarities of the key concepts and themes from the individual studies, yet I maintained the key concepts of each individual study.

6. Phase 6 necessitated reviewing the key concepts and themes to determine if some could be combined with others. The goal was to discern the whole to be created through the synthesis of the individual studies. Noblit and Hare (1988) considered this step to be "a second level of synthesis" (p. 28) in the conduct of the meta-ethnography.

7. Phase 7 involved my presenting the results in an appropriate way to the intended audience. For example, a written presentation might be best suited for some audiences, whereas a theatre production might be a better form for others. "To do this means we must understand the audience's culture in much the same was as we understand the studies to be synthesized" (Noblit & Hare, 1988, p. 29).

In this study, Phases 1 and 2 describe the methodology and are covered in this chapter. The remaining five phases represent the findings and results and are included in Chapter IV.

For the second primary procedural focus in this study, I detailed the process for comparing the results of the EME to those of the PMA. Together, the two procedural
steps led to identifying the effects of applying paradigmatically different literature review methods to the same population of studies.

*Extended Meta-Ethnography (EME) Phases 1 and 2*

For the conduct of the EME, I applied Creswell’s concurrent nested strategy (2003) to Noblit and Hare’s seven-phase meta-ethnography (1988) as represented in Phase 2.

*Phase 1: Identifying the topic of interest.* The identification of racial and ethnic matching of African American and Caucasian American clients and clinicians as the topic was a general operation of the chosen procedure for this study.

*Phase 2: Selecting studies relevant to the topic.* In Phase 2, I personally communicated with the authors of “A Meta-Analytic Review of Racial-Ethnic Matching for African American and Caucasian American Clients and Clinicians” (Shin et al., 2005); the authors indicated that only 91 of the original 139 articles considered in the meta-analysis could be identified by Shin et al., thus restricting the population of candidate studies (Appendix A). Following the concurrent nested strategy, I collected qualitative and quantitative studies and considered the studies for analysis by meta-ethnographic techniques. In this way, I considered quantitative studies that rendered interpretive findings to be “embedded or nested within the qualitative method” (Creswell, 2003, p. 218) used in the EME. I determined specific inclusion criteria after reviewing the abstracts, introduction, method, and findings sections of the 91 studies. My iterative reading narrowed the pool of 91 studies to a smaller number. I used the Primary Research Identification Tool (Appendix B) and identified and eliminated studies which did not reflect primary research by the authors; this narrowed the sample from 91 to 66. Next, I
retained articles focused only on the domain of interest, which included studies involving
the following: a) racial/ethnic matching and mental health, b) psychotherapy, c)
publication in peer-reviewed periodicals or an unpublished study, d) focus on African
American and Caucasian American clients and clinicians, and e) focus on client-clinician
matches and/or nonmatches. This selection resulted in dropping an additional 25 studies,
yielding a sample of 41. I further reduced the field of 41 articles by including those with
interpretive findings or discussion on African Americans and Caucasian Americans, as
the articles related to a) attrition, b) total number of sessions attended, c) psychosocial
functioning, and d) therapist race preference, resulting in my eliminating 11 more studies.
Finally, I eliminated studies that made use of the same data sets previously included by
another study (n=3). In such cases, I retained the first study published (Table 2 and
Appendix C). The final sample consisted of 27 studies.

Table 2

<table>
<thead>
<tr>
<th>Overview of Samples (n)</th>
<th>Study sample (n)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booker, 2008</td>
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<tr>
<td><strong>Blank et al. (1994)</strong></td>
<td>African American, Caucasian American (677)</td>
</tr>
<tr>
<td>*Chamberlain et al. (2000)</td>
<td>African American, Caucasian American (8,098 Part 1 and 5,877 Part II)</td>
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<td>Chinman et al. (2000)</td>
<td>African American, Caucasian American (1,785)</td>
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<tr>
<td>Cooper &amp; Lesser (1997)</td>
<td>African American (1), Caucasian American (1)</td>
</tr>
<tr>
<td>Fuertes &amp; Gelso (1998)</td>
<td>African American (45), Caucasian American (212), and other ethnic groups (52)</td>
</tr>
<tr>
<td>Gamst et al. (2000)</td>
<td>African American, Caucasian American, and other ethnic groups (4,554)</td>
</tr>
<tr>
<td>Geiger (1994)</td>
<td>African American (3,415), Caucasian American (3,378) and other ethnic groups</td>
</tr>
<tr>
<td>Gottheil et al. (1994)</td>
<td>African American (634)</td>
</tr>
<tr>
<td>Hernandez (1998)</td>
<td>African American, Caucasian American, and other ethnic groups (565)</td>
</tr>
<tr>
<td>Jones (1982)</td>
<td>African American (82), Caucasian American (82)</td>
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<tr>
<td>Kirkpatrick (1993)</td>
<td>African American (365), Caucasian American (500), and</td>
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</tbody>
</table>
### Overview of Samples (n)

<table>
<thead>
<tr>
<th>Study sample (n)</th>
<th>Bold denotes articles used for EME that were also used for PMA (Shin et al., 2005).</th>
</tr>
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<tbody>
<tr>
<td>other ethnic groups (857)</td>
<td>9. Denotes sample used in study overlapped with Article No. 59, Chamberlain et al. (2001).</td>
</tr>
<tr>
<td>African American (57), Caucasian American (113), and other ethnic groups (437)</td>
<td>10. Denotes sample used in study overlapped with Article No. 79, Russel et al. (1996).</td>
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<tr>
<td>African American (101)</td>
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<td>African American (8), Caucasian American (26)</td>
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<tr>
<td><strong>African American, Caucasian American (60 families)</strong></td>
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<td>African American (52)</td>
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<td>African American, Caucasian American (22)</td>
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<td>African American (80), Caucasian American (40)</td>
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<td><strong>African American (967)</strong></td>
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<td>African American (116)</td>
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<tr>
<td>African American, Caucasian American (3,415), and other ethnic groups</td>
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<tr>
<td>African American (1,516) and other ethnic groups (3,194)</td>
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<td>African American (52)</td>
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<td>African American, Caucasian American (22)</td>
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<td><strong>African American (3,738)</strong></td>
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<tr>
<td>African American (116)</td>
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<tr>
<td><strong>African American (3,415), Caucasian (3,738), and other ethnic groups</strong></td>
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<tr>
<td>African American (128)</td>
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**Comparative Analysis Based on Four Micro-Purposes**

At the macro-level, both the EME and PMA are considered methods for conducting literature reviews, e.g., a review of information, so the topic of racial/ethnic matching can be understood and conclusions can be drawn. Although the overall intention of either review method is fundamentally the same, at the micro-level each method uses different processes which could yield the same or dissimilar results.

For the second and final aspect of this study’s procedure, I conducted a two-stage comparative analysis that was guided by a qualitative perspective on the research processes and interpretive results of EME and PMA. As such, the premise of this analysis
was that both review methods included and, furthermore, required some level of interpretation as the meta-analysts and I sought answers for questions of interest.

Having synthesized the existing literature found in Chapter II, having conducted the EME, and having examined the PMA, I induced four primary micro-purposes of the literature review as the basis for this comparative analysis:

Micro-Purpose 1: Discovering knowledge. As an operation of the review process, the discovery of new knowledge occurred minimally in two stages. First of all, the meta-analysts and I discovered knowledge from the systematic identification of a population of studies on a topic of interest and selection of a sample from this population. Secondly, after accessing and integrating the individual studies, we discovered new knowledge from the aggregate analysis of the combined studies. As such, knowledge was revealed through both the EME and the PMA.

Micro-Purpose 2: Interpreting knowledge. As an operation of the review, interpretation occurred whenever I or the meta-analysts sought to evaluate meaning applied to data and conferred meaning upon data. After identifying the sample and prior to integrating the studies, the meta-analysts and I examined each study individually and determined if and how the study contributed to understanding racial and ethnic matching. Similarly, the meta-analysts and I made the interpretation following and/or during the integration of studies, enabling the meta-analysts and me to identify key findings, provide and attribute explanations of the findings to meaning, and position these meanings back into the broader knowledge base to represent their larger significance. As such, knowledge was expanded through both the EME and the PMA.
Micro-Purpose 3: Integrating knowledge. Embedded in the review procedures is the requirement for integration, the process of combining knowledge. Knowledge is combined when individual studies in the sample are aggregated and, again, when the knowledge gained from the analysis is added to the broader knowledge base. Through the integration process, both the meta-analysts and I were able to identify the breadth and depth of the new knowledge and its similarities, inconsistencies, and relationships among the variables of interest, thus bridging new and old knowledge.

Micro-Purpose 4: Informing future practice. A primary outcome of the review process should obligate the researcher to advance new research pathways. In addition to helping to guide the shape and direction of future research and practice, the meta-analysts and I targeted a particular audience that would be either instrumental in implementing changes or would be impacted by the recommended application. As such, opportunities to continue learning from the newly discovered EME and PMA knowledge continue.

Using the four micro-purposes as the analytical framework, the comparison included two stages: a) comparing the specific EME and PMA results, which primarily address the micro-purposes discovering knowledge and interpreting knowledge and serve as the foundation for making comparisons and b) comparing EME and PMA results as the micro-purposes address the knowledge domain of racial and ethnic matching of African American clients and clinicians which speak to the micro-purposes integrating knowledge and informing future practice. I mapped the PMA (Shin et al., 2005) by reading, assigning, and entering associated text into spreadsheet rows giving the following focus areas as titles: a) number of studies included, b) demographic information, c) data coding and data analysis, d) findings, e) conclusion, and f)
explanation and future study. This step of mapping represented the first time I read the results and discussion sections of the PMA. The text entered into the spreadsheet delineated every step of the PMA research process. Next, I repeated this process for the EME. Then, I read the text from both the EME and PMA by focus areas and similarities; I noted the differences. Beneath each broad focus area, I listed subtitles next to each row, in order to more clearly identify the focal point of the associated text. The subtitles included a) exploration, b) evaluation, c) inclusion criteria, d) data coding, e) data analysis, f) final sample, g) future study, h) sample, and i) explanation. Next, I assigned each row to one or more of the four literature review micro-purposes by rereading the associated text.

Summary

The procedures for the methodology included a) conduct of the EME and b) conduct of the comparative analysis. Utilizing the same population of studies as those identified by Shin et al. (2005) for the PMA and guided by the same research questions as Shin et al. (2005) for the PMA, I explored the topic of racial and ethnic matching of African American and Caucasian American clients and clinicians through the conduct of the EME. Then I critically analyzed and compared both the EME and PMA research processes and interpretive results, guided by a qualitative perspective. In the end, I explicated the results of applying paradigmatically different review methods to the same population of studies.
CHAPTER IV
RESULTS

This chapter presents the results of the EME and its comparison to the PMA on racial and ethnic matching of African American and Caucasian American clients and clinicians. My results are organized around Phases 3 through 7 of Noblit and Hare’s (1988) meta-ethnographic method followed by presentation of the comparative analysis. I included select quotes from studies, within the sample of 27 studies, to provide illustrations in support of my analysis. Although these 27 studies do not represent an exhaustive list of all available studies, I considered them to be representative of the available existing literature on racial/ethnic matching and mental health. The principal research question guiding this study was: When paradigmatically different literature review methods are applied to the same population of studies, what is the effect on the results and on the foundational purpose of reviews?

Extended Meta-Ethnography (EME)

Phase 3: Reading the Studies

Having identified the topic of interest (Phase 1) and having selected the relevant studies (Phase 2), in Phase 3 I repeatedly read the interpretive findings of the qualitative studies and the interpretive discussions of the quantitative studies. I identified the emergent themes across studies and gave the themes narrative descriptions. I read each article and assigned a general theme to the interpretive findings and/or text located within a sentence or paragraph. For example, the theme therapist preferences was attributed to
data addressing clients' preferences for having similarities, including race and gender, to their clinicians. Initially, identifying the interpretive accounts of the quantitative studies presented challenges, which I solved by the discovery of how and where the interpretive accounts were presented in these articles. Once I discovered this, I delineated emergent themes from interpretive text usually located in the discussion sections. In turn, the emergent themes helped to determine the various dimensions of what I was addressing as well as to determine the relationships among the themes. In some cases, I reread previously read studies and reviewed the assigned general themes, in order to verify whether the studies addressed new themes which had emerged after reading subsequent studies. To record and manage general themes identified in the qualitative and quantitative studies, I created an Excel grid with 27 rows representing each article and 11 columns denoting the following general themes which I derived from multiple readings of each study: a) session attendance, b) goal attainment, c) service use, d) therapist preferences, e) culture commitment, f) baseline assessment, g) therapist match, h) outcomes, i) therapist expectations, j) dropout status predictor, and i) counselor perception. However, for articles with lengthy text, I highlighted the articles themselves instead of entering all of the text into the Excel grid. A complete presentation of the general themes by article matrix appears in Table 3.
### Table 3

*Themes by Article Matrix*

<table>
<thead>
<tr>
<th>Article</th>
<th>Approach</th>
<th>Sample</th>
<th>Session attendance</th>
<th>Goal attainment</th>
<th>Service use</th>
<th>Therapist preferences</th>
<th>Culture commitment</th>
<th>Baseline assessment</th>
<th>Therapist match</th>
<th>Outcomes</th>
<th>Therapist expectations</th>
<th>Dropout status predictor</th>
<th>Counselor perception</th>
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<tbody>
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<td>Article #7: Ponterotto (1986)</td>
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<td>Article #12: Fuertes &amp; Gelso (1998)</td>
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<td>Article #16: Tien &amp; Johnson (1985)</td>
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<td>Article #17: Chinman, Rosenheck, &amp; Lam (2000)</td>
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Table 3—Continued

*Themes by Article Matrix*

<table>
<thead>
<tr>
<th>Article</th>
<th>Approach</th>
<th>Sample</th>
<th>Session attendance</th>
<th>Goal attainment</th>
<th>Service use</th>
<th>Therapist preferences</th>
<th>Culture commitment</th>
<th>Baseline assessment</th>
<th>Therapist match</th>
<th>Outcomes</th>
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<th>Dropout status predictor</th>
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Table 3—Continued

Themes by Article Matrix

<table>
<thead>
<tr>
<th>Article #89: Sterling et al. (1998)</th>
<th>Approach</th>
<th>Sample</th>
<th>Session attendance</th>
<th>Goal attainment</th>
<th>Service use</th>
<th>Therapist preferences</th>
<th>Culture</th>
<th>commitment</th>
<th>Baseline assessment</th>
<th>Therapist match</th>
<th>Outcomes</th>
<th>Therapist expectations</th>
<th>Dropout status predictor</th>
<th>Counselor perception</th>
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</tbody>
</table>

Note: Due to the extensive length of the text entries, the text entries have been represented by the symbol X. Data are available by written request to Rhae-Ann Richardson Booker.
Once I explicated the text of the interpretive findings and/or discussions from each study, by article and theme, I added the sample and inquiry method used to the columns. For example, after reading the interpretive discussion of Proctor and Rosen (1981), I assigned the themes therapist preferences, therapist match, outcomes, and therapist expectation and specified the approach and sample. See Table 4.

Table 4

<table>
<thead>
<tr>
<th>Features and General Themes for the 27 Studies Included in the EME Using Article #42 (Proctor &amp; Rosen, 1981)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Themes</td>
</tr>
<tr>
<td>Approach</td>
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<tr>
<td>Sample</td>
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<tr>
<td>Session attendance</td>
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<td>Goal attainment</td>
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<td>Service use</td>
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<td>Therapist preferences</td>
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</table>
Table 4—Continued

*Features and General Themes for the 27 Studies Included in the EME Using Article #42 (Proctor & Rosen, 1981)*

<table>
<thead>
<tr>
<th>Themes</th>
<th>Features</th>
</tr>
</thead>
<tbody>
<tr>
<td>and preferences for the race of the counselor were clearly distinct. Black clients, in particular, did not prefer a White counselor, although Black clients generally expected a White counselor (p. 44). However, in spite of distinguishing between expectations and preferences, clients' expectations and preferences were not incompatible. That is, no client who preferred a Black counselor expected a White counselor, nor did any client who preferred a White counselor expect a Black counselor (p. 45).</td>
<td></td>
</tr>
<tr>
<td>Culture commitment</td>
<td>Not addressed.</td>
</tr>
<tr>
<td>Baseline assessment</td>
<td>Not addressed.</td>
</tr>
<tr>
<td>Therapist match</td>
<td>The findings suggested that Black clients paired with White counselors did not experience poorer intermediate outcomes than White clients, in terms of dropout or satisfaction. However, no inference should be made that Black clients fared as well with White counselors as with Black counselors. Such a conclusion would require a comparison of outcomes achieved by Black and White clients with Black and White counselors (p. 45).</td>
</tr>
<tr>
<td>Outcomes</td>
<td>The findings suggested that Black clients paired with White counselors did not experience poorer intermediate outcomes than White clients in terms of dropout or satisfaction. However, no inference should be made that Black clients fared as well with White counselors as with Black counselors. Such a conclusion would require a comparison of outcomes achieved by Black and White clients with Black and White counselors (p. 45).</td>
</tr>
</tbody>
</table>
| Therapist expectations      | This study indicated that White and Black clients alike tend to expect their counselors to be White. Three quarters of the White clients and half of the eight Black clients expected a White counselor. In light of the relatively small proportion of all helping professionals who are Black, and the fact that at the time of the study, most of the clinic's professional staff was White, clients' expectations that their counselors would be White were realistic. Only 2 Black clients and 1 White client expected a Black counselor (p. 44). The patterns of clients' responses to questions regarding their expectations and preferences for race of the counselor were clearly distinct. Black clients, in particular, did not prefer a White counselor, although they generally expected a White counselor (p. 44). However, in spite of distinguishing between expectations and preferences, clients' expectations and preferences were not incompatible. That is, no client who preferred a Black counselor expected a White counselor, nor did any client who preferred a White counselor expect a Black counselor (p. 45). Because only White counselors participated in this study, examination of client expectation/preference for the race of the counselor in relation to
Features and General Themes for the 27 Studies Included in the EME
Using Article #42 (Proctor & Rosen, 1981)

<table>
<thead>
<tr>
<th>Themes</th>
<th>Features</th>
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<tbody>
<tr>
<td>intermediate treatment outcomes could be viewed as a paradigm of studying confirmation or disconfirmation of the client; no confirmation for expectation/preference for a Black counselor and no disconfirmation of expectation/preference for a White counselor were possible. The very fact that most of the clients expected the counselor to be White and that most of the counselors were, indeed, White may have had a positive confirming effect (p. 45).</td>
<td></td>
</tr>
</tbody>
</table>

Dropout status predictor Not addressed.
Counselor perception Not addressed.

Phase 4: Determining How the Studies are Related

I printed each Excel column and row (Appendix D) and manually sorted by theme and author. I then recombined the re sorts of the data to determine which themes could be subsumed within broader themes. I juxtaposed the 27 studies against the broader class of themes in a new matrix. Table 4 illustrates how each of the themes distributed across each study. Full text assigned to themes is available by written request and demonstrates the data underpinning the emergent theme and the associated meaning behind the title given to the theme.

Table 5

Themes Across 27 Studies in the Analysis

<table>
<thead>
<tr>
<th>Article</th>
<th>Clinician preferences &amp; process</th>
<th>Outcomes</th>
<th>Client characteristics</th>
<th>Dropout rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>#6: Reams (1999)</td>
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<td>X</td>
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</tr>
<tr>
<td>#7: Ponterotto (1986)</td>
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<tr>
<td>#12: Fuertes &amp; Gelso (1998)</td>
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<tr>
<td>Article</td>
<td>Clinician preferences &amp; process</td>
<td>Outcomes</td>
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<tr>
<td>#17: Chinman, Rosenheck, &amp; Lam (2000)</td>
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<td>#18: Sue et al. (1991)</td>
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Table 5—Continued

Themes Across 27 Studies in the Analysis

<table>
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<tr>
<th>Article</th>
<th>Clinician preferences &amp; process</th>
<th>Outcomes</th>
<th>Client characteristics</th>
<th>Dropout rate</th>
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<tr>
<td>#89: Sterling et al. (1998)</td>
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Note: Due to the extensive length of the text entries, the text entries have been represented by the symbol X. Data are available by written request to Rhae-Ann Richardson Booker.

Part of the data analysis in Phase 4 focused on identification of key expressions and metaphors, also included in Table 4. For example, one of the initial classifications for Reams (1999) was session attendance. However after rereading the interpretive discussion and identifying key expressions, I re-sorted Reams’s text into the themes of dropout rate and client characteristics. When determining the key expressions, I sometimes maintained the original author’s terminology.

I determined the nature of the relationship among the 27 studies by looking across the Excel grid and comparing and contrasting the key expressions under the four major themes. At this time, I determined that the interpretive accounts from the 27 studies were basically similar. Therefore, I used a reciprocal translation for synthesizing the studies. In this way, I identified the parallelism between the studies by reviewing the key expressions by theme and seeking to determine how each study related to the other studies. In general, under clinical preferences and process, the associated text addressed clients’ preferences for ethnically and racially similar counselors, and some of the articles spoke to the influence of race in the clinician-client relationship. Under outcomes, the associated text generally addressed which racial/ethnic groups had better or worse
outcomes, i.e., psychotic symptoms, number of visits, level of satisfaction, and global assessment scores. Key expressions assigned to client characteristics comprised generalizations the authors made about various racial/ethnic groups regarding their foreknowledge of the therapeutic process, service utilization patterns, expectations of clinicians, and satisfaction with clinicians. Lastly, key expressions associated with dropout rate addressed session attendance and termination patterns and, in some cases, the effects of race on the session attendance and termination patterns.

*Phase 4 Illustration: Reams (1999)*

*Session attendance.* The 30 Caucasian client families attended more sessions than the 30 African American families; African Americans tended to come into treatment later when the symptoms were exacerbated. They were more likely referred by a third party than to be self-referred. They often had a multitude of problems. These families might have come in during a crisis and might not have returned until the next crisis occurred. Some might have found that the initial session was useful to them while others might have felt their situation was beyond the realm of psychotherapy. Frequently, African Americans had more time restrictions which made it more difficult to come to therapy sessions. They were more likely to have hourly wage jobs which would mean that they would not be paid for any time off to attend therapy sessions. There were also practical considerations, such as transportation to therapy and caring for other children or other family members in the home which made it more difficult for them to commit to ongoing therapy sessions (pp. 67-68).

*Dropout rate.* The 30 Caucasian families attended more sessions than the 30 African American families. African Americans tended to come into treatment later when
the symptoms were exacerbated. These families might come in during a crisis and might not return until the next crisis occurred. Frequently, African American families had more restrictions, were more likely have hourly wage jobs, and were more likely referred by a third party than self-referred.

*Client characteristics.* African American client families as well as other minority clients, were not informed about the therapy process and the goals of therapy. African Americans were generally ambivalent about involvement in family therapy, might not have had their basic needs met, and rarely saw *talk* as a solution to their problems.

*Phase 5: Translating the Studies into One Another*

Phase 5 focused on the process of determining what each study said about the other studies, as a means for understanding each study in relation to the others. I compared relevant concepts and ideas and applied them to key expressions of each study to see if there were overlaps that would allow for the continuance, removal, or collapsing of one or more of the sections of thematic text assigned to the four identified themes. Back and forth from one study to the next, I explored insight gained from one study with the other studies. Sometimes this led to the exposition of new or alternative social explanations that I had to examine by looking for patterns or discrepancies across the studies. For example, I determined that the key expressions previously identified as addressing dropout rates could be subsumed by the others in a distributed fashion, thus reducing the number of themes to three. Also, I retitled the previously identified themes clinician preferences and process to experiences with clinicians, in order to better represent its underpinning data. At this stage the three themes were titled client
characteristics, outcomes, and experiences with clinicians. Table 6 presents the results of Phase 5.

Table 6

Results of Translating Studies into One Another

<table>
<thead>
<tr>
<th>Article</th>
<th>Experiences with clinicians</th>
<th>Outcomes</th>
<th>Client characteristics</th>
</tr>
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<tbody>
<tr>
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<td>#7: Ponterotto (1986)</td>
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<td>#12: Fuertes &amp; Gelso (1998)</td>
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<td>#16: Tien &amp; Johnson (1985)</td>
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<td>#17: Chinman, Rosenheck, &amp; Lam (2000)</td>
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<td>#44: Cooper &amp; Lesser (1997)</td>
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<td>#55: Jones (1982)</td>
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<tr>
<td>#67: Takeuchi et al. (1995)</td>
<td></td>
<td>X</td>
<td></td>
</tr>
</tbody>
</table>
### Results of Translating Studies into One Another

<table>
<thead>
<tr>
<th>Article</th>
<th>Experiences with clinicians</th>
<th>Outcomes</th>
<th>Client characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>#72: Kirkpatrick (1993)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>#73: Pierce (1999)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#74: Sterling et al. (2001)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>#77: Schaumann (1998)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>#78: Simmons (1989)</td>
<td>X</td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>#82: Hernandez (1999)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#84: Richardson &amp; Helms (1994)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#85: Watson (1993)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#88: Gottheil (1994)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>#89: Sterling et al. (1998)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note: Due to the extensive length of the text entries, the text entries have been represented by the symbol X. Data are available by written request to Rhae-Ann Richardson Booker.

Illustration of the phase can be understood by the following example. In Terrell and Terrell (1984), the following key expression, which was previously identified as dropout rate became outcomes:

Black clients with a high level of mistrust who were seen by a white counselor had a higher rate of premature termination from counseling than did highly mistrustful black clients seen by a black counselor. Despite being assigned to a black counselor, highly mistrustful clients discontinued treatment due to suspiciousness regarding the counseling setting. The results indicate that black
clients are more likely to terminate from counseling prematurely when seen by a white counselor than when seen by a black counselor. (p. 373-374)

*Phase 6: Synthesizing Translations*

In Phase 6, I synthesized the key expressions from the 27 studies in the sample by reviewing and comparing the interpretive text. This process involved grouping and analyzing complementary and competing key expressions and seeking to understand them in relation to one another. My goal was to use the interpretations from the individual studies to make a whole, while upholding the interpretive rendering of each part. In some cases, the key expressions (Table 6) I previously designated for one theme, I moved to another theme. As part of this phase, I determined key expressions from ten different studies addressed the theme experiences with clinicians. Table 7 illustrates how I grouped the expressions for the synthesis process.

Table 7

<table>
<thead>
<tr>
<th>Article</th>
<th>Key expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>19</td>
<td>Race was minimal influence on counseling process.</td>
</tr>
<tr>
<td>74</td>
<td>Gender and race matching did not influence dropout rates.</td>
</tr>
<tr>
<td>44</td>
<td>Lack of discussion of cross-racial relationship between counselor and client was a negative influence.</td>
</tr>
<tr>
<td>78</td>
<td>Stage of therapy was an influence in determining if race concerns were discussed.</td>
</tr>
<tr>
<td>86</td>
<td>Stage of racial identity did effect client’s perception of clinician.</td>
</tr>
<tr>
<td>19</td>
<td>Sensitizing counselors to cultural dynamics influenced perception of counselor.</td>
</tr>
<tr>
<td>85</td>
<td>Client’s emotional reactions to clinician could be predicted by client’s racial attitudes.</td>
</tr>
</tbody>
</table>
Similarly, I determined key expressions from 21 different studies addressed the theme outcomes. Table 8 illustrates how I grouped these expressions for the synthesis process.

Table 8

<table>
<thead>
<tr>
<th>Theme</th>
<th>Key expression</th>
</tr>
</thead>
</table>
| African Americans      | • African Americans did not do better when matched with African American therapists (Art. #6).  
                          • Black clients with a level of mistrust, who were seen by a White counselor, had a higher rate of premature termination from counseling than did Black clients with a level of mistrust, seen by a Black counselor. Despite being assigned to a Black counselor, clients with a level of mistrust, discontinued treatment due to suspiciousness regarding the counseling setting (Art. #57).  
                          • African Americans being initially evaluated by one therapist and being given an appointment to return to see another therapist did not seem to constitute a barrier to continuing in treatment. The diverse group of eight counselors did not differ with respect to the proportion of their patients returning following an intake interview (Art. 89).  
                          • Black clients paired with White counselors did not experience poorer intermediate outcomes than White clients, in terms of dropout or satisfaction (Art. #42).  
                          • The findings suggest that when therapist race is considered as a single factor, observers perceived the Black therapist generally as being more effective with the Black client than when compared to the White therapist interactions with the Black client (Art. #78).  
                          • Amount of clinical improvement and use did not differ among the different pairings (Art. #17).  
                          • No benefit was found from ethnic matching of caseworker and patient; although many patients were not ethnically matched with their caseworkers, the observation that their ethnic group was represented among the staff may have provided reassurance (Art. #35).  
                          • Black and White patients benefitted from treatment about equally. However, race differences did emerge in the assessments by Black and White therapists, regardless of race of patient (Art. #55). |
Table 8—Continued

<table>
<thead>
<tr>
<th>Theme</th>
<th>Key expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnic match appeared to have greater impact on length-of-treatment measures—dropping out and number of sessions (Art. #18).</td>
<td></td>
</tr>
<tr>
<td>Black female clients prematurely terminated counseling more often when seeing White, as compared to Black, counselors (Art. #19).</td>
<td></td>
</tr>
<tr>
<td>The effects of the counselor’s race and counseling approach did not affect client attrition (Art. #19).</td>
<td></td>
</tr>
<tr>
<td>Despite the fact that consumers were assigned to case managers regardless of race, over time a disproportionate number of consumers ended up with case managers that matched consumers with regard to race (Art. #60).</td>
<td></td>
</tr>
<tr>
<td>The major difference noted between Black and White counselors was in the pattern of attrition (Art. #19).</td>
<td></td>
</tr>
<tr>
<td>The Black female clients returned to see the White counselors in the culture-specific treatment group more often than the counselors without the specialized training (Art. #19).</td>
<td></td>
</tr>
<tr>
<td>While therapist-client ethnic match might positively influence treatment outcomes for clients with major depression, it is important to note that client characteristics, such as age, socioeconomic status, level of functioning at onset of treatment, and gender also had effects that differ across ethnic groups (Art. #72).</td>
<td></td>
</tr>
<tr>
<td>Matching client and therapist ethnicity did not result significantly in more beneficial outcomes than non-matching pairs, as measured by the GAS scores (Art. #33).</td>
<td></td>
</tr>
<tr>
<td>Findings suggest that internalization attitudes might play a role in whether a patient terminates or remains in treatment in cross-racial dyads in an outpatient psychiatric clinic (Art. #77).</td>
<td></td>
</tr>
<tr>
<td>Within the framework of the helping relationship (with a White counselor) the client was able to develop a positive sense of racial identity and to find empowerment in a bicultural life structure. For the counselor, the relationship was also empowering (Art. #44).</td>
<td></td>
</tr>
<tr>
<td>It appeared that a match by either race or gender between African American males and their case managers led to better outcomes. Data indicated a trend towards African American female clients benefitting from being matched with their case managers by either gender or race but not both characteristics. It did not appear that Caucasian male clients benefitted from being matched by gender or race with their case management staff. The study showed that when clients were matched by both race and gender, less positive outcomes were found than when clients were matched by only race or gender (Art. #73).</td>
<td></td>
</tr>
</tbody>
</table>
Table 8—Continued

<table>
<thead>
<tr>
<th>Theme</th>
<th>Key expression</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The results indicated that Black clients were more likely to terminate counseling prematurely when seen by a White counselor than when seen by a Black counselor (Art. #57).</td>
<td></td>
</tr>
<tr>
<td>• Findings did not demonstrate that patient/therapist matching by gender and ethnic background improved retention and follow-up functioning of cocaine-dependent patients (Art. #74).</td>
<td></td>
</tr>
<tr>
<td>• Results confirmed that race may not be the single most critical factor affecting the counseling process and outcome. Black and White observers rated the Black therapist slightly higher than the White therapist on perceived client satisfaction and perceived therapist competence (Art. #78).</td>
<td></td>
</tr>
<tr>
<td>• Ethnically matched pairs were more often diagnosed with less severe disorders, and the non-matched pairs were more often diagnosed with more severe disorders. Hispanic clinicians diagnosed Hispanic clients more often with low-degree disorders, Hispanic and White clinicians more often diagnosed Black clients with severe disorders, and White clinicians more often diagnosed Hispanic clients with low-degree disorders. White clinicians diagnosed White clients more often with moderate and severe disorders, and there was no difference in diagnosis for Black clinicians (Art. #83).</td>
<td></td>
</tr>
<tr>
<td>African Americans and Caucasian Americans</td>
<td></td>
</tr>
<tr>
<td>• The results of the current study also suggest that session content did not differentially influence participants' perceptions of the two dyads, clients and counselors of the same racial identity (Art. #85).</td>
<td></td>
</tr>
<tr>
<td>• Clearly, the client-therapist ethnic match appears to be associated with positive clinical-outcome evaluations for Asian American and Latino American clients, with fewer total visits; much less clear outcomes were seen for African American and Caucasian American clients, with more total visits (Art. #34).</td>
<td></td>
</tr>
<tr>
<td>• It appeared that a match by either race or gender between African American males and their case managers led to better outcomes. Data indicated a trend towards African American female clients benefitting from being matched with their case manager by either gender or race but not both characteristics. It did not appear that Caucasian male clients benefitted from being matched by gender or race with their case management staff. The study showed that when clients were matched by both race and gender, less positive outcomes were found than when they were matched by only race or gender (Art. #73).</td>
<td></td>
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<tr>
<td>Theme</td>
<td>Key expression</td>
</tr>
<tr>
<td>-------</td>
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</tr>
<tr>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Caucasian Americans</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The results indicate that Black clients are more likely to terminate counseling prematurely when seen by a White counselor than when seen by a Black counselor (Art. #57).</td>
</tr>
<tr>
<td>• Black clients with a level of mistrust, who were seen by a White counselor, had a higher rate of premature termination from counseling than did Black clients with a level of mistrust, who were seen by a Black counselor. Despite being assigned to a Black counselor, clients with a level of mistrust discontinued treatment due to suspiciousness regarding the counseling setting (Art. #57).</td>
</tr>
<tr>
<td>• On the Global Assessment Scale, Mexican Americans, Caucasian Americans, and Asian Americans exhibited greater improvement than African Americans (Art. #18).</td>
</tr>
<tr>
<td>• Black and White patients benefitted about equally from treatment. However, race differences did emerge in the assessments by Black and White therapists, regardless of the race of the patient (Art. #55).</td>
</tr>
<tr>
<td>• Black clients paired with White counselors did not experience poorer intermediate outcomes than White clients, in terms of dropout or satisfaction (Art. #42).</td>
</tr>
<tr>
<td>• The major difference noted between Black and White counselors was in the pattern of attrition (Art. #19).</td>
</tr>
</tbody>
</table>
Table 8—Continued

<table>
<thead>
<tr>
<th>Key Expressions for Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Theme</strong></td>
</tr>
<tr>
<td>- Clearly, client-therapist ethnic match appeared to be associated with positive clinical outcome evaluations for Asian American and Latino American clients, with fewer total visits and much less clear outcomes for African American and Caucasian American clients who had more total visits (Art. #34).</td>
</tr>
<tr>
<td>- Findings suggested that ethnic match was also important for retaining Caucasian American clients. Caucasian American and Asian American clients averaged more total visits than did other ethnicity group (Art. #34).</td>
</tr>
</tbody>
</table>

**Gender**

- Asian Americans and Mexican Americans were found to severely underutilize services, whereas African Americans overutilized services in comparison with their local populations. The results suggested that many African Americans used the system but tended to exhibit relatively little positive change, terminated quickly, and averaged fewer sessions than other groups. Gender match was associated with lower dropout rates for Asian Americans and Caucasian Americans, and gender match was associated with more sessions for Mexican Americans and Caucasian Americans (Art. #18).
- It appeared that a match by either race or gender between African American males and their case managers led to better outcomes. Data indicated a trend towards African American female clients benefitting from being matched with their case managers by either gender or race, but not both characteristics. It did not appear that Caucasian male clients benefitted from being matched by gender or race with their case management staff. The study showed that when clients were matched by both race and gender, less positive outcomes were found than when they were matched by only race or gender (Art. #73).
- Intake and in-treatment matching by gender and race did not facilitate the development of a therapeutic alliance (Art. #90).
- Results confirmed that race might not be the single most critical factor affecting the counseling process and outcome. Black and White observers rated the Black therapist slightly higher than the White therapist on perceived client satisfaction and perceived therapist competence (Art. #78).
- Ethnicity was too broad a category to explore its impact in psychotherapy, without including within-group variables which might have had a greater impact on the therapeutic process (Art. #77).
- Gender and race matching did not influence dropout rates (Art. #74).
Table 8—Continued

**Key Expressions for Outcomes**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Key expression</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Race was a minimal influence on the counseling process (Art. #19).</td>
</tr>
<tr>
<td></td>
<td>• Findings did not demonstrate that patient/therapist matching on gender and ethnic background improved retention and follow-up functioning of cocaine-dependent patients (Art. #74).</td>
</tr>
<tr>
<td></td>
<td>• While therapist/client ethnic match might positively influence treatment outcomes for clients with major depression, it is important to note that client characteristics, such as age, socioeconomic status, level of functioning at onset of treatment, and gender also had effects that differ across ethnic groups (Art. #72).</td>
</tr>
<tr>
<td></td>
<td>Specialized training</td>
</tr>
<tr>
<td></td>
<td>• The Black female clients returned to see the White counselors in the culture-specific treatment group more often than the counselors without the specialized training (Art. #19).</td>
</tr>
<tr>
<td></td>
<td>• The results indicated that ethnic clients involved in ethnicity-specific programs returned more often and stayed for more sessions than those involved in mainstream programs (Art. #67).</td>
</tr>
<tr>
<td></td>
<td>• The counselors assigned to the culture-specific counseling condition, influenced the Black female clients' attitudes to a greater extent than the counselors assigned to the control group. Culture-sensitivity training contributed to the higher satisfaction ratings by Black female clients. The clients did not rate Black counselors and White counselors in the control and treatment group differently on satisfaction with counseling, which indicates that racial factors were not associated with client satisfaction. With specialized training, both Black and White counselors received a significantly higher rating on the facilitative conditions offered than did the Black and White counselors without the culture-sensitivity training. Matching or mismatching the client's precounseling preference for the counselor's race did not influence the client's rating of the counselor and the counseling process (Art. #19).</td>
</tr>
</tbody>
</table>

Lastly, I determined key expressions from 11 different studies addressed the theme client characteristics. Table 9 illustrates how I grouped these expressions for the synthesis process.
Table 9

*Key Expressions for Client Characteristics*

<table>
<thead>
<tr>
<th>Theme</th>
<th>Key expression</th>
</tr>
</thead>
</table>
| Pre-entry | • African American client families as well as other minority clients were not informed about the therapy process and the goals of therapy. African Americans were generally ambivalent about involvement in family therapy, might not have their basic needs met, and rarely saw *talk* as a solution to their problems. African Americans tended to come into treatment later, when symptoms were exacerbated. These families might come in during a crisis and might not return until the next crisis occurred. Frequently, these families had more restrictions, were more likely to have hourly wage jobs, and were more likely referred by a third party than self-referred (Art. #6).  
• White and Black clients alike tended to expect their counselor to be White. Black clients did not prefer a White counselor, although they generally expected a White counselor (Art. #42).  
• African Americans preferred similar counselor and preferred competent counselor (Art. #7).  
• Blacks preferred Blacks (Art. #16).  
• Blacks did not prefer a White counselor but expected one (Art. #42).  
• African Americans, both those in the general population and those diagnosed with depression, displayed more positive attitudes than did Whites toward seeking care, yet used fewer services (Art. #58).  
• White clients had a greater chance of being assigned to therapists of like ethnicity than did clients in any of the ethnic minority groups. Mexican Americans, rather than African Americans, were the most likely group to terminate treatment prematurely (Art. 72). |
| Use     | • The 30 Caucasian families attended more sessions than the 30 African American families (Art. #6).  
• African Americans, both those in the general population and those diagnosed with depression, displayed more positive attitudes than did Whites toward seeking care, yet used fewer services (Art. #58).  
• African Americans had the least number of total sessions, and Asian Americans had the most total sessions (Art. #33). |
Table 9—Continued

**Key Expressions for Client Characteristics**

<table>
<thead>
<tr>
<th>Theme</th>
<th>Key expression</th>
</tr>
</thead>
</table>
| Improvement | • While all ethnic groups were likely to improve with treatment, Whites from a higher socioeconomic status were the group most likely to improve (Art. #33).  
• Whites had greater reduction in psychotic symptoms in 12 months than did African Americans (Art. #17).  
• Whether or not the therapist was White or Black, therapy with White clients was viewed as having greater overall success (Art. #55). |
| GAF | • Overall, (unadjusted) results revealed lower GAF-intake scores for African Americans as opposed to clients of other ethnicities. The GAF-termination scores were highest for Asian Americans and Latino Americans and lowest for Caucasian Americans and African Americans on GAF-difference scores (Art. #34).  
• On the Global Assessment Scale, Mexican Americans, Caucasian Americans, and Asian Americans exhibited greater improvement than African Americans (Art. #18).  
• Mexican Americans were the most likely, and African Americans the least likely, to benefit from treatment as measured by the GAS termination scores (Art. #72).  
• On the Global Assessment Scale, women did better than men (Art. #18). |

This process of grouping and applying meaning to the groups, revealed slightly different themes for the three broad themes permeating the studies identified in Phase 5.

Thus, I gave experiences with clinicians, outcomes, and client characteristics the more specific thematic labels of *reactions to clinicians, clinician-client match,* and *understanding client characteristics,* respectively (Figure 1). For example, for identifying and subsuming themes in Article 6 (Figure 1) I initially identified three themes: goal attainment (A5), session attendance (A8), and therapist preferences (A11). In the second
iteration of the identifying and subsuming themes process, goal attainment (A5) was changed to client characteristics (B1). Session attendance (A8) was changed to client characteristics (B1) and dropout rate (B3). Lastly, therapist preferences (A11) was changed to outcomes (B4). In the third and final iteration of the identifying and subsuming themes process, client characteristics (B1) continued as client characteristics (C1) which was retitled understanding client characteristics. Next, client characteristics (B1) and dropout rate (B3) were changed to client characteristics (C1), which was retitled understanding client characteristics. Finally, outcomes (B4) was changed to outcomes (C3) which was retitled clinician-client match.

Legend for Figure 1

<table>
<thead>
<tr>
<th>Level A</th>
<th>Level B</th>
<th>Level C</th>
</tr>
</thead>
<tbody>
<tr>
<td>Initial 11 themes</td>
<td>Subsuming from 11 themes to 4 themes</td>
<td>Subsuming from 4 to 3 themes; renaming themes to final 3 categories</td>
</tr>
<tr>
<td>A1=baseline assessment</td>
<td>B1=client characteristics</td>
<td>C1=from client characteristics to understanding client characteristics</td>
</tr>
<tr>
<td>A2=counselor perception</td>
<td>B2=clinician preference and process</td>
<td>C2=from experiences with clinicians to reactions to clinicians</td>
</tr>
<tr>
<td>A3=culture commitment</td>
<td>B3=dropout rate</td>
<td>C3=from outcomes to clinician-client match</td>
</tr>
<tr>
<td>A4=dropout status predictor</td>
<td>B4=outcomes</td>
<td>B5=deemed not relative</td>
</tr>
<tr>
<td>A5=goal attainment</td>
<td>A6=outcomes</td>
<td>A7=service use</td>
</tr>
<tr>
<td>A8=session attendance</td>
<td>A9=therapist expectations</td>
<td>A10=therapist match</td>
</tr>
<tr>
<td>A11=therapist preferences</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Figure 1. Identifying and subsuming themes
Identifying and subsuming themes
Phase 7: Expressing the Synthesis

In the final phase, I created a new interpretation that accounted for and built upon the 27 studies and expressed the new interpretation in written report form. This process required maintaining and going beyond the meaning applied in the original research. I presented the three emergent themes relevant to racial and ethnic matching for African American and Caucasian American clients and clinicians, along with the conclusions I drew. I included selected quotes to illustrate each theme.

Theme 1: Understanding Client Characteristics

Several characteristics are ascribed to African American and Caucasian American clients. These characteristics help provide understanding for how these groups utilize services. The literature suggests that African Americans are often unaware of what to expect when seeking or receiving services. They are generally “uninformed about the therapy process and the goals of therapy..., and rarely see ‘talk’ as a solution to their problems” (Reams, 1999, p.70). Although not preferred, African Americans generally expected to have a Caucasian American therapist (Tien & Johnson, 1985; Procter & Rosen, 1981; Ponterotto, 1986). Also, in comparison to Caucasian Americans, African Americans had fewer therapy sessions with the clinician (Reams, 1999; Geiger, 1994) and used fewer services (Chamberlain et al., 2000). Further, when compared to other ethnic groups receiving therapy, African Americans had lower Global Assessment Scale functioning intake and termination scores (Gamst, 2000). Yet, from the treatment
received, African Americans improved similarly to other ethnic groups, which is
the finding from Geiger (1994), based on regression analysis results of dropping
out from treatment, number of sessions attended, and treatment outcomes.

In contrast, Caucasian Americans generally expected to have a therapist of
their same ethnicity (Proctor, 1981, p.44). Caucasian Americans used more
services, displayed more negative attitudes “toward seeking services”
(Chamberlain et al., 2000), and attended more therapy sessions (Reams, 1999)
than African Americans. Caucasian Americans were also more likely than African
Americans to be paired with a therapist of the same ethnic background
(Kirkpatrick, 1993). Socioeconomic level also influenced the level of
improvement for Caucasian Americans, with those from a high socioeconomic
level seen as more likely to improve than those from lower levels (Geiger, 1994).
Along with African Americans, Caucasian Americans presented lower Global
Assessment functioning termination scores than Mexican Americans, Latino
Americans, and Asian Americans (Gamst, 2000; Kirkpatrick, 1993). However,
Caucasian Americans improved more than African Americans, as shown in
results of client-clinician matches on nine variables for Chinman et al. (2000)—
quality of life, days homeless, alcohol problems, psychological problems, drug
problems, depression, days worked, social support, and psychosis symptoms—
and three variables for Sue et al. (1991)—length of treatment, services received,
and outcomes.
Theme 2: Clinician-Client Matching

Overall, the literature, in most cases, suggested little clear and consistent benefit from ethnic matching of clients and clinicians (Reams, 1999; Procter & Rosen, 1981; Chinman et al., 2000; Wade, 1988; Geiger, 1994; Gamst, 2000; Maddux & Desmond, 1996; Jones, 1982; Sterling, Gottheil; Weinstein, & Serota, 2001; Schaumann, 1998; Simmons, 1989; Hernandez, 1999; Sterling, Gottheil, Weinstein, & Serota, 1998). In contrast, according to Pierce (1999), client-clinician ethnic match was associated with more positive outcomes for African Americans. However, across all studies, the matching did not consistently demonstrate improved outcomes, attrition, Global Assessment Scale scores, therapeutic alliance, or follow-up functioning. Yet and still, differences from ethnic matching were found in the length of treatment (Sue et al., 1991) where clients stayed in treatment longer (Wade, 1988; Terrell & Terrell, 1984; Gamst, 2000) and were "more often diagnosed with less severe disorders" (Hernandez, 1999, p. 308) when paired with a clinician of the same race. Additionally, in cross-race dyads, the racial identity attitude of the client and level of mistrust of the Caucasian American counselor played a role in whether the client terminated or remained in treatment (Terrell & Terrell, 1984; Schaumann, 1998). For example, an African American client with a high encounter attitude would have more negative emotional reactions to an assigned Caucasian American clinician than an African American client with an internalization attitude (Richardson and Helms, 1994). Also, the level of mistrust held by African American clients with Caucasian American clinicians would make African Americans more likely to
terminate than when the African American clients with a level of mistrust were paired with African American clinicians (Terrell & Terrell, 1984). Notably, when African Americans were paired with Caucasian American clinicians, African Americans were still able to develop a positive racial identity (Cooper & Lesser, 1997). It was also important to note that race was not the only influential factor considered when seeking to understand the outcomes of the therapeutic process (Simmons, 1989; Pierce, 1999; Wade, 1988). Other characteristics having an influence included “age, socioeconomic status, level of functioning at onset of treatment, and gender” (Kirkpatrick, 1993). According to Pierce (1999), when African Americans were matched by either race or gender with their case manager, but not matched by both race and gender, there were more positive outcomes. Similarly, Sterling et al. (1998) found that matching clinicians and clients by both race and gender did not guarantee the development of a therapeutic alliance. Also, matching both of these factors did not lead to clients continuing in counseling longer than usual, lessening the rate of dropping out, or improving postcounseling functioning.

Lastly, there was indication in client-clinician matching that culture-specific training received by both Caucasian American and African American clinicians positively influenced the therapeutic process whether racially/ethnically matched or not. African American females more often returned for counseling and were more satisfied when working with counselors, of any background, that had received the training (Wade, 1988; Takeuchi, Sue, & Yeh, 1995).
Theme 3: Reactions to Clinicians

From the literature, I identified four focus areas relative to reactions to clinicians. Firstly, the literature suggested that the client's stage of racial identity could affect the reaction to the clinician (Simmons, 1989; Watson, 1993), as in this example:

Results of the study suggest that emotional reactions to the counselor, but not cognitive reactions, were predicted by racial identity attitudes. Participants in the current study may have responded to the counselors in a negative manner when encounter attitudes were high because the counselor's manner of addressing race-related concerns did not properly focus on issues (e.g., the confusion) associated with the encounter stage.

(Richardson & Helms, 1994, p. 175-176)

Secondly, findings indicated that clinicians who received training in the dynamics of cross-racial counseling had a greater influence on ethnically different clients than those who did not: “...sensitizing counselors to the cultural dynamics of the client-counselor relationship influenced not only the clients’ perception of counselor expertness, but also the extent to which the clients trusted and were attracted to their counselors” (Wade, 1988, p. 179). Thirdly, there was evidence that avoidance of discussing race in cross-racial counseling situations could be detrimental to the counseling process.

What has been missed in this early stage of counseling is any discussion of the cross racial helping relationship. The worker appears color blind, a stance that enables her to avoid heated racial issues. As a white woman,
she feels inadequate dealing with issues of racial identity with an African-American woman, and thereby misses the opportunity for an honest discussion of racial differences. (Cooper & Lesser, 1997, p. 328)

Lastly, although clients might have had race preferences, when it came to their assigned clinicians, the literature indicated that those preferences did not affect how the client experienced the counselor. "Whether matched or mismatched, “the clients’ pre-counseling preference for the counselors’ race did not influence the clients’ ratings of the counselors and the counseling process” (Wade, 1998, p. 202).

**Conclusions**

Conclusions related to EME are provided in this chapter, due to the necessity of the comparative analysis presented in the next section. Conclusions related to the comparative analysis are presented in Chapter V.

The results of the extended meta-ethnographic synthesis of literature on racial and ethnic matching of African American and Caucasian American clients and clinicians provided helpful information for guiding clinicians in preparation for and execution of their work with same-race and cross-race populations. Both matches and mismatches require intentionality on the part of clinicians in order to best serve the clients. A cookie-cutter approach would likely be ineffective and inappropriate because of the unique needs and expectations African Americans and Caucasian Americans would bring to the therapeutic relationship; the relationship involves a complex web of expectations and experiences.
A profile of client characteristics provided a descriptive picture of the clients receiving mental health, substance abuse services, or counseling. These client characteristics were not exhaustive but did represent a general overview of the patterns I found by looking at the clients of African American and Caucasian American backgrounds. By understanding these characteristics and presenting them in a way that was informative, not evaluative, about the clients, clinicians could gain a better understanding of those they aim to serve, especially African Americans and Caucasian Americans. As stated by Reams (1999), “the evidence from these studies [seven other existing studies] suggests that the needs of African American families may be different than those of Caucasian families” (Reams, p. 4). In general, African American and Caucasian American clients brought different characteristics to the therapeutic relationship. An awareness of the similarities and distinctions could prove helpful in understanding how these groups utilized services and how to tailor services to these groups; awareness could prove helpful as well, for having realistic expectations of the outcomes from the provision of services.

The research varied as to the purported benefits from matching. Yet it was clear that matching, or the lack thereof, could potentially affect the attendance, outcomes, diagnosis, satisfaction, and alliance to be developed between the client and the clinician. At the same time, race should not be viewed as the sole discriminating factor in client-clinician matches but as one of several possible factors, e.g., gender, therapeutic alliance, and outcomes.
The matching of clients with clinicians reflected on an aspect of mutual impact on the therapeutic process. Equipping clinicians to identify the client’s stage of racial identity, to understand and appropriately respond to cross-cultural dynamics, to know that cross-race dyads can be successful although clients actually prefer someone of the same race, and to discuss the role of race in cross-race dyads could be a significant benefit as healthy same-race and cross-race, client-clinician relationships are established and maintained.

Comparative Analysis Based on Four Micro-Purposes

When mapping the specific results, the comparison between the EME and PMA yielded several areas for consideration. The text may appear to be redundant, as related to Chapter 3; however, in the context of understanding the comparisons, some information from Chapter 3 was included again here. Appendix D delineates both research processes as described in the following literature review micro-purpose framework, which represents overlapping (not discrete) purposes.

Micro-Purpose 1: Discovering Knowledge

The purposes for both the EME and PMA were similarly aimed at discovering knowledge but in different ways. Although not clearly stated in the purpose statement for the EME, ultimately, use of both methods led to exploration and evaluation. There were differences as it related to a) the process for identifying studies, b) the final number of studies used to explore the area of interest, and c) the process for identifying new or expanded knowledge. When
selecting the sample used in the analysis, the inclusion criteria for the PMA was adopted early in the process. The initial step involved identifying studies which addressed the topic of interest; this lessened the number of prospective studies from 35,193 to 139. Next, only studies providing information on the outcomes of interest, e.g., total number of sessions attended, were included; this eliminated another 103 studies leaving a pool of 36, representing only 25% of the possible studies for inclusion. In other words, 75% of the studies were eliminated in this step. From the remaining 25% of the studies under consideration, the criteria of including a) data necessary for computing effect sizes, b) a "sufficient count of clients who were matched with clinicians of the same race-ethnicity" (Shin et al., 2005, p.47), and c) studies with discrete data sets were applied. This final step resulted in the 10 studies that formed the sample representing 7% of the original population of 139 studies.

By contrast, my inclusion criteria for the EME were emergent, resulting in eliminating articles at different stages of the seven-phase study. Assuming the same studies which Shin et al. (2005) determined to address the topic of interest, my attempts to reconstruct the inventory of 139 studies yielded 91 studies that formed the initial population for the EME. From the start, this pool represented 35% fewer studies than those considered by Shin et al. (2005). The next iteration of the inclusion criteria involved identifying the primary studies, which eliminated another 25 (27%) of the possible studies. Then, I removed studies that did not address the topic of interest (n=25 or 27%), and I followed that by removing studies that did not include interpretive findings or interpretive
discussion on African Americans and other factors of interest, e.g., psychosocial functioning, (n=11 or 12%). Next, I excluded studies without discrete samples (n=3 or 3%). The remaining 27 studies represented 29% of the population of 91 studies I was able to reconstruct and 19% of the original population of 139 studies, and I used these 27 for the data coding.

Overall, for the final number of studies forming the sample, I included a total of 17 more studies in the EME (N=27) than the number included in the PMA (N=10). In other words, with the EME, I drew more of the interpretive data from both qualitative and quantitative primary studies than that of the PMA, which informed my understanding of racial and ethnic matching of African American and Caucasian American clients and clinicians. All of the same 10 studies used in the PMA met the inclusion criteria for the EME and were included in the EME.

When integrating the discovered knowledge back into the broader domain of interest, the meta-analysts sought to explain their finding of "no overall effects of racial-ethnic matching for African American and Caucasian American clients when we used a random effects meta-analytic model" (Shin et al., 2005, p. 52). The meta-analysts acknowledged their mixed findings and highlighted the shortcomings of their research process, e.g., "our focus on African Americans and Caucasian Americans minimized the importance of language match" (Shin et al., 2005, p. 52). The meta-analysts also identified specific characteristics discovered about African American clients in comparison to Caucasian Americans, which concurred with existing literature on this topic. Correspondingly, the integrated
discovery primarily focused on improving the research process including data collection and reporting.

As part of the EME, the knowledge integrated back into the broader domain of racial-ethnic matching, I formulated as guidance for clinicians working with the targeted populations. The discovery a) identified characteristics and patterns found when working with African Americans and Caucasian Americans, b) acknowledged the varied nature of the existing research on the benefits from racial-ethnic matching along with the potential areas affected by matching, c) identified the need to focus on more than race as an influential factor in client-clinician matching, and d) called for professional development in the area of cross-race, client-clinician dynamics. Hence, the integrated discovery primarily focused on improving the practice of clinicians.

Micro-Purpose 2: Interpreting Knowledge

The interpretation of knowledge included a) transformation of data, b) analytically looking within and between studies, and c) identification of thematic findings. Interpretation began with the meta-analysts developing the coding form for the PMA and with my identification of the 11 themes for the EME. The meta-analysts and I used separate coding forms for delineating the eventual themes, which for both review methods was developed in stages. This step required expanding or reducing data in the analyses. For the EME, identifying the themes was not a step-by-step process. Instead, it required my negotiating between similar explanations that produced different and similar perspectives about the phenomenon of interest. Identifying the themes in the EME also required going
back and forth between studies to continually verify the emerging concepts. For the PMA, ensuring the reliability of the coding form was key and required testing and retesting its use.

Similarly, when conducting both the EME and the PMA, we, the meta-analysts and I, sought to look within and between studies in order to understand the individual studies in relation to each other and to understand the collective contribution to understanding the phenomenon of interest. For the EME, my goal was to uphold the individual identity along with the new identity formed through the aggregation of the 27 studies. In contrast, for the PMA, the meta-analysts made no efforts were made to retain the identity of individual studies. With both research approaches, specific details on how the clients were matched with clinicians were not provided. Thus, this information was unclear within individual studies and across studies. For several steps of the PMA data coding and analyses processes, only integration occurred. By contrast, in the EME my data coding and analysis processes represented the simultaneous occurrence of integration and interpretation.

Lastly, the conduct of each method resulted in the identification of three thematic findings and in the production of a broader perspective than that presented by each individual study. With the PMA, the three resonating themes were the outcome variables of interest that guided the analysis from its start, so the themes came as no surprise. By contrast, with the EME, the three prominent themes emerged throughout my analysis. With the EME, I began by identifying 11 themes which, in some cases, were subsumed into one another, resulting in
four themes, three themes, and then the three final themes. Although I assigned different titles to the various themes generated through the use of each method, there was some overlap and some clear distinctions in the text as I, as the researcher, interpreted the findings. Similarly, results of both the EME and PMA presented no proven benefits to ethnic-racial matching of African American and Caucasian American clients with clinicians, including the length of time spent in treatment instead of dropping out, the number of sessions of treatment, and more positive posttreatment functioning assessment. However, only the EME identified therapeutic alliance for which no consistent benefit from matching was found. Further, only the EME identified client characteristics and reactions to clinicians as two themes (outcomes) which emerged from the data synthesis. See Table 10 for a summary of the findings from the conduct of both methods.

Table 10

<table>
<thead>
<tr>
<th>Understanding client characteristics:</th>
<th>Retention in treatment:</th>
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<tbody>
<tr>
<td>Several characteristics were ascribed to African American and Caucasian American clients. These characteristics helped provide understanding for how these groups utilized services.</td>
<td>When combined, the association of retention for African American clients who were not matched by race/ethnicity with their clinicians, did not prove statistically significant (for this effect size, $Q=37.25$, $p=.00$). When combined, the random effects model indicated a nonstatistically significant effect toward reducing attrition for those (Caucasian Americans) who were matched.</td>
</tr>
<tr>
<td>Clinician-client matching:</td>
<td>Tenure treatment:</td>
</tr>
<tr>
<td>Overall, the literature in most cases suggested little clear and consistent benefit from client-clinician ethnic matching. In</td>
<td>When combined, the conservative random effects model indicated that not being matched, for African Americans, has a</td>
</tr>
</tbody>
</table>
### Table 10—Continued

<table>
<thead>
<tr>
<th>Summary of Extended Meta-Ethnography and Published Meta-Analysis Findings</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Extended meta-ethnography</strong> (N=27)</td>
</tr>
<tr>
<td>contrast, according to Pierce (1999), client-clinician ethnic match was associated with more positive outcomes for African Americans. However, across all studies, the matching did not consistently demonstrate improved outcomes, attrition Global Assessment Scale scores, therapeutic alliance, or follow-up functioning.</td>
</tr>
</tbody>
</table>

#### Reactions to clinicians:
The literature documented four elements affecting clients' reactions to clinicians: 
a) stages of racial identity could affect the reaction to the clinician, 
b) clinicians that received training in the dynamics of cross-racial counseling had a greater influence on ethnically different clients than those clinicians who did not receive training, 
c) evidence that avoidance of discussing race in cross-racial counseling situations could be detrimental to the counseling process, 
d) although clients might have had race preferences, when it came to their assigned clinicians, the literature indicated that those preferences did not affect how the client experienced the clinician.

#### Post-treatment functioning status:
The random effects model favored not matching (for this effect size, $Q=190.448; p=.00$). This finding was not statistically significant. When combined, the studies presented no conclusive evidence that clinicians who were matched by race/ethnicity gave a more positive posttreatment functioning assessment than those who were not matched ($p=.377$).

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**Micro-Purpose 3: Integrating Knowledge**

The integration of existing knowledge for the purpose of discovering new knowledge and the integration of newly discovered knowledge within the broader domain of interest involved a) providing descriptive information about the studies of interest, b) coding the data the meta-analysts and I drew from studies in our respective samples, and c) contributing the interpretation of the discovered knowledge to the broader arena of racial and ethnic matching of African American and Caucasian American clients and clinicians. When combining
studies, the meta-analysts only provided general demographic information for the final 10 studies used in the analysis and not for any of the remaining 129 studies in the original population of 139. Similarly, demographic information was not provided for all of the 91 studies considered for the EME; however, I gave some demographic information, i.e., sample composition, when I used it as a criterion for excluding studies (Table 2). Additionally, I provided full citations for all 91 studies that were initially under consideration for the EME; whereas this information was only provided for the actual 10 studies included in the PMA.

For coding in the PMA, the meta-analysts considered their instrument to be reliable and to have the ability to determine the accuracy of the results of each of the 10 studies. This instrument focused on coding the characteristics and the empirical findings of each study (Shin et al., 2005, p. 48). The form for applying the coding evolved in stages, and the meta-analysts tested and corrected the form along the way to ensure inter-coder reliability. The meta-analysts acknowledged the inconsistency of the provision of details about each study’s procedures. When combining the knowledge gleaned from the studies, the researchers used the random effects model to look within and between each study. In doing so, the 10 studies were considered a sample “from the universe of all similar studies concerning African Americans and Caucasian Americans” (Shin et al., 2005, p. 48). Additionally, the assumption was that any “random variation should be included in estimating the main effects of this ethnic matching,” and “any heterogeneity among effect size distributions of outcome variables” was corrected (p. 48). The final product of combining the studies was the effect size, which was
calculated statistically, based on standardized mean differences for attrition, overall tenure of treatment, and level of functioning. Although the primary focus was on African American clients, with same race clinicians, the meta-analysts also reported on data collected on Caucasian Americans.

In the EME, I was the primary instrument for combining data. By reading individual studies and identifying emergent themes across studies, I developed the coding system in stages with the final set of themes emerging as late as Phase 5 of the seven-phase process. To record data, I used an Excel grid filled with narrative text. This instrument allowed me to use key expressions for making comparisons and determining how studies related to one another. I determined the studies to be similar, so I used reciprocal translation as the specific form of meta-ethnography used. Throughout the translation process, I sought to subsume themes into one another ultimately reducing the initial 11 themes to the final 3 themes identified. The grouping of complementary and conflicting interpretive text allowed me to understand the individual studies and to understand the learning gained across studies. The final product representing the combining of the 27 studies was my written report.

The explanation for how the meta-analysts and I integrated the discovered knowledge into the larger domain of racial/ethnic matching for African American and Caucasian American clients and clinicians is outlined in the section Micro-Purpose 1: Discovering Knowledge.
Micro-Purpose 4: Informing Future Practice

Although included in different sections of the study, results of both the EME and PMA included information helpful for informing future learning and practice, relative to racial-ethnic matching of clients and clinicians. Similarly, in both the discussion section of the PMA and in the conclusion section of the EME, the meta-analysts and I, respectively, embedded suggestions for future study given the findings. Future practice areas identified in the PMA overwhelmingly focused on future research processes highlighting the importance of a) exploring the affects of other factors—including linguistics, acculturation, education, and gender—on the outcomes of racial-ethnic matching, b) increasing the amount of information gathered and shared about “the nature of service delivery and on clinician and client characteristics,” and c) conducting studies that yield helpful information that can lead to improving service delivery to underserved groups (Shin et al., 2005, pp. 52-54). Another implication the meta-analysts identified was the significance of mental health services seeking organizational cultural competency in counseling (Shin et al., 2005, p. 54). On the contrary, future practice areas I identified in the EME primarily focused on matters affecting counseling practices in mental health. To effectively fulfill their key roles a) clinicians should have an awareness of the unique needs and expectations presented by African American and Caucasian American clients in order to better understand service utilization patterns and outcomes, b) clinicians should be cognizant of other influential factors beyond race, e.g., gender, that may impact outcomes of client-clinician matching, and (c) clinicians should be competent in
their understanding of cross-race dynamics including the client’s stage of racial identity and the client’s racial preference (Appendix D).
CHAPTER V
CONCLUSIONS, DISCUSSIONS, AND RECOMMENDATIONS

The intent of this chapter is to confer meaning upon the integration and analysis of the application and results of both the PMA and EME, in the context of racial and ethnic matching of African American and Caucasian American clients and clinicians. In this chapter, I present the conclusions I drew from the comparison of PMA and EME and discuss the analysis of the results presented in Chapter IV. I also make several recommendations for researchers and practitioners and build upon the foundation of the literature review knowledge presented in Chapter II.

I organized the study around one principal research question: When paradigmatically different literature review methods are applied to the same population of studies, what is the effect on the results and the foundational purpose of reviews? I focused analytical treatment of the data on developing and executing methods for managing data, making comparisons, and mapping the findings around the four micro-purposes of a literature review.

The primary explorations in my study were a) the conduct of the EME and b) the comparison of the EME to the PMA.

Conclusions

As an amended form of the traditional meta-ethnography (Noblit & Hare, 1988), I used the EME for conducting an interpretive analysis of the same population of studies as that used for conducting the PMA. The narrative text of
selected studies served as the data. The actual findings and conclusions of the EME are included in Chapter IV as part of the results used for making the comparison, also found in Chapter IV.

The comparative analysis of the EME and PMA yielded findings I organized around the four micro-purposes of a literature review.

_Micro-Purpose 1: Discovering Knowledge_

With discovery of knowledge as the primary purpose guiding the research processes, EME and PMA begin at the same starting point and proceed down the same exploratory path initially guided by the same data sources. Ultimately, the use of both methods aim at revealing the knowledge generated through the synthesis of primary studies. However, the PMA’s purpose, predefined outcomes of interest, and inclusion criteria create blockades that hold the PMA researchers to a prescribed path keeping other learning opportunities at bay. As a result, the knowledge generated by the PMA focuses on the outcomes of interest and also the research process, which is the second of the two overall aims of the PMA. Similarly, I, as the EME researcher, held to a specific path, but one with different blockades than the PMA and with more data sources guiding me along the way. The EME starts with 35% fewer studies (EME, N=91) in the initial pool than the PMA (N=139); the emergent process of the EME yields more studies that I considered useful than that of the PMA and allows for accessing and identifying reachable, relevant knowledge all along the exploratory path. As a result, the new knowledge I discovered through the EME represents a broader perspective than that gained through the PMA, and that knowledge focuses on improving the
practice of clinicians with no explicit reference to strengthening research processes. Markedly, although EME and PMA start along the same path, the contribution of each to the broader knowledge base was directed toward different target audiences: researchers for the PMA and clinicians for the EME. As stated by Noblit and Hare (1988), “a meta-ethnography based in translating studies into one another obviously does not yield the same type of product as do meta-analysis…” (p. 26). Yet and still, the complementary EME and PMA methods arrive at some of the same points. In sum, the prescribed blockades unique to each method affect the breadth of knowledge discovered and how this discovery is used for informing the broader domain of racial and ethnic matching of African American and Caucasian American clients and clinicians.

Micro-Purpose 2: Interpreting Knowledge

The identification and development of a coding form represents a key aspect of the interpretive process used by both methods. Although addressed differently, the meta-analysts and I, as the EME researcher, sought to ensure the quality of the coding form, which required negotiation and judgment calls on our part. Also, when interpreting knowledge, use of both methods required researchers to transform the data by either subsuming narrative data into one another (EME) or by reducing data to numbers (PMA). The meta-analysts and I relied on within-and-between study analyses to enhance the knowledge gained from each individual study and from the synthesis of the studies. However, in the conduct of the EME, I did not make clear the specific steps I took for upholding the individual identity of each study, which is considered a mark of distinction for
this particular method (Noblit & Hare, 1988). In the EME, when integrating interpretive data, an important goal is for the researcher to maintain the essence of each concept/theme, which allows for the preservation of each study’s concept/theme, while data is reduced. Notably, the interpretation and integration occur simultaneously for the EME; whereas these processes were distinct in the conduct of the PMA. Lastly, my use of the EME method yields results that are inclusive of those yielded by the PMA and presents new understanding exclusively generated by the EME. Ultimately, both EME and PMA have interpretive processes, but they arrive at those processes differently. One uses concepts, metaphors, and ideas, while the other uses p-value, magnitude, and calculable effect size.

Micro-Purpose 3: Integrating Knowledge

Integrating knowledge is a key component of both the EME and the PMA; however, there are clear differences in how the combining of knowledge is approached. With both methods, article-filtering is a fundamental requirement which takes into account the individual study and the aggregate of studies, but filtering is achieved differently. Similarly, the provision of descriptive information provided about studies considered for inclusion, the development of quality coding forms, the use of data reduction processes, and the final results are unique to each method, although there is some common ground. Lastly, the research processes of both methods are limited in defining includable data, in that the PMA solely focuses on integrating data suitable for calculating an effect size, while in the EME, my only interest is in interpretive data. In other words, both
methods include data within a set of rules. With the pre-determined purpose and outcomes of interest guiding these research processes, the knowledge integrated into the broader knowledge domain, targets researchers for the PMA and targets clinicians for the EME. As such, the resultant EME-integrated knowledge—which takes into account the interpretive discussion of the PMA—is inclusive of the same knowledge discovered by the EME. Moreover, the knowledge generated through the conduct of the EME reaches farther and takes the reviewer beyond that which is generated by the PMA.

**Micro-Purpose 4: Informing Future Practice**

Use of both review methods provides results that are helpful for building a body of evidence from systematic research on racial and ethnic matching; however, use of each method results in informing future practice differently. Although there is common ground, as far as the essence of knowledge and understanding presented by PMA and EME, neither method explicitly addresses the audience targeted by the other method. Instead, the PMA and EME information is directed at two different audiences along the same pathway.

**Summary**

The EME is an extension of meta-ethnographic interpretive procedures resulting in a rigorous synthesis of primary qualitative findings and primary quantitative discussion. Through the conduct of an EME and its comparison to a PMA, I explore the racial and ethnic matching of African American and Caucasian American clients and clinicians. The results of this investigation indicate that using EME led me to elucidate some of the same knowledge that
would be generated should I have preferred to use the PMA. However, in the end, my conduct of the EME ensures that the research process yields a wider breadth of understanding that is available, than the PMA yields. The set of rules dictating the EME process allows me to benefit from accessible data considered unusable for the purposes of the PMA, and that data is, therefore, overlooked by the PMA. In other words, the findings generated from use of EME or PMA, paradigmatically different methods, are method specific. The comparative results also demonstrate the influential role of the defined purpose of the study in shaping the findings yielded. Regardless of which method is used, EME or PMA, the purpose of the study which guides the research process affects what the researcher discovers and the meaning the researcher applies to this discovery and informs how the researcher integrates this understanding to the broader knowledge base. Lastly, the results indicate that EME and PMA share plenty of common ground. Both methods aim for quality in their processes and require judgment calls on the part of the researcher as coding forms are developed. Both methods require transforming and limiting data determined to be suitable for their processes, based on the desired eventual product, e.g., effect size or narrative text. Finally, both methods integrate and interpret knowledge, although carried out differently through their unique, yet similar, research processes.

Discussion

The purpose of this dissertation was to explore the following research question: When paradigmatically different literature review methods are applied
to the same population of studies, what is the effect on the results and the foundational purpose of reviews?

Effects of Using Paradigmatically Different Review on Results

Through the conduct of the EME, I extended the results initially discovered by the PMA to address areas that went undetected or overlooked by the PMA. Through the conduct of the EME and PMA, the knowledge discovered indicates no proven effect for the racial and ethnic matching of African American and Caucasian American clients and clinicians on the outcomes explored. Additionally, I discovered from the EME, the understanding of client service utilization patterns and factors affecting client reaction in racially similar and dissimilar clients. The breadth of the knowledge I uncovered is wider as represented by the EME; however, the knowledge generated through conduct of the PMA might have been adequate for meeting the meta-analysts' need at the time the study was conducted. An evaluation of whether the information discovered by the EME and PMA had more in common, than not, would be difficult, if not inappropriate. This form of assessment would require assigning value to the information yielded and determining that one sect of information is of greater or lesser significance than another. Overall, the racial and ethnic matching information discovered through the conduct of the EME and PMA provides overlap but does vary in some areas. Yet and still, all sects of information discovered through the EME and PMA should be viewed equally, as valuable outcomes of the review processes.
Understanding EME and PMA Review Processes

Although general intentions are the same, the results from this investigation reveal that the use of EME and PMA, paradigmatically different literature review methods, does affect the breadth of the findings and does affect how discovered knowledge is integrated into the broader knowledge base of racial and ethnic matching. As such, a reviewer should not launch a study without having contemplated the implications of the methodological choice. Further, when looking to conduct the actual synthesis—systematically identifying, organizing, integrating, and applying meaning to aggregated studies—a reviewer should reveal an awareness of the inevitable impact of the chosen method on the results. The fact that use of a particular method will have an impact on the findings of the review is highly important information for a reviewer and an eventual reader. This fact should be part of the “take home message” surmised by Sternberg (1991) because it represents a limitation of the literature review which is expected to provide comprehensive knowledge on a topic of interest. According to Glass (1970), “a body of literature can grow faster than a body of knowledge when it swells with false knowledge, inconclusive or contradictory findings, repetitive writing or simple dross” (p. III). What Glass did not include in this statement is the impact of incomplete findings on the growth of knowledge as a result of a reviewer’s methodological choice. As an unknown consequence, those looking to learn from and to apply the accumulated knowledge will have more or less of the knowledge that is available. Use of one review method alone, especially when methods are situated in different paradigms, may be prohibitive,
if a reviewer plans to describe the end product as a comprehensive representation of existing studies.

Similarly, Cooper and Rosenthal (1980) were concerned by the inconsistencies evident when employing review methods, however, the "consistent employment of review methods" is only one essential aspect of the needed development of review methods. Consistency must be accompanied by striving to more accurately represent review results which include, at a minimum, acknowledging the effect of the methodological choice. If methodological choice is not acknowledged, confidence in the literature review, which is a core method and/or outcome of most research studies, will be jeopardized. By including the limitation of methodological choice as part of the take home message, a reviewer more accurately represents and strengthens the presentation of the synthesis of existing studies. Thus, when building knowledge, a reviewer and a reader are more aware of the inevitable limitations and/or bias represented in the contribution intended by the review.

Further, EME shows promise as a review method that can lessen the fracture between methods underpinned by positivism and interpretivism, which are based on different paradigmatic assumptions. Clearly, a purely interpretivist approach has its limitations, and a purely positivist approach is incongruent with the interpretive philosophy. In other words, the traditional meta-ethnography is too narrow because it only looks at qualitative data. Similarly, meta-analysis is too narrow because it is rarely applied to non-quantitative studies. As demonstrated in this study, EME can be applied across qualitative and
quantitative studies. By extending its reach to the interpretive discussion of meta-
analysis—a positivist-based, quantitative approach—EME stands as a means for
counterbalancing the limitations inherent in positivist and interpretivist review
methods.

Foundational Purpose of Reviews

In the conduct of the EME and PMA, the macro-purpose of the literature
review is the same. The reviewers seek to learn more about racial and ethnic
matching of African American and Caucasian American client and clinicians by
surveying existing and accessible studies on this topic (Leedy & Ormrod, 2005).
However, the comparison of the conduct of EME and PMA, two review methods
situated in different paradigms, demonstrates that the four micro-purposes are
achieved in similar yet different ways. As presented by Flinspach (2001) in his
discussion of interpretive reviewers, both methods use multiple studies to
reinterpret the problem of interest. For the micro-purposes of discovering and
integrating knowledge, EME and PMA reviewers identify studies differently for
their samples, which result in a different number of studies ultimately used by
each method. With identifying studies, as one of the initial steps in a review
representing a dichotomy between the EME and PMA, it seems futile to think any
gap between EME and PMA would be closed at later stages in the review process.
More specifically, when selecting articles, the meta-analysts and I apply specific
inclusion criteria in an emergent (EME) and a priori (PMA) fashion, limiting the
data considered suitable for the study. It is possible that the unique article-filtering
practice of each method represents an irreparable chasm between meta-
ethnography and meta-analysis, which Roth and Mehta (2002) postulated as compatible.

Moreover, the PMA reviewers consider their research instrument to be reliable because it lessens the influence of human subjectivity on its processes and findings. However, for the purposes of conducting the EME, the meaning applied to the PMA findings is considered rich and suitable data, although this meaning clearly reflects human subjectivity and interpretation. Researchers continue to express concerns about the inappropriate use of qualitative and quantitative data as applied by review methods (Jones, 2004; Weed, 2005; and Dixon-Woods et al., 2004). This apprehension would likely apply to the use of the PMA interpretive discussion as suitable data, which in the current investigation led to the EME having 17 more studies in its sample than the PMA. This situation raises the concern of the appropriateness of using interpretive discussion generated from an integrative process underpinned in positivism. Similar to the cautions Weed (2005) gives for quantifying qualitative data, there must be consideration of the losses and, perhaps, misrepresentations of interpretive discussions drawn from quantitative findings. One of the concerns raised by Weed (2007) is the inconsistent paradigm underpinning of the review with the paradigms of the primary studies used in the conduct of the review.

The conduct of the PMA ensures the review process is consistent with the approach used in the primary studies because it only used quantitative studies that provided data suitable for calculating an effect size. Whereas with the EME, I used quantitative and qualitative primary studies in the conduct of the review. As
the interpretive reviewer, had I been required to rely solely on qualitative primary studies for the EME, I would have had few to no studies at my disposal. Thus, in this current investigation, in particular, and for the purpose of conducting reviews, in general, it appears advantageous to be able to draw on interpretive data across qualitative and quantitative studies that cannot be realized by solely focusing on qualitative studies. Also, based on the current investigation, it appears that PMA is more parsimonious than EME, and PMA can benefit from embracing EME, its interpretive counterpart. Yet and still, it remains unproven whether the gains outweigh the losses when extending the reach for interpretive data to the interpretive discussion of primary quantitative studies. Is the interpretation given to quantitative findings “interpretive enough?” Correspondingly, should a pure interpretive review require all findings to be generated through an interpretive analysis? If determined that researchers should adhere to Weed’s premise (2007) for consistency between the paradigms guiding the review and the paradigms used in the primary studies, then EME, which makes use of interpretive discussions of quantitative studies, will not be an option.

Similar to the Dixon-Woods et al. (2004) summation, both EME and PMA involve aggregating and interpreting data, although each method can be characterized as fulfilling these functions differently. Bauer (1992) indicates that meta-analysis is “the epitome of a review method which follows the scientific method” (p. 35). New or greater acknowledgement of the interpretive function of meta-analysis can also affect the understanding of the traditional scientific method, which gives little credence to the implicit role of interpretation, as
meaning is applied to research findings and to the broader domain of the topic of interest. Notably, the simultaneous integrating and interpreting, as represented in the EME processes, in contrast to the PMA where the interpretation and integration are distinct steps, should not stand as a barrier to embracing the complementary nature of these methods. Very simply stated, both EME and PMA involve interpretation and integration at the stages appropriate for each method.

Informing future practice is considered an elemental function of the literature review (APA, 2001; Boote & Beile, 2005) as researchers aim to explore, strengthen, and better understand the racial and ethnic matching of African American and Caucasian American clients and clinicians. Still, the essence of the knowledge generated through a review and how the reviewer informs knowledge are important considerations for those seeking to conduct and to learn from reviews. Overall, both EME and PMA yield helpful information that is limited in scope by the defined purpose of study. The meta-analysts directed researchers to the discovered knowledge of the PMA that was integrated back into the broader topic of racial and ethnic matching; whereas, I directed practitioners, specifically clinicians, to the discovered knowledge of the EME. Neither method addresses both audiences fully, which further supports the suggestion that both methods would be served well by viewing the other as complementary, not contradictory in nature.

The increase in the amount of available literature and the need for review methods to aid in the synthesis of this literature calls for an awareness of the fact that the selection of review methods can affect the results and their representation
which, in turn, affect how knowledge is translated and built. As recommended by Dixon-Woods et al. (2005), my study aids in the evaluation of review methods which will contribute to acceptance, utilization, and understanding of review methods as paradigm-shaped and paradigm-bound methods. Although based in different paradigms, EME and PMA should not be viewed as diametrically opposed but, instead, as complementary techniques for building theory and knowledge, finding solutions to problems, and informing future practice and policy. With the ongoing synthesis of quantitative research and increased synthesis of qualitative research (Dixon-Woods, Booth, Andrew & Sutton, A., 2007), researchers implementing PMA and EME reviews can learn and benefit from each other. The sole use of one method without acknowledging its limitations is another way that literature reviews are inadequately addressing the growing literature at our disposal and the growing literature needing synthesis. It is important to note that acceptance of the complementary nature of EME and meta-analysis can lead to an increase in published meta-ethnographies, therefore, enhancing the representation of interpretive reviews which are rare, in comparison to meta-analysis.

In sum, the knowledge I discovered in this dissertation helps me to understand qualitative and quantitative approaches at the review stage, gives me a greater understanding of the representations of interpretivist and positivist review method results, and informs me of the implications for future research and practice.
Limitations

Seven primary limitations are associated with this study. Firstly, the PMA could have had undocumented flaws. If so, this unknown about the quality of the PMA would not be unique because all reviews could have flaws. As a published document, there are two presumptions. The reader presumes the editorial process of the journal will identify a poorly conceived meta-analysis. For example, Shin et al. (2005) could have selected a more fitting statistical approach for finding answers to their questions of interest. The reader also presumes the reviewers apply the correct article-filtering process. For example, someone with more knowledge of quantitative statistics can include more quantitative articles in the PMA, instead of the 10 studies used by Shin et al. (2005).

The second limitation was my inability to reconstruct the complete inventory of 139 studies used by Shin et al. (2005) in the PMA. Since using 65% (n=91) of the possible studies for the conduct of the EME yields a wider breadth of knowledge than the conduct of the PMA, potentially, additional knowledge would have been generated through the remaining 48 studies included in the original population of 139.

A third limitation is my lack of consideration of the secondary—but equally important—focus of the PMA when replicating the PMA using the EME. The PMA’s secondary focus is “to perform an exploratory analysis to inform the field how one might conduct a meta-analysis as an evaluation tool and to use a robust technique (random effects) not yet used in a meta-analysis on ethnic matching” (Shin et al, 2005, p.47). This explicit focus of the PMA likely affects
the shape and direction taken when fulfilling the micro-purpose informing future practice. The PMA recommendations primarily focus on researchers, whereas the EME recommendations, in which I did not explicitly state the evaluation of EME as a purpose of the study, primarily focus on clinicians.

A fourth limitation of this current study is that I do not attempt to assign a value for the common and different themes yielded by the PMA and EME. Rather this study only determines if and where there are differences, based on the primary micro-purposes of a literature review.

A fifth limitation is my use of an amended form of meta-ethnography, whereas use of another interpretive approach could yield different results.

A sixth limitation is the fact that I, as the EME researcher, do not have a second person to read the studies and induce themes for the EME. For the data analysis, involving more than one reader would help to guard against bias I may bring to the analysis and help to assure the accuracy and quality.

Lastly, this study is limited by my presumption that the terms Black, Afro American and African American, and similarly, White and Caucasian American were synonymous when used in the primary studies.

Recommendations

Recommendations for Researchers

Based on the findings and conclusions of this study, I make the following recommendations for researchers:
1) As a basic development skill, researchers should be adequately trained in how to conduct literature reviews and how to present the impact of the methodological choice on review results.

2) Using EME and meta-analysis on any topic of interest, researchers should replicate this study to further explore the differences and similarities in results.

3) When conducting reviews and writing results, researchers should closely examine and clearly delineate the strengths and weaknesses of possible review methods, including the effect of the paradigm association of the method.

4) When writing reviews, researchers should be required to provide full citations for all studies in the population from which the sample is drawn.

5) In the conduct of the EME and the traditional meta-ethnography (Noblit & Hare, 1988), researchers should clearly delineate how the nature of individual studies was upheld in the synthesis process.

6) Similar to Bayesian meta-analysis, researchers should further explore EME as an interpretive review method which shows promise for closing the gap between meta-analysis and meta-ethnography and between qualitative and quantitative review approaches, in general.

7) Meta-analysts should acknowledge their use of interpretivist techniques as they apply meaning to findings. In doing so, it may become clearer and more acceptable that interpretation is inherent to both the meta-analysis and meta-ethnographic processes.
8) Meta-ethnographers should further explore the benefits of utilizing the interpretive data generated from the quantitative studies. As such, the existing gap between interpretivist and positivist review methods may lessen.

**Recommendations for Practitioners**

Based on the findings and conclusions of this study, I make the following recommendations for practitioners:

1) Be cognizant of the general characteristics of African American and Caucasian American clients' service use, which could lead to better servicing clients.

2) Avoid viewing race as the sole discriminating factor influencing dynamics in same-race and cross-race, client-clinician matches. Instead, view racial/ethnic matching as an option that has not been proven to guarantee better client outcomes.

3) Become knowledgeable of the impact of client racial identity attitudes and their affects on the level of trust felt by the client, especially in racially different client-clinician pairs.

4) Receive race-specific and culture-specific training for improving counseling skills in same-race/ethnicity and cross-race/ethnicity, client-clinician pairs, including training that leads to increased comfort level with discussing issues of race and culture.
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*Dissertation Abstracts.* (AAT 3200876)


*Dissertation Abstracts.* (AAT 9997160)


Appendix A

Population of 91 Studies
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Population of 91 Studies

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Appendix B

Primary Research Identification Tool
Primary Research Identification Tool

If Source was Primary and the study met the general inclusion criteria of interest, the Decision to Include in Meta-Ethnography was Yes.

*If Source was Primary and the Decision to Include in Meta-Ethnography was No, an explanation was given.

**If Source was Secondary, the Decision to Include in Meta-Ethnography was No because the study did not represent primary research.

ARTICLE NO: 1


*Source: Primary

Major Construct/Theory Investigated: Issues of power and control in mental health service provision

Research Approach & Methodological Orientation: Qualitative; focus groups

Ethnic Groups of Interest: African-Caribbean parents

Decision to Include in Meta-Ethnography: No, because does not focus on ethnic groups of interest

ARTICLE NO: 2


**Source: Secondary

Major Construct/Theory Investigated: Client worldview and acculturation in counseling assessments; conceptualizing salient foci for the assessment process

Research Approach & Methodological Orientation: Review of literature on worldview and acculturation and presentation of preferred references for more elaborate discussions; provision of pragmatic framework for conceptualizing salient foci for the assessment process; presentation of case summaries

Ethnic Groups of Interest: No matching of clients or clinicians

Other Characteristics: No research findings just recommendations for conducting multicultural assessments

Decision to Include in Meta-Ethnography: No, because not primary research
ARTICLE NO: 3


**Source:** Secondary

**Major Construct/Theory Investigated:** Seven categories of dependent variables examined by four earlier major reviews on cross-cultural counseling and psychotherapy research in the United States: (1) client use, (2) client preference, (3) counselor prejudice, (4) differential diagnosis, (5) differential process, (6) differential treatment, and (7) differential outcome

**Research Approach & Methodological Orientation:** Qualitative; a narrative review of archival studies; findings for the seven variables were contrasted across studies and discussed

**Ethnic Groups of Interest:** Qualitative; various ethnic minorities including Blacks with Blacks/Whites

**Other Characteristics:** Findings made based on information gathered from various ethnic minority groups, not just Blacks and Whites

**Decision to Include in Meta-Ethnography:** No, because not primary research

ARTICLE NO: 4


**Source:** Secondary

**Major Construct/Theory Investigated:** A new model for intellectual assessment and a model for psychotherapy for addressing the needs of diverse families--seeing the world through the lens of the client

**Research Approach & Methodological Orientation:** A book divided into four parts that 1) examines historical and contemporary perspectives, 2) explores intellectual assessment issues, 3) offers treatment interventions, and 4) offers training suggestions

**Ethnic Groups of Interest:** Not clearly stated

**Other Characteristics:** Not an actual study from which research findings were drawn

**Decision to Include in Meta-Ethnography:** No, because not primary research

ARTICLE NO: 5


**Source:** Primary

**Major Construct/Theory Investigated:** The ADDRESSING model for considering nine cultural influences that counselors need to be addressing in their work
Research Approach & Methodological Orientation: Description of the proposed model

Decision to Include in Meta-Ethnography: No, because not an actual study on the ethnic groups of interest

ARTICLE NO: 6


Source: Primary

Major Construct/Theory Investigated: Role of race of the therapist in family therapy with African American and Caucasian families on treatment outcomes; investigated number of sessions attended, number of sessions attended when seen by clinician of same race, attainment of treatment goals, age at onset of family therapy, and family income of clients

Research Approach & Methodological Orientation: Quantitative; explored six different hypotheses using a 2 x 2 research design; paired comparison technique; data collected from client records following discharge

Ethnic Groups of Interest: African Americans vs. Caucasian Americans

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 7


Source: Primary

Major Construct/Theory Investigated: Black subjects' preferences for salient similar and dissimilar counselor characteristics

Research Approach & Methodological Orientation: Quantitative; paired-comparison technique; surveyed subjects

Ethnic Groups of Interest: Afro-American males and females

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 8


*Source: Primary

Major Construct/Theory Investigated: Indian and White students' counselor preferences
Research Approach & Methodological Orientation: Quantitative; paired comparison methodology; questionnaire

Ethnic Groups of Interest: White and Indian males and females

Decision to Include in Meta-Ethnography: No, because not focused on the ethnic groups of interest

ARTICLE NO: 9

*Source: Primary

Major Construct/Theory Investigated: Client’s and student therapist’s perceptions of client satisfaction of a session in an outpatient setting

Research Approach & Methodological Orientation: Quantitative; using 100 sets of evaluations; correlations; multiple regression; anova; manova; t-tests

Ethnic Groups of Interest: Caucasian Americans, African-Americans, Hispanic/Latino Americans, Asian Americans, other

Decision to Include in Meta-Ethnography: No, because interpretive findings not specific to ethnic groups of interest

ARTICLE NO: 10

**Source: Secondary

Major Construct/Theory Investigated: Therapists’ subjective state in the process of cross-cultural clinical work

Research Approach & Methodological Orientation: Concept development and theory delineation that have guided the researcher’s work as a clinician

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 11

*Source: Primary

Major Construct/Theory Investigated: Ethnic and gender therapist-client match on mental health services
Research Approach & Methodological Orientation: Quantitative; regression analyses

Ethnic Groups of Interest: Asian-American women

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

ARTICLE NO: 12


Source: Primary

Major Construct/Theory Investigated: College students’ preferences for characteristics in psychologists

Research Approach & Methodological Orientation: Quantitative; three scales administered; 2 x 2 x 3 repeated measures analyses of variance

Ethnic Groups of Interest: Euro-American, Asian-American, and African-American

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 13


*Source: Primary

Major Construct/Theory Investigated: Effects of counselor ethnicity and cultural sensitivity and participant sex and acculturation on perceptions of counselor credibility and cultural competence

Research Approach & Methodological Orientation: Quantitative; 2 x 2 x 2 x 2 multivariate analysis of variance

Ethnic Groups of Interest: Asian-Americans with Asian-American or Caucasian-American counselors

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

ARTICLE NO: 14


*Source: Primary
Major Construct/Theory Investigated: Help-seeking behaviors of Asian-Americans

Research Approach & Methodological Orientation: Quantitative; one way analysis of variance; linear regression model

Ethnic Groups of Interest: Five different Asian groups compared

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

ARTICLE NO: 15


*Source: Primary

Major Construct/Theory Investigated: Effects of race and speech accent

Research Approach & Methodological Orientation: Quantitative; five different scales were administered; 2 x 3 between-groups experimental design

Ethnic Groups of Interest: Hispanic counselors with Asian Americans and African Americans

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

ARTICLE NO: 16


Source: Primary

Major Construct/Theory Investigated: Black client therapist preferences

Research Approach & Methodological Orientation: Quantitative and qualitative analyses; used Minority Mental Health Client’s Preference for Therapists Interview Schedule instrument developed by the principal investigator; interviews and repeated measures of anova

Ethnic Groups of Interest: Black clients with Black therapists; Black clients with non-Black therapists

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 17


Source: Primary
Major Construct/Theory Investigated: Relationship between client-case manager racial matching and both service use and clinical outcomes

Research Approach & Methodological Orientation: Quantitative; two-way analyses of variance

Ethnic Groups of Interest: African-American and White clients and case managers

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 18

Source: Primary

Major Construct/Theory Investigated: Services received, length of treatment, and outcomes

Research Approach & Methodological Orientation: Quantitative; logistic regressions

Ethnic Groups of Interest: Asian-American, African-American, Mexican-American, and White clients

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 19

Source: Primary

Major Construct/Theory Investigated: Effects of the counseling approach, counselors’ race, and matching or mismatching clients’ preferences for counselors

Research Approach & Methodological Orientation: Quantitative; 2 x 2 analysis of variance factorial design

Ethnic Groups of Interest: Black female clients with Black or White counselors

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 20

Source: Primary
Major Construct/Theory Investigated: Relationship between participant ethnicity, acculturation level, counselor model of helping, and ratings of counselor credibility

Research Approach & Methodological Orientation: Quantitative; 3-part questionnaire; t-test; 2 x 4 analysis of covariance; hierarchical multiple regression analyses

Ethnic Groups of Interest: Mexican Americans and European Americans

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

ARTICLE NO: 21


*Source: Primary

Major Construct/Theory Investigated: Ethnic similarities in relation to the therapeutic alliance and counseling outcomes

Research Approach & Methodological Orientation: Quantitative; three inventories; t-test; regression analysis

Decision to Include in Meta-Ethnography: No, because race of clients and clinicians not reported

ARTICLE NO: 22


**Source: Secondary

Major Construct/Theory Investigated: Delivery of services to ethnic minorities in the UK and its applicability to the UK

Research Approach & Methodological Orientation: Qualitative; a review of issues and implications of ethnic matching

Ethnic Groups of Interest: Britain, US, India

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 23


**Source: Secondary

Major Construct/Theory Investigated: Culture and how it is reflected in an individual’s health care
Research Approach & Methodological Orientation: Qualitative; a perspective paper/article

Ethnic Groups of Interest: None

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 24


**Source:** Secondary

Major Construct/Theory Investigated: Cultural issues in the treatment of ethnic minorities who have mental health problems.

Research Approach & Methodological Orientation: Qualitative; description of programs, examination of trends, discussion, summary

Ethnic Groups of Interest: None

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 25


**Source:** Secondary

Major Construct/Theory Investigated: Culturally competent treatment alliance

Research Approach & Methodological Orientation: Qualitative; overview, explanation, descriptions, and presentation of implications

Ethnic Groups of Interest: None

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 26


**Source:** Secondary

Major Construct/Theory Investigated: Culture and family therapy
**Research Approach & Methodological Orientation:** Qualitative; review; description

**Ethnic Groups of Interest:** Doesn’t address any particular group

**Decision to Include in Meta-Ethnography:** No, because not primary research

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**ARTICLE NO: 27**


**Source:** Primary

**Major Construct/Theory Investigated:** Effects of cultural sensitivity training for counselors and effects of counselors’ race on Black female clients

**Research Approach & Methodological Orientation:** Quantitative; t-test; three scales; 2 x 2 multivariate analyses of variance; 2 x 2 analysis of variance

**Ethnic Groups of Interest:** Black female clients with White counselors

**Decision to Include in Meta-Ethnography:** No, because used same data set as Article No. 19 which was conducted earlier than this study and therefore included in the meta-ethnography

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**ARTICLE NO: 28**


**Source:** Primary

**Major Construct/Theory Investigated:** Effects of therapist observer-client race pairing and client use of self-disclosure on observers’ descriptive and attitudinal ratings of clients

**Research Approach & Methodological Orientation:** Quantitative; experiment; scales; three-way analysis of variance

**Ethnic Groups of Interest:** White and Black male clients

**Decision to Include in Meta-Ethnography:** No, because interpretive discussion did not include outcomes of interest

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**ARTICLE NO: 29**


**Source:** Primary

**Major Construct/Theory Investigated:** Characteristics of patients associated with 1) hospital level of care, 2) respite program, and 3) discharge home
Research Approach & Methodological Orientation: Quantitative; chi-square tests, and discriminant analysis

Ethnic Groups of Interest: Black, White, Asian, Hispanic patients

Decision to Include in Meta-Ethnography: No, because interpretive discussion did not include outcomes of interest

ARTICLE NO: 30

*Source: Primary

Major Construct/Theory Investigated: Relationship of Asian client-therapist ethnicity, language and gender match on utilization

Research Approach & Methodological Orientation: Quantitative; multiple regression analyses

Ethnic Groups of Interest: Asian clients

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

ARTICLE NO: 31

*Source: Primary

Major Construct/Theory Investigated: Attitude toward acculturation of counselor

Research Approach & Methodological Orientation: Quantitative; survey; scales; repeated measures analysis of variance

Ethnic Groups of Interest: Mexican-American community college students

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

ARTICLE NO: 32

*Source: Primary
Major Construct/Theory Investigated: Relationships between ethnic matching, program involvement and emergency service use

Research Approach & Methodological Orientation: Quantitative; ordinary least squares regression

Ethnic Groups of Interest: Caucasian American, Hispanic American, African Americans, Asian American, and other ethnic mental health clients and staff

Decision to Include in Meta-Ethnography: No, because interpretive discussion not specific to ethnic groups of interest

ARTICLE NO: 33


Source: Primary

Major Construct/Theory Investigated: Ethnic differences in response to treatment of anxiety disorders; utilization rates

Research Approach & Methodological Orientation: Quantitative; chi-square; analysis of variance; regression analyses

Ethnic Groups of Interest: Asian American, Caucasian American, African American, and Mexican American clients and therapists

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 34


Source: Primary

Major Construct/Theory Investigated: Effects of client-therapist ethnic match and client ethnicity on therapist-evaluated Global Assessment of Function (GAF) and visitation

Research Approach & Methodological Orientation: Quantitative; one-way analyses of variance, two-way between-subjects analysis of variance, multivariate analysis of covariance

Ethnic Groups of Interest: Latino, Asian, African and Caucasian American clients

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 35

Source: Primary

Major Construct/Theory Investigated: Ratio of ethnic matching of caseworker and patient to treatment outcomes

Research Approach & Methodological Orientation: Quantitative; chi-square, t-test, Savage test

 Ethnic Groups of Interest: Anglo, African American, Hispanic caseworkers and patients

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 36


*Source: Primary

Major Construct/Theory Investigated: Ethnic minorities’ perceptions of and preferences for ethnically similar counselors and European American counselors

Research Approach & Methodological Orientation: Quantitative; between-groups and within-subjects statistical designs

 Ethnic Groups of Interest: Ethnic minorities and European Americans

Decision to Include in Meta-Ethnography: No, because specific ethnic minority groups not identified

ARTICLE NO: 37


**Source: Secondary

Major Construct/Theory Investigated: Ethnic minority intervention and treatment; conceptual and methodological research issues, psychotherapeutic outcome and process findings, and applications of research to treatment and mental health practices

Research Approach & Methodological Orientation: Qualitative; narrative review; presented conceptual and methodological issues facing researchers who study ethnic minority groups

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 38


**Source: Secondary
Major Construct/Theory Investigated: Role ethnic similarity plays in the counseling process in applied mental health; preference for counselor, effects of counselor ethnic bias, effects of ethnicity on counseling, effects of ethnicity on client satisfaction/client attitude/client behavior change

Research Approach & Methodological Orientation: qualitative: narrative review of quantitative studies

Ethnic Groups of Interest: American Indians, Asian Americans, Black Americans, Hispanic Americans

Other Characteristics: Restricted to published studies examining the dynamics of interviewing and counseling with non-psychotic populations

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 39


**Source:** Secondary

Major Construct/Theory Investigated: Ethnicity and the integration of ethnic minority issues in teaching, research, and practice

Research Approach & Methodological Orientation: Qualitative review; description of ethnic groups and concepts of culture; ethnicity, and minority group status introduced; examination of acculturation, personality development, mental health, and mental health services; recommendations for teaching, research, and practice given; value conflicts presented

Ethnic Groups of Interest: American Indians, Asian Americans, Black Americans, and Latino Americans

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 40


**Source:** Secondary

Major Construct/Theory Investigated: Ethnic and gender issues in the conduct of research

Research Approach & Methodological Orientation: Overview; examination of issues

Ethnic Groups of Interest: African Americans, Asian Americans, Hispanic Americans, Native Americans, Caucasian Americans, men, women

Decision to Include in Meta-Ethnography: No, because not primary research
ARTICLE NO: 41


*Source: Primary

Major Construct/Theory Investigated: Cost-utilization and outcomes of Asian American outpatients using ethnic-specific services

Research Approach & Methodological Orientation: Quantitative; multiple regression analyses; one-way analysis of variance

Ethnic Groups of Interest: Asian-American outpatients and Asian clients using mainstream services

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

ARTICLE NO: 42


Source: Primary

Major Construct/Theory Investigated: Expectations and preferences for the race of counselor, satisfaction with treatment, dropout status

Research Approach & Methodological Orientation: Quantitative; 2 x 2 chi-square analysis

Ethnic Groups of Interest: White and Black male clients

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 43


*Source: Primary

Major Construct/Theory Investigated: Dropout behaviors of Asian Americans

Research Approach & Methodological Orientation: Quantitative; correlation analyses and stepwise logistic regression analysis

Ethnic Groups of Interest: Asian American and Caucasian American clients

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest
ARTICLE NO: 44


Source: Primary

**Major Construct/Theory Investigated:** Cross-racial counseling and issues of racial identity development, biculturalism, and the effects of cross-racial counseling

**Research Approach & Methodological Orientation:** Qualitative; case study; analysis of one-on-one counseling sessions

**Ethnic Groups of Interest:** Caucasian American female worker and an African-American female professional

**Decision to Include in Meta-Ethnography:** Yes

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ARTICLE NO: 45


**Source:** Secondary

**Major Construct/Theory Investigated:** Factors associated with cultural competency; ethnic match between therapists and clients, outcomes for ethnic-specific vs. mainstream service users, cognitive match between therapists and clients

**Research Approach & Methodological Orientation:** Qualitative; narrative discussion highlighting research literature

**Ethnic Groups of Interest:** Various ethnic groups

**Decision to Include in Meta-Ethnography:** No, because not primary research

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ARTICLE NO: 46


**Source:** Primary

**Major Construct/Theory Investigated:** How gender and ethnicity influences college counselor’s choice of treatment styles for foreign-born Chinese female college students

**Research Approach & Methodological Orientation:** Quantitative; 2 x 2 factorial design; t-tests, chi-square; analysis of variance; survey

**Ethnic Groups of Interest:** Asian and Caucasian college counselors

**Decision to Include in Meta-Ethnography:** No, because not focused on ethnic groups of interest
ARTICLE NO: 47


*Source: Primary*

Major Construct/Theory Investigated: Ethnicity and language match on number of session with therapist, dropout rates, and admission-discharge difference

Research Approach & Methodological Orientation: Quantitative; multiple regression analyses

Ethnic Groups of Interest: Southeast Asian clients

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

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ARTICLE NO: 48


**Source: Secondary*

Major Construct/Theory Investigated: Influence of client-therapist ethnicity, language, or gender match on therapy process and outcomes.

Research Approach & Methodological Orientation: Qualitative; review

Ethnic Groups of Interest: Various ethnic groups

Decision to Include in Meta-Ethnography: No, because not primary research

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ARTICLE NO: 49


**Source: Secondary*

Major Construct/Theory Investigated: Researcher-participant matching and the development of culturally competent models of health care

Research Approach & Methodological Orientation: Qualitative; discussion highlighting relevant literature

Ethnic Groups of Interest: Caucasian American, African American, Hispanic American, Asian/Pacific Islander, American Indian

Decision to Include in Meta-Ethnography: No, because not primary research
ARTICLE NO: 50


*Source: Primary

Major Construct/Theory Investigated: Ethnic match and psychotherapy

Research Approach & Methodological Orientation: Quantitative; meta-analysis

Ethnic Groups of Interest: African Americans, Hispanic Americans, Caucasian Americans, Asian Americans, Mexican Americans

Decision to Include in Meta-Ethnography: No, because did not address domain of interest

ARTICLE NO: 51


**Source: Secondary

Major Construct/Theory Investigated: Multicultural counseling competencies and the basic assumptions and methodology of qualitative research

Research Approach & Methodological Orientation: Qualitative; overview highlighting relevant research

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 52


*Source: Primary

Major Construct/Theory Investigated: Variables affecting Native American clients' preferences in choosing counselors

Research Approach & Methodological Orientation: Quantitative; chi square analyses

Ethnic Groups of Interest: Native Americans and Anglos

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest
ARTICLE NO: 53


*Source: Primary

Major Construct/Theory Investigated: treatment rejection scale of the personality assessment inventory correlation with duration and termination of psychotherapy

Research Approach & Methodological Orientation: quantitative; analysis of variance, logistic and conventional regression analyses

Ethnic Groups of Interest: Caucasian American, African-American, Latino American, Asian American, mixed therapists and clients

Decision to Include in Meta-Ethnography: No, because interpretive discussion did not address domain of interest

ARTICLE NO: 54


**Source: Secondary

Major Construct/Theory Investigated: Effectiveness of psychotherapy for ethnic minority clients

Research Approach & Methodological Orientation: Qualitative; review; presentation of arguments highlighting relevant literature

Ethnic Groups of Interest: Ethnic minorities

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 55


Source: Primary

Major Construct/Theory Investigated: Ethnic-specific psychotherapy treatment

Research Approach & Methodological Orientation: Quantitative; three-way and two-way analyses of variance; correlations

Ethnic Groups of Interest: Black and White patients and therapists

Decision to Include in Meta-Ethnography: Yes
ARTICLE NO: 56

**Source:** Secondary

Major Construct/Theory Investigated: Mental health status for minority populations

Research Approach & Methodological Orientation: Qualitative; review

Ethnic Groups of Interest: African Americans, Caucasian Americans, Hispanic Americans, Asian Americans, American Indians

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 57

Source: Primary

Major Construct/Theory Investigated: Extent to which Black clients trust Whites

Research Approach & Methodological Orientation: Quantitative; hierarchical regression analyses

Ethnic Groups of Interest: Black and White clients and counselors

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 58

Source: Primary

Major Construct/Theory Investigated: Differences in attitudes toward seeking professional mental health care and in the utilization of mental health services

Research Approach & Methodological Orientation: Quantitative; multiple logistic regression

Ethnic Groups of Interest: African Americans, Caucasian Americans

Decision to Include in Meta-Ethnography: Yes
ARTICLE NO:  59


*Source:* Primary

**Major Construct/Theory Investigated:** Racial/ethnic differences in attitudes toward seeking mental health services

**Research Approach & Methodological Orientation:** Quantitative; multiple logistic regression

**Ethnic Groups of Interest:** African Americans and Caucasian Americans

**Decision to Include in Meta-Ethnography:** No, because made use of same data as Article No. 58 which was conducted earlier than this study and therefore included in the meta-ethnography

ARTICLE NO:  60


Source: Primary

**Major Construct/Theory Investigated:** Racial matching between case manager and client

**Research Approach & Methodological Orientation:** Quantitative; chi-square

**Ethnic Groups of Interest:** African Americans, Caucasian Americans

**Decision to Include in Meta-Ethnography:** Yes

ARTICLE NO:  61


**Source:** Secondary

**Major Construct/Theory Investigated:** Common factors found in psychotherapy and healing across cultures

**Research Approach & Methodological Orientation:** Qualitative; review

**Decision to Include in Meta-Ethnography:** No, because not primary research
ARTICLE NO: 62

*Source: Primary

Major Construct/Theory Investigated: Referral patterns in a public mental health system

Research Approach & Methodological Orientation: Quantitative; chi square, logistic regression

Ethnic Groups of Interest: African, Asian, Hispanic, & Caucasian Americans

Decision to Include in Meta-Ethnography: No, because interpretive findings did not address domain of interest

ARTICLE NO: 63

**Source: Secondary

Major Construct/Theory Investigated: Trends in cross-cultural research

Research Approach & Methodological Orientation: Qualitative review

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 64

**Source: Secondary

Major Construct/Theory Investigated: Roles of religious values in psychotherapy and religious value matching

Research Approach & Methodological Orientation: Discussion with outcomes and recommendations

Decision to Include in Meta-Ethnography: No, because not primary research

ARTICLE NO: 65
**Source:** Secondary

**Major Construct/Theory Investigated:** Cross-cultural counseling and psychotherapy

**Research Approach & Methodological Orientation:** Qualitative; review

**Ethnic Groups of Interest:** Across ethnic groups

**Decision to Include in Meta-Ethnography:** No, because not primary research

**ARTICLE NO:** 66


**Source:** Secondary

**Major Construct/Theory Investigated:** Value conflicts between counselors

**Research Approach & Methodological Orientation:** Qualitative review

**Ethnic Groups of Interest:** Dominant group vs. culturally different clients

**Decision to Include in Meta-Ethnography:** No, because not primary research

**ARTICLE NO:** 67


**Source:** Primary

**Major Construct/Theory Investigated:** Return rate, lengths of treatment, and treatment outcome of ethnic minority adults who received services from ethnicity-specific or mainstream programs

**Research Approach & Methodological Orientation:** Quantitative; multiple logistic regression analyses

**Ethnic Groups of Interest:** African Americans, Asian Americans, Mexican Americans, Caucasian Americans

**Decision to Include in Meta-Ethnography:** Yes

**ARTICLE NO:** 68


**Source:** Primary
Major Construct/Theory Investigated: Bilingual patients and clinical judgment in psychiatric interviews

Research Approach & Methodological Orientation: Quantitative; two-way analyses of variance

Ethnic Groups of Interest: Hispanics patients with Hispanic clinicians and Anglo clinicians

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

ARTICLE NO: 69


*Source: Primary

Major Construct/Theory Investigated: Ethnic and socio-cultural backgrounds of clinicians and patients

Research Approach & Methodological Orientation: Quantitative; chi square analysis

Ethnic Groups of Interest: Hispanics and Anglos

Decision to Include in Meta-Ethnography: No, because not focused on ethnic groups of interest

ARTICLE NO: 70


*Source: Primary

Major Construct/Theory Investigated: Providing effective treatment to ethnically different populations

Research Approach & Methodological Orientation: Quantitative; Pearson r analysis, analysis of covariance

Ethnic Groups of Interest: African American and Caucasian American volunteer subjects

Decision to Include in Meta-Ethnography: No, because interpretive discussion did not address domain of interest

ARTICLE NO: 71


*Source: Primary
Major Construct/Theory Investigated: Clinical judgment and acculturation, race/ethnic status, years of experience

Research Approach & Methodological Orientation: Quantitative; univariate analysis of variance for repeated measures designs

Ethnic Groups of Interest: Jewish American, African American, Polish American, and Puerto Rican clients; Black, White and other practitioners

Decision to Include in Meta-Ethnography: No, because interpretive discussion did not address domain of interest

ARTICLE NO: 72


Source: Primary

Major Construct/Theory Investigated: The effect of client-therapist ethnic match on treatment outcomes for ethnic minority clients within a specific diagnosis

Research Approach & Methodological Orientation: Quantitative; regression analyses

Ethnic Groups of Interest: African American, Asian American, Mexican American, and Caucasian American clients

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 73


Source: Primary

Major Construct/Theory Investigated: Assertive case management interventions

Research Approach & Methodological Orientation: Quantitative; hierarchical regression analyses, correlations

Ethnic Groups of Interest: African American and Caucasian American clients and case managers

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 74

Source; Primary

Major Construct/Theory Investigated: Impact of race- and sex-matching on treatment retention and outcome

Research Approach & Methodological Orientation: Quantitative; 2 x 2 factorial design

Ethnic Groups of Interest: African Americans

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 75


Major Construct/Theory Investigated: The effect of providing an ethnic match between staff and clients in the delivery of mental health services

Research Approach & Methodological Orientation: Quantitative; multivariate regression analysis

Ethnic Groups of Interest: White vs. non-White

Decision to Include in Meta-Ethnography: No, because specific ethnic groups not identified

ARTICLE NO: 76


Major Construct/Theory Investigated: Relationship between a culture-compatible approach to mental health service and utilization as measured by dropout and total number of outpatient visits

Research Approach & Methodological Orientation: Quantitative; chi square; discriminant analysis

Ethnic Groups of Interest: Mexican, White, Black, Vietnamese, Filipino, and other ethnic groups

Decision to Include in Meta-Ethnography: No, because interpretive discussion did not address domain of interest

ARTICLE NO: 77

Source: Primary

Major Construct/Theory Investigated: Racial identity as predictors for the alliance developed

Research Approach & Methodological Orientation: Quantitative; multiple regression, logistic regression, comparison analyses

Ethnic Groups of Interest: African American patients and Caucasian American therapists

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 78


Source: Primary

Major Construct/Theory Investigated: The effect of female therapist race, therapy content, and therapy stage

Research Approach & Methodological Orientation: Quantitative; analyses of covariance

Ethnic Groups of Interest: Black and White therapists and Black and White female undergraduates

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 79


*Source: Primary

Major Construct/Theory Investigated: The relationship between therapist-client ethnic match and the therapists' evaluations of overall client functioning based on the Global Assessment Scale

Research Approach & Methodological Orientation: Quantitative; two-way analysis of variance, t tests, regression analyses

Ethnic Groups of Interest: African American, Asian American, Mexican American, and Caucasian American outpatient clients

Decision to Include in Meta-Ethnography: No, because made use of same data set as Article No. 18 which was conducted earlier than this study and therefore included in the meta-ethnography
ARTICLE NO: 80


*Source: Primary

Major Construct/Theory Investigated: Whether people born in non-English-speaking countries differed from clients born in Australia

Research Approach & Methodological Orientation: Quantitative; t-tests, chi square test, analysis of covariance, logistic regression

Ethnic Groups of Interest: Clients at clinic in Melbourne

Decision to Include in Meta-Ethnography: No, because does not focus on ethnic groups of interest

ARTICLE NO: 81


*Source: Primary

Major Construct/Theory Investigated: Dropout and number of missed sessions in the assessment phase

Research Approach & Methodological Orientation: Quantitative; correlation and multiple regression analyses

Ethnic Groups of Interest: Hispanic patients

Decision to Include in Meta-Ethnography: No, because does not focus on ethnic groups of interest

ARTICLE NO: 82


Source: Primary

Major Construct/Theory Investigated: Diagnostic, treatment modality, and duration of treatment decisions

Research Approach & Methodological Orientation: Quantitative; analyses of variance, chi square

Ethnic Groups of Interest: Blacks, Hispanic, White clients and clinicians

Decision to Include in Meta-Ethnography: Yes
ARTICLE NO: 83

*Source: Primary

Major Construct/Theory Investigated: Relationship between referral sources, working alliance, racial identity attitudes, and cross-cultural counseling strategies

Research Approach & Methodological Orientation: Quantitative; multiple regression analyses

Ethnic Groups of Interest: African American clients and psychotherapists

Decision to Include in Meta-Ethnography: No, because interpretive discussion not on domain of interest

ARTICLE NO: 84

Source: Primary

Major Construct/Theory Investigated: Parallel dyads

Research Approach & Methodological Orientation: Quantitative; multiple regression analyses

Ethnic Groups of Interest: Black and White clients and counselors

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 85

Source: Primary

Major Construct/Theory Investigated: Relationship between therapist ethnicity psychotheoretical orientation, and client stage of racial identity to the client’s perception of the therapist

Research Approach & Methodological Orientation: Quantitative; multiple analysis of variance

Ethnic Groups of Interest: African American male college students

Decision to Include in Meta-Ethnography: Yes
ARTICLE NO: 86


*Source: Primary

**Major Construct/Theory Investigated:** Influences of the cultural background in the therapeutic relationship

**Research Approach & Methodological Orientation:** Description

**Ethnic Groups of Interest:** Foreigners

**Decision to Include in Meta-Ethnography:** No, because does not focus on ethnic groups of interest

ARTICLE NO: 87


**Source: Secondary

**Major Construct/Theory Investigated:** Therapist of Color and White patient dyad

**Research Approach & Methodological Orientation:** Description

**Ethnic Groups of Interest:** Therapists of Color, White patients

**Decision to Include in Meta-Ethnography:** No, because not primary research

ARTICLE NO: 88


**Source: Primary

**Major Construct/Theory Investigated:** Intake procedures

**Research Approach & Methodological Orientation:** Chi square

**Ethnic Groups of Interest:** African American males

**Decision to Include in Meta-Ethnography:** Yes
ARTICLE NO: 89


Source: Primary

Major Construct/Theory Investigated: The effect of patient/therapist race and sex-matching as this relates to the early dropout rate of substance abusers

Research Approach & Methodological Orientation: Quantitative; 2 x 2 factorial design

Ethnic Groups of Interest: African Americans

Decision to Include in Meta-Ethnography: Yes

ARTICLE NO: 90


*Source: Primary

Major Construct/Theory Investigated: Treatment effectiveness of ethnic-specific programs

Research Approach & Methodological Orientation: Quantitative; descriptive and regression analyses

Ethnic Groups of Interest: Asian and Caucasian patients

Decision to Include in Meta-Ethnography: No, because does not focus on ethnic groups of interest

ARTICLE NO: 91


*Source: Primary

Major Construct/Theory Investigated: Service utilization and dropout rates

Research Approach & Methodological Orientation: Qualitative; interviews

Ethnic Groups of Interest: Asian Americans

Decision to Include in Meta-Ethnography: No, because does not focus on ethnic groups of interest
Appendix C

Article Selection Process from 91 to 27
### Appendix C

**Article Selection Process from 91 to 27**

<table>
<thead>
<tr>
<th>Article number</th>
<th>Title</th>
<th>Author</th>
<th>Publication year</th>
<th>Identifying primary sources from 91 to 66</th>
<th>Identifying studies on domain of interest from 66 to 41</th>
<th>Identifying interpretive findings of discussion from 41 to 30</th>
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<tbody>
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<td>1</td>
<td>You've got to have a Chinese chef to cook Chinese food! Issues of power and control in the provision of mental health services</td>
<td>Fatimilehim, I. A., &amp; Coleman, P. G.</td>
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<td>A meta-review of research on cross-cultural counseling &amp; psychotherapy</td>
<td>Atkinson, D. R.</td>
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<td>A multicultural/multimodal/multisystems approach to working with culturally different families</td>
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<td>Addressing the complexities of culture and gender in counseling</td>
<td>Hays, P.A.</td>
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<td>African American families in psychotherapy: The effects of therapist race</td>
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<td>Afro-American preferences for counselor characteristics</td>
<td>Ponterotto, J. G.</td>
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<td>American-Indian and White college students' preferences for counselor characteristics</td>
<td>Bennett, S. K., BigFoot-Sipes, &amp; Subia, D.</td>
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<td>An analysis of variables influencing student therapists' and clients' ratings of session satisfaction</td>
<td>Sherman, E. M.</td>
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<td>An intersubjective approach to cross-cultural clinical work</td>
<td>Perez, F. R.</td>
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<td>Asian-American women in the mental health system: an examination of ethnic and gender match between therapist and client</td>
<td>Fujino, D. C., Okazaki, S., &amp; Young, K</td>
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<td>Asian American, Euro-American, and African-American students' universal diverse orientation and preferences for characteristics of psychologists</td>
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<td>Asian-American students' ethnicity, acculturation, type of problems, and their effect on willingness to seek counseling and comfort level in working with different types of counselors</td>
<td>Kim, H. H. W.</td>
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<td>Asian-Americans' initial perceptions of Hispanic counselors</td>
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<td>Client-case manager racial matching in a program for homeless persons with serious mental illness</td>
<td>Chinman, M. J., Rosenhek, R. A., &amp; Lam, J. A.</td>
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<td>Community mental health services for ethnic minority groups: a test of the cultural responsiveness hypothesis</td>
<td>Sue, S., Fujino, D. C., Hu, L.-T., Takeuchi, D. T., &amp; Zane, N. W. S.</td>
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<td>Counseling approach, counselor's race, and matching of preference for counselor's race: effects on Black female clients' perceptions of counselor and counseling process</td>
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<td>Counselors' and clients' ethnic similarity and therapeutic alliance in time-limited outcomes of counseling</td>
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<td>Fontes, L. A., &amp; Thomas, V.</td>
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<td>Culture sensitivity training and counselor's race: effects on Black female clients' perceptions and attrition</td>
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<td>Diagnosis as a function of race pairing and client self-disclosure</td>
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<td>Differential dispositions in a psychiatric emergency service: a function of patient race</td>
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<td>Atkinson, D. R., Ponce, F. Q., &amp; Martinez, F. M.</td>
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<td>Ethnic match and client characteristics as predictors of treatment outcome for anxiety disorders</td>
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<td>Ethnic match and client ethnicity effects on global assessment and visitation</td>
<td>Gamst, G., Dana, R. H., Der-Karaberian, A., &amp; Kramer, T.</td>
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<td>Ethnic minorities' ratings of ethnically similar and European-American counselors: A meta-analysis</td>
<td>Hardin, L. K., &amp; Wampold, B. E.</td>
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<td>Ethnic similarity in counseling psychology: a review of research</td>
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<td>Ethnicity and culture in psychological research and practice</td>
<td>Sue, S., In J. D. Goodchilds (Ed.)</td>
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<td>Ethnicity, gender, and cross-cultural issues in clinical research</td>
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<td>Examining the effects of ethnic-specific services: an analysis of cost-utilization and treatment outcome for Asian-American clients</td>
<td>Lau, A., &amp; Zane, N.</td>
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<td>Expectations and preferences for counselor race and their relation to intermediate treatment outcomes</td>
<td>Proctor, E. K., &amp; Rosen, A.</td>
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<td>Factors associated with premature treatment termination of Asian and White clients at community and mental health clinics</td>
<td>Liu, M. P.</td>
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<td>How race affects the helping process: a case of cross racial therapy</td>
<td>Cooper, M., &amp; Lesser, J.</td>
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<td>Influence of gender and ethnicity on choice of treatment styles by Asian and Caucasian college counselors</td>
<td>Foley, M. J.</td>
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<td>Influence of therapist ethnicity and language on therapy outcomes of Southeast Asian clients</td>
<td>Flaskerud, J. H., &amp; Liu, P. Y.</td>
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<td>Matching client and therapist ethnicity, language, and gender: a review of research</td>
<td>Flaskerud, J. H.</td>
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<td>Meta-analyses of ethnic match as a predictor of dropout, utilization, and level of functioning</td>
<td>Maramba, G. G., &amp; Hall, G. C.</td>
<td>2002</td>
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<td>Multicultural counseling and qualitative research: shared worldview and skills</td>
<td>Merchant N., &amp; Dupuy P.</td>
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<td>Native American clients' preference in choosing counselors</td>
<td>Bischel, R. J.</td>
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<td>Prediction of treatment attrition in a psychological training clinic using the Personality Assessment Inventory, client variables, and therapist variables</td>
<td>Everson, D. K.</td>
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<td>Psychotherapeutic services for ethnic minorities: two decades of research findings</td>
<td>Sue, S.</td>
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<td>Psychotherapists' impressions of treatment outcome as a function of race</td>
<td>Jones, E. E.</td>
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<td>Race and mental health: emerging patterns and promising approaches</td>
<td>Williams, D. R., &amp; Harris-Ried, M.</td>
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<td>Race of counselor, client sex, cultural mistrust level, and premature termination from counseling among Black clients</td>
<td>Terrell, F., &amp; Terrell, S.</td>
<td>1984</td>
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<td>Racial differences in attitudes toward professional mental health care and in the use of services</td>
<td>Chamberlain, D., Muntaner, C., Walrath, C., Nickerson, K. J., LaVeist, T. A., &amp; Leaf, P. J.</td>
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<td>Racial and ethnic differences in attitudes toward seeking professional mental health services</td>
<td>Chamberlain, D., Muntaner, C., Walrath, C., Nickerson, K., LaVeist, T., &amp; Leaf, P.</td>
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<tr>
<td>62</td>
<td>Referral patterns in ethnic-specific and mainstream programs for ethnic minorities and Whites</td>
<td>Akutsu, P. D., Snowden, L. R., &amp; Organista, K. C.</td>
<td>1996</td>
<td></td>
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<tr>
<td>63</td>
<td>Reflections on trends in cross-cultural research</td>
<td>Triandis, H. C.</td>
<td>1980</td>
<td></td>
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<tr>
<td>64</td>
<td>Religious values and client-therapist matching psychotherapy</td>
<td>Mcminn, M. R.</td>
<td>1984</td>
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<tr>
<td>65</td>
<td>Research on cross-cultural counseling and psychotherapy: A framework</td>
<td>Atkinson, D. R.</td>
<td>1987</td>
<td></td>
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<tr>
<td>66</td>
<td>Resolution of value conflicts in multicultural counseling</td>
<td>Merali, N.</td>
<td>1999</td>
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<tr>
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<tr>
<td>67</td>
<td>Return rates and outcomes from ethnicity-specific mental health programs in Los Angeles</td>
<td>Takeuchi, D.T., Sue, S., &amp; Yeh, M.</td>
<td>1995</td>
<td>X</td>
<td>X</td>
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<tr>
<td>68</td>
<td>Symptom severity in bilingual Hispanics as a function of clinician ethnicity and language of interview</td>
<td>Malgady, R. G., &amp; Costantino, G.</td>
<td>1998</td>
<td>X</td>
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<tr>
<td>69</td>
<td>The association of a clinician's ethnic background and clinical experience on the diagnosis, treatment, and prognosis of patients varying in ethnic background and socioeconomic status</td>
<td>Gilbert, J. E.</td>
<td>1986</td>
<td>X</td>
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<tr>
<td>70</td>
<td>The effect of client and therapist variables on assigning credibility to a therapist and the relationship between credibility and early attrition</td>
<td>Ashing, K. T.</td>
<td>1992</td>
<td>X</td>
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<tr>
<td>71</td>
<td>The effect of client's race/ethnic status and level of acculturation and the influence of practitioner characteristics on social workers' clinical judgments</td>
<td>Matthews, J. G.</td>
<td>1988</td>
<td>X</td>
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<td>Article number</td>
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<td>72</td>
<td>The effect of ethnic match and client characteristics on premature termination, length of treatment, and global functioning of clients with major depression</td>
<td>Kirkpatrick, K.</td>
<td>1993</td>
<td>X</td>
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<tr>
<td>73</td>
<td>The effect of matching client and case manager on gender and race on outcomes of case management with the homeless mentally ill</td>
<td>Pierce, K. J.</td>
<td>1999</td>
<td>X</td>
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<td>75</td>
<td>The effects of client-therapist match on service use and costs</td>
<td>Jerrell, J. M.</td>
<td>1995</td>
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<td>76</td>
<td>The effects of culture-compatible intervention on the utilization of mental health services by minority clients</td>
<td>Flaskerud, J. H.</td>
<td>1986</td>
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<td>77</td>
<td>The effects of racial identity attitudes on the therapeutic alliance in cross-racial dyads</td>
<td>Schaumann, E. M.</td>
<td>1998</td>
<td>X</td>
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<td>78</td>
<td>The effects of therapist race, therapy content, and therapy stage on client/therapist variables: An analogue study</td>
<td>Simmons, S. F.</td>
<td>1989</td>
<td>X</td>
<td>X</td>
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<td>81</td>
<td>The relation of interviewer ethnic, cultural, and interpersonal characteristics to patient dropout</td>
<td>Myers, L.</td>
<td>2000</td>
<td>X</td>
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<tr>
<td>Article number</td>
<td>Title</td>
<td>Author</td>
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<tr>
<td>82</td>
<td>The relationship between ethnic matching and non-matching of Black, Hispanic, and White clinicians and clients and diagnostic and treatment decisions</td>
<td>Hernandez, N. E.</td>
<td>1999</td>
<td>X</td>
<td>X</td>
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<td>X</td>
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<tr>
<td>83</td>
<td>The relationship between working alliance, cross-cultural counseling competency, referral sources, and racial identity attitudes: psychotherapy with African-American males</td>
<td>Thorn, G. R.</td>
<td>1996</td>
<td>X</td>
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<td>84</td>
<td>The relationship of the racial identity attitudes of Black men to perceptions of &quot;parallel&quot; counseling dyads</td>
<td>Richardson, T. Q., &amp; Heillms, J. E.</td>
<td>1994</td>
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<td>85</td>
<td>The relationship of therapist's ethnicity, psychotheoretical orientation, and client's stage of racial identity to the Black male's perception of the therapist</td>
<td>Watson, Z. E. - P.</td>
<td>1993</td>
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<td>Article number</td>
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<td>86</td>
<td>The significance of the patient's and the therapist's cultural groups: examples from a student counseling service</td>
<td>Michel, L.</td>
<td>1996</td>
<td>X</td>
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<tr>
<td>87</td>
<td>The therapist of Color and the White patient dyad: contradictions and recognitions</td>
<td>Comas-Diaz, L., &amp; Jacobson, F. M.</td>
<td>1995</td>
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<td>90</td>
<td>Treatment effectiveness of ethnic-specific mental health programs with Asian and White patient populations</td>
<td>Akutsu, P. D.</td>
<td>1994</td>
<td></td>
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<td>Article number</td>
<td>Title</td>
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<tr>
<td>91</td>
<td>Underutilization of mental health services by Asian-American clients: the impact of language and culture in clinical assessment and intervention</td>
<td>Lu, Y. E.</td>
<td>1996</td>
<td></td>
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Appendix D

Mapping Extended Meta-Ethnography and Published Meta-Analysis
Research Processes and Results
Table D1
Extended Meta-Ethnography

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>INTERPRETIVE RESEARCH PROCESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exploration (discovering knowledge)</td>
<td>To explore racial-ethnic, client-clinician matching in mental health systems.</td>
</tr>
<tr>
<td>METHOD</td>
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</tr>
<tr>
<td>Inclusion criteria (discovering knowledge)</td>
<td>Assumed the population of 35,193 studies identified by Shin et al. (2005).</td>
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<tr>
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<td>Assumed the 139 studies that Shin et al. deemed appropriate.</td>
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<tr>
<td></td>
<td>Attempted to identify and retrieve all 139 studies by contacting one of the original researchers and having him reconstruct this list. This resulted in a list of 91 out of 139 studies. Provided citations for all 91 studies under consideration for the analysis.</td>
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<tr>
<td></td>
<td>All 91 studies were obtained and a Primary Interpretive Research Identification Tool form completed for each by reviewing the Abstract, Introduction, Method, and Finding sections. The primary studies were sorted from the secondary research resulting in 66 primary studies. See Appendix A1.</td>
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<tr>
<td></td>
<td>From the 66 primary studies, included articles on racial-ethnic matching and mental health, involving psychotherapy and client and clinician matches, published in peer-reviewed periodicals, or an unpublished study. The pool was narrowed from 66 to 41 studies.</td>
</tr>
<tr>
<td></td>
<td>Studies that were determined to not include interpretive findings or discussion on African Americans were eliminated. The findings of interest were attrition, total number of sessions attended, psychosocial functioning, and therapist race preferences. The pool was narrowed from 41 to 30.</td>
</tr>
<tr>
<td>Inclusion criteria and sample (discovering knowledge)</td>
<td>By reading the Sample and/or Method sections, studies whose findings were drawn from the same data set were eliminated. The pool was narrowed from 30 to 27. See Appendix A2 for Overview of Samples at this stage. Researchers provided citations for the 10 studies included in the analysis. P. 47.</td>
</tr>
</tbody>
</table>

| RESULTS | |
| Data coding and analysis (integrating knowledge, interpreting knowledge) | The interpretive findings and discussions of the 27 studies read and emergent themes identified across studies. The narrative text assigned to themes. Began to determine what was being addressed in each study and the relationship. An excel grid created to record and manage the identified 11 general themes, sample composition, and inquiry method. |
| | Each column and row printed, manually sorted by theme and author. The 27 studies juxtaposed against the broader class of emergent themes in a new matrix. Also key expressions and metaphors identified. This resulted in moving from 11 to 4 themes. |
## INTERPRETIVE RESEARCH PROCESS

The nature of the relationship among the 27 studies was determined by looking across the Excel grid and comparing and contrasting the key expressions under the four major themes. Determined that the studies were basically similar, so a reciprocal translation used for synthesizing the studies. The parallelism between studies was identified by reviewing key expressions by theme and seeking to determine how each study related to others and what each study said about the other studies.

<table>
<thead>
<tr>
<th>Data coding and analysis and final sample delineated (integrating knowledge, interpreting knowledge)</th>
<th>Relevant concepts and ideas applied to key expressions of each study were compared to see if there were overlaps that would allow for the continuance, removal or collapsing of one or more of the four identified themes. The number of themes was reduced from four to three and in some cases, re-titled in order to better represent the data supporting the associated theme. This translating process also led to one article being eliminated from the analysis at this stage.</th>
</tr>
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<tbody>
<tr>
<td>Data coding and analysis (integrating knowledge, interpreting knowledge)</td>
<td>Key expressions from the 26 studies synthesized by reviewing and comparing their interpretive text. This process involved grouping and analyzing complementary and conflictual key expressions and seeking to understand them in relation to one another. This process revealed slightly different categories for the three broad categories permeating the studies identified in Phase 5. Thus, the themes were given new titles. A new interpretation that accounted for and built upon the 26 studies created and expressed in written report form, which required maintaining and going beyond the meaning applied by the original researchers. Selected quotes included to illustrate each theme.</td>
</tr>
<tr>
<td>Finding (interpreting knowledge)</td>
<td><strong>Theme 1: Understanding Client Characteristics.</strong> Several characteristics are ascribed to African American and Caucasian American clients. These characteristics help provide understanding for how these groups utilize services. The literature suggests that African Americans are often unaware of what to expect when seeking or receiving services. &quot;They are generally uninformed about the therapy process and the goals of therapy..., and rarely see “talk” as a solution to their problems&quot; (Reams, 1999, p.70). Although not preferred, African Americans generally expect to have a Caucasian American therapist (Tien &amp; Johnson, 1985; Procter &amp; Rosen, 1981; Ponterotto, 1986). Also, in comparison to Caucasian Americans, African Americans have fewer therapy sessions with the clinician (Reams, 1999; Geiger, 1994) and use fewer services (Chamberlain et al., 2000). Further, when compared to other ethnic groups receiving therapy, African Americans have lower Global Assessment functioning intake and termination scores (Gamst, 2000). Yet, from the treatment...</td>
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received, they are considered to improve and reap benefits similar to other groups (Geiger, 1994). In contrast, Caucasian Americans generally expect to have a therapist of their same ethnicity (Proctor, 1981, p.44). Caucasian Americans were found to use more services, display more negative attitudes “toward seeking services” (Chamberlain et al., 2000) and attend more therapy sessions (Reams, 1999) than African Americans. Caucasian Americans were also considered more likely to be paired with a therapist of their same ethnic background (Kirkpatrick, 1993) than African Americans. Also, socioeconomic level influenced the level of improvement for Caucasian Americans with those from a high level being seen as more likely to improve than those from lower levels (Geiger, 1994). Along with African Americans, Caucasian Americans present lower Global Assessment functioning termination scores than other ethnic groups (Gamst, 2000; Kirkpatrick, 1993). However, Caucasian Americans “exhibited greater improvement” (Stanley et al., 1991, p. 539; Chinman et al., 2000). Finding Theme 2: Clinician-Client Matching. Overall, the literature in most cases suggests little clear and consistent benefits from ethnic matching of clients and clinicians (Reams, 1999; Procter & Rosen, 1981; Chinman et al., 2000; Wade, 1988; Geiger, 1994; Gamst, 2000; Maddux & Desmond, 1996; Jones, 1982; Sterling et al., 2001; Schaumann, 1998; Simmons, 1989; Hernandez, 1999; and Sterling et al., 1998). In contrast, according to Pierce (1999), client-clinician ethnic match was associated with more positive outcomes for African Americans. However, across all studies, the matching did not consistently demonstrate improved outcomes, attrition, Global Assessment Scale scores, therapeutic alliance, or follow-up functioning. Yet and still, differences from ethnic matching were found in the length of treatment (Stanley, 1991) where clients stayed in treatment longer (Wade, 1988; Terrell & Terrell, 1984; Gamst, 2000) and were “more often diagnosed with less severe disorders” (Hernandez, 1999, p. 308) when paired with a clinician of the same race. Additionally, in cross-race dyads, the racial identity attitude of the client and level of mistrust of the Caucasian American counselor were found to play a role in whether the client terminated or remained in treatment (Terrell & Terrell, 1984; Schaumann, 1998). For example, an African American client with a high Encounter attitude would have more negative emotional reactions to an assigned Caucasian American clinician than an African American client with an Autonomy attitude (Richardson and Helms, 1994). Also, the level of mistrust held by African American clients with Caucasian American clinicians would make them more likely to
INTERPRETIVE RESEARCH PROCESS

terminate than when the African American clients with a level of mistrust were paired with African American clinicians (Terrell & Terrell, 1984). When African Americans were paired with Caucasian American clinicians, they were still able to develop a positive racial identity (Cooper & Lesser, 1997). It is important to note that race was not the only influential factor to be considered when seeking to understand the outcomes of therapeutic process (Simmons, 1989; Pierce, 1999; Wade, 1988). Other characteristics having an influence include “age, socioeconomic status, level of functioning at onset of treatment, and gender” (Kirkpatrick, 1993). According to Pierce (1999), When African Americans were matched on either race or gender with their case manager, but not matched on both race and gender, there were more positive outcomes. Similarly, Sterling et al. (1998) found that matching clinicians and clients on both race and gender did not guarantee the development of a therapeutic alliance. Also, matching on both of these factors did not lead to clients continuing in counseling longer than usual, lessen their rate of dropping out, or improve their post-counseling functioning. Lastly, there was indication that culture-specific training received by both Caucasian American and African American clinicians positively influenced the therapeutic process when racially/ethnically matched or not. African American females more often returned for counseling and were more satisfied when working with counselors of any background that had received the training (Wade, 1988; Takeuchi et al., 1995).

Finding (interpreting knowledge) Theme 3: Reactions to Clinicians. The literature documented four themes relative to reactions to clinicians. Firstly, the literature suggests that client’s stage of racial identity can affect the reaction to the clinician (Simmons, 1989; Watson, 1993). For example, "Results of the study suggest that emotional reactions to the counselor, but not cognitive reactions, were predicted by racial identity attitudes. Participants in the current study may have responded to the counselors in a negative manner when encounter attitudes were high because the counselor's manner of addressing race-related concerns did not properly focus on issues (e.g., the confusion) associated with the encounter stage." (Richardson & Helms, 1994, p. 175-176). Secondly, findings indicate clinicians that received training in the dynamics of cross-racial counseling had a greater influence on ethnically different clients than those who did not. “...sensitizing counselors to the cultural dynamics of the client-counselor relationship influenced not only the clients’ perception of counselor expertness, but also the extent to which the clients trusted and were attracted to their counselors”(Wade, 1988, p. 179). Thirdly, there was evidence
that avoidance of discussing race in cross-racial counseling situations can be detrimental to the counseling process. "What has been missed in this early stage of counseling is any discussion of the cross-racial helping relationship. The worker appears color blind, a stance that enables her to avoid heated racial issues. As a white woman, she feels inadequate dealing with issues of racial identity with an African-American woman, and thereby misses the opportunity for an honest discussion of racial differences" (Cooper & Lesser, 1997, p. 328). Lastly, although clients may have race preferences, when it comes to their assigned clinicians the literature indicates that these preferences do not affect how the client experiences the counselor. Whether matched or mismatched, the clients' pre-counseling preference for the counselors' race did not influence the clients' ratings of the counselors and the counseling process" (Wade, 1998).

| CONCLUSION |
| Conclusion and future study (discovering knowledge, interpreting knowledge, integrating knowledge, informing future practice) |
| The results of the extended meta-ethnographic synthesis of literature on racial and ethnic matching of African American and Caucasian American clients and clinicians provides helpful information for guiding clinicians in preparation for and execution of their work with same-race and cross-race populations. Both matches and mismatches require intentionality on the part of clinicians in order to best serve the clients. A cookie cutter approach will likely be ineffective and inappropriate because of the unique needs and expectations African Americans and Caucasian Americans bring to the therapeutic relationship, which involves a complex web of expectations and experiences. A profile of client characteristics provides a descriptive picture of the clients receiving mental health, substance abuse services, or counseling. These characteristics are not exhaustive but do represent a general overview of the patterns found when working with clients of African American and Caucasian American backgrounds. By understanding these characteristics and presenting them in a way that is informative about the clients, not evaluative, clinicians can gain a better understanding of those they aim to serve, especially African and Caucasian Americans. As stated by Reams (1999), "The evidence from these studies [seven other existing studies] suggests that the needs of African American families may be different than those of Caucasian families" (Reams, p. 4). In general, African American and Caucasian American clients bring different characteristics to the therapeutic relationship. An awareness of their similarities and distinctions will be helpful in understanding how these groups utilize services, for tailoring services to them, and for having realistic expectations of the outcomes from the provision of |
services.
The research varies as to the purported benefits from matching. Yet it is clear that matching or the lack thereof can potentially affect the attendance, outcomes, diagnosis, satisfaction, and alliance to be developed between the client and the clinician. At the same time, race should not be viewed as the sole discriminating factor in client-clinician matches, but as one of possible other factors, e.g., gender, influencing dropout rates, assessment, therapeutic alliance, and outcomes.
The matching of clients with clinicians reflects a mutually impactful aspect of the therapeutic process. Equipping clinicians to identify the client’s stage of racial identity, to understand and appropriately respond to cross-cultural dynamics, to know that cross-race dyads can be successful although clients actually prefer someone of the same race, and to discuss the role of race in cross race dyads will be a significant benefit as healthy same race and cross race client-clinician relationships are established and maintained.

Table D2
Published Meta-Analysis

<table>
<thead>
<tr>
<th>PURPOSE</th>
<th>INTEGRATIVE RESEARCH PROCESS</th>
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<tbody>
<tr>
<td>Exploration</td>
<td>To perform an exploratory analysis to inform the field how one might conduct a meta-analysis as an evaluation tool and to use a robust technique (random effects) not yet used in a meta-analysis on ethnic matching. P. 47</td>
</tr>
<tr>
<td>Evaluation</td>
<td>To evaluate the effectiveness of client-clinician matching on the basis of race-ethnicity on overall functioning, service retention, and total number of sessions attended for African American and Caucasian American adult populations in mental health services. P. 45</td>
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<table>
<thead>
<tr>
<th>METHODOLOGY</th>
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<tbody>
<tr>
<td>Inclusion criteria</td>
<td>Attempted to identify and retrieve the entire population of studies on racial-ethnic matching and mental health using electronic database infrastructures. The search terms used yielded 35,193 published and unpublished studies. P. 47</td>
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<tr>
<td></td>
<td>Systematically scanned titles resulting in 139 studies involving mental health, substance abuse services or counseling. P. 47</td>
</tr>
<tr>
<td></td>
<td>Abstracts analyzed to include only studies involving psychotherapy, with experimental or quasi-experimental design and with findings for African Americans. Also, only included studies that reported the key impact outcome variables of interest,</td>
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### INTEGRATIVE RESEARCH PROCESS

<table>
<thead>
<tr>
<th>which were attrition, total number of sessions attended, and psychosocial functioning, as indicated by the Global Assessment of Functioning Scale scores or similar scores. The pool narrowed from 139 to 36 studies. P. 47</th>
</tr>
</thead>
<tbody>
<tr>
<td>Studies that were determined to not include sufficient quantitative outcome data with which to compute effect sizes for meta-analysis eliminated. The pool narrowed from 36 to 21 studies. P. 47</td>
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<tr>
<td>Studies that did not include sufficient count of clients who were or were not matched with clinicians of the same race-ethnicity eliminated. The pool narrowed from 21 to 13. P. 47</td>
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<th>Inclusion criteria and sample (discovering knowledge, integrating knowledge)</th>
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<tr>
<td>Studies whose findings were determined to be derived from the same dataset eliminated. The pool narrowed from 13 to 10. For these 10 studies, the researchers provided the following descriptive information about the studies: 1) name and author(s) and year of publication, 2) racial-ethnic makeup and number of participants in the sample, and criterion variable of interest. P. 47 Researchers provided citations for the 10 studies included in the analysis. P. 47</td>
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<th>Data coding and analysis (integrating knowledge)</th>
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<td>All 10 studies were coded using an instrument developed for the review which enabled the research synthesis to be subjected to independent verification to ensure that the meta-analysis is reliable (Stock, 1994); it allows research synthesists to evaluate the confidence in the overall result from each study (Lipsy &amp; Wilson, 2001). P. 48</td>
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<th>Data coding and analysis (integrating knowledge, interpreting knowledge)</th>
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<td>The coding instrument used in the study consisted of two parts. Part A encoded information about study characteristics, and Part B encoded information about empirical findings of the studies. The instrument included a detailed coding manual. The coding form was developed in multiple stages, and at every stage, each version of the form was tested by two individuals who coded a study independently. Attempts were then made to reconcile any differences, with the purpose of improving the clarity of the coding form and, where possible, expanding or reducing items. When a final version of the form was agreed upon, following the procedure used in the earlier stages of the form development, a kappa statistic was calculated comparing the data coded for one study, and there was complete agreement between coders (k=1). P. 48</td>
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<th>Data analysis (integrating knowledge, interpreting knowledge)</th>
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<td>Although sufficient detail was reported about certain procedures in the studies we followed, details about other procedures were not provided. One such procedure was how clients were matched to clinicians. Data from 7 of 10 studies came from an existing dataset; hence, it was not mentioned how client-counselor matching was originally accomplished. In 3 studies, it was noted</td>
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that following the intake interview, a senior clinician assigned clients to counselors on the basis of staff caseloads. Thus, in most cases, it remained unclear how clients were assigned to counselors. It is possible that researchers in many cases made presumptions about whether client and counselor were racially-ethnically matched or not matched. P. 48

**Data analysis**

A random effects meta-analysis model was used to analyze the findings, which considers both within-study and between-study variability. It assumes that the ethnic-matching studies we considered are samples from the universe of all similar studies concerning African Americans and Caucasian Americans. It also assumes that similar treatment interventions used across different sites and in different studies may vary in their implementation and outcomes as a result of random factors and sampling error, such as clinician training and experience, and that this random variation should be included in estimating the main effects of this ethnic matching. Also, a random effects model was also chosen because the effect size distributions of our outcome variables were found to be heterogeneous, as indicated by significant Q statistics, and this model corrects for heterogeneity. P. 48

Effect sizes for the three outcome variables of interest were calculated using Comprehensive Meta-Analysis (Borenstein & Rothstein, 1999), a computer-based statistical package for meta-analysis. This program weights effect sizes as a function of sample sizes and variability within and between studies. P. 48

The effect sizes used throughout this article were standardized mean differences between matched and non-matched African Americans and Caucasian Americans and are reported with 95% confidence bounds. When the difference was not explicitly reported in this article, but sample sizes and test statistics or p values were available, these were used to impute the standardized difference. P. 48 We also reported results from a test of homogeneity (Cochrane's Q statistic). P. 48

Because we were interested in measuring the effect of matching African American mental health clients with clinicians of the same race with regard to attrition, overall tenure of treatment, and level of functioning, separate effect sizes were calculated for client-clinician pairs who were matched and not matched by race-ethnicity. In studies in which clients who were matched and not matched were not clearly reported, attempts were made to contact the authors for the information. In some cases, a reasonable estimate of the matched/not matched samples was calculated from information given in the articles. (P. 48) A limited number of studies also reported findings for Caucasian American mental health clients. Where appropriate, we reported results, for these
### RESULTS

**Statement of study design**

The analysis is based on 10 studies containing data on the effectiveness of racial-ethnic matching on African American and Caucasian American mental health clients. Stated general demographic information about the studies: geographic location, setting, study design, data sources, intervention used in study, and data reported by the studies. Provided Table 3 which summarized the location/setting of each of the 10 studies and the intervention type. P. 48-49

**Finding**

**Result 1: Retention in Treatment.** Provided Figure 1 which summarized the effect sizes for the effect of racial-ethnic matching on retention (attrition) for African American clients. The figure included the effect name, as interpreted from the study, the sample sizes according to those matched or not matched with clinicians of the same race-ethnicity, and the p values associated with the calculated main effect for individual studies, and the random effects model combining the studies. Provided a schematic plot presenting the confidence interval of the individual effect size. It shows that two of the three studies found retention was associated with African American clients who were not matched by race-ethnicity with their clinicians. When combined, this finding in favor of non-match using the conservative random effects model did not prove statistically significant. Because there was considerable variance (for this effect size, $Q=37.25, p=.00$) among individual study level effect sizes, the overall combined effect size might mask any significant effects. Figure 2 presents the effect of racial-ethnic matching on Caucasian American clients with regard to retention. The figure included the citation, effect name, effect size, and confidence interval for matched and non-matched. For Caucasian Americans, being matched to clinicians of the same race-ethnicity tended to reduce dropouts. However, when combined the random effects model indicated a non-statistically significant effect toward reducing attrition for those who were matched. Caution must be exercised when considering this finding, as the proportion of Caucasian American clients matched and not matched were highly variable. Figure 2 also presents the schematic plot showing that, in terms of retention for Caucasian Americans, being matched was favored. P. 49-50

**Result 2: Tenure Treatment.** Treatment tenure was measured by the average number of sessions in treatment attended by African Americans and Caucasian Americans within a given time period. Where it was reported, this time interval was 1 year. In all but two studies, data were given in the form of means and standard
deviations. For the two studies that deviated from this reporting format, a p value was given. Figure 3 summarizes effect size findings for African American clients. As Figure 3 demonstrates, five of the eight studies that reported findings on treatment tenure, found that African Americans who were matched by race-ethnicity with their clinicians tended to remain in treatment longer than those who were not matched. For two of the studies, this finding was significant at the p<.05 level. Of the three studies that reported significant effect or treatment duration favoring those who were not matched, only one presented a statistically significant finding at the p=.05 level. When combined, the conservative random effects model indicates that not being matched for African Americans has a small, non-significant overall effect on treatment tenure (for this effect size, Q=29.1, p=.0001). Figure 3 shows the schematic plot for this analysis. Figure 4 presents similar effect size findings for treatment duration for Caucasian Americans. As the figure shows, according to the data reported for the four studies, Caucasian American clinicians remained in treatment longer on average than those who did not have clinicians of the same race-ethnicity. In two cases, this effect for matching was significant at the .05 level. Once again there was considerable variation among the individual studies, (for this effect size distribution, Q=8.18, p=.04). The combined finding using the random effects model also found an effect for matching, but it was not statistically significant (p=.081). Figure 4 also presents the schematic plot for this analysis.

### Finding (interpreting knowledge)

**Result 3: Post-treatment Functioning Status.** In all the studies considered, functioning was measured using a variety of instruments that included the clinician-rated GAS and client self-reported measures such as the GSI, BSI, and the ASI Composite score. It should be noted that all but two studies provided only post- and not pre-treatment scores for functioning. For this reason, our findings are specific to post-treatment functioning status, not functioning change. In many cases, means and standard deviations were reported for a composite score as well as for individual components. Where possible, the components related to general functioning were selected for meta-analytic review. Figure 5 summarizes the effect size findings for African American clients. In all but one study, for African American clients, clinicians who were not matched by race-ethnicity gave a more positive post-treatment functioning assessment than did those who were matched. In two of the five studies, this finding was significant at the .05 level. In the single study in which clinicians who were matched gave a higher functional assessment...
INTEGRATIVE RESEARCH PROCESS

rating to African American clients than did those who were not matched, the effect size was not statistically significant (p=.05). However, when combined, the random effects model favored not matching (for this effect size distribution, Q=190.48, p=.00). This finding was not statistically significant. One study included in the analysis provided client self-assessment, which reported a non-significant improvement in functioning in favor of clients who were not matched, but this finding was not statistically significant. Figure 5 also presents the schematic plot for this analysis. Figure 6 summarizes the findings on functional assessment for Caucasian clients. As the table shows, in two of the studies, clinicians who were matched by race-ethnicity gave a higher post-treatment functioning assessment than those who were not matched. Curiously, in the single study based on client-reported self-assessment, those who were not matched gave a more positive functioning rating than did those who were matched. Figure 6 also presents the schematic plot for the analysis. Once again as with all previous findings, when combined using the more conservative random effects analysis, the studies present no conclusive evidence that clinicians who were matched by race-ethnicity gave a more positive post-treatment functioning assessment than those who were not matched (p=.377). As with the other findings, there was considerable variance among individual studies (for this effect size distribution, Q=216.9, p=.00). Because none of the weighted effect sizes computed using the random effects model yielded a statistically significant effect in favor of match or not matched, a fail-safe number of studies needed to adjust for sampling bias was not computed. P. 51-52

DISCUSSION

Conclusion
(discovering knowledge, interpreting knowledge, informing future practice)

We found no overall effects of client-clinician, racial-ethnic matching for African American and Caucasian American clients when we used a random effects meta-analytic model. The advantage to using the random effects model here is that it controls for any heterogeneity between studies, whereas the fixed effects model does not. P. 52

Explanation and future study
(discovering knowledge, interpreting knowledge, informing future practice)

Given the mixed findings for the effects of ethnic matching, how do we understand our findings and the implications for clinical practice and policy? One possibility is that ethnic matching matters most when there is a linguistic component to it, and future studies should focus more on this possibility. Our focus on African Americans and Caucasian Americans minimized the importance of language match. It may be important to pursue ethnic matching for people who speak English as a second language. Indeed, S. Sue et al. (1991) found that ethnic and
language match was a predictor of length and outcome of treatment for clients who did not speak English as a primary language. P. 52

A second explanation is that the support for ethnic matching is based on client preferences but that meeting one client preference, by itself, does not translate into increased retention in treatment or better outcomes. Preference studies have revealed consistent evidence that racial-ethnic minority clients prefer a racially, ethnically similar counselor over a racially, ethnically dissimilar counselor. However, it is equally clear that not all racial-ethnic minority individuals make their choice of a counselor solely on the basis of race, ethnicity, or culture. Instead, there is evidence that many racial-ethnic minority clients seek other counselor characteristics over racial-ethnic similarity. The results of the studies suggest that, when asked to compare preference for counselors’ race-ethnicity with preference for other counselor characteristics, many ethnic minority clients prefer clients who have similar attitudes and values, have more education, are older, or have similar personalities over a counselor who is racially, ethnically similar to them. Acculturation, cultural commitment, and racial identity development all appear to be related to preference for counselor ethnicity. Ponterotto and colleagues found that African Americans who reported a strong commitment to their ethnic culture were more likely to prefer an ethnically similar counselor than those who expressed a weak cultural commitment. However, Atkinson and colleagues and Ponterotto and colleagues also found no differences in African American preference rankings based on cultural commitment, and Ponterotto et al. also found no differences based on racial identity development. As previously noted, for the majority of the studies included in this analysis, the method used to match clients with clinicians was unreported. Other clinician and client variables, such as acculturation, education, and gender, were also no included in the studies we reviewed. These findings suggest that, although racial-ethnic matching may be desirable for improving duration in treatment, other factors should be considered as well. Future studies of racial-ethnic matching should investigate the impact of other factors, such as acculturation, education, and gender, on outcomes. P. 52–53

Another possible explanation for the lack of effect of racial-ethnic matching could be that more severely impaired or low-functioning clients were assigned to clinicians of the same race-ethnicity because it was assumed their treatment would require a stronger working alliance that may be more easily granted with certain similarities. In this explanation, if these clients had not
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<td>been matched, then they would have been less likely to stay in treatment or achieve a higher functional status after treatment. In this scenario, the fact that their results were not poorer than those of unmatched, less disturbed persons would be a positive finding. (p.53).</td>
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<td>A fourth possibility is that clinicians varied in cultural competence education, training, and experience in ways that offset the positive effects of matching. The data from our review did not permit us to address these important variables because factors such as client educational level, economic status, diagnosis, or clinician background and training were rarely measured or reported. In many cases, we could not even document the exact nature of the intervention given other than outpatient services. Hence, these explanations are speculative. P. 53</td>
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| Explanation and future study (interpreting knowledge, informing future practice) | Overall, the data from the finding included in our review suggest that, under the present treatment, compared with Caucasian American clients, African American clients consistently exhibit less optimal treatment access, quality, and outcomes. These findings were consistent with results reported in the literature. This confirms the general concern of mental health service inadequacy for African American clients and proposes the idea that the organizational cultural competence of the counseling profession should be sought vigorously. P. 54 |
| Future study (discovering knowledge, informing future practice) | It is important that future studies on racial-ethnic matching collect and report much more information on the nature of services delivered and on clinician and client characteristics, if counselors are to understand its full clinical and policy implications. Given the growth of racial-ethnic minority populations and the mounting research suggesting high unmet mental health service needs confronting them, we must conduct scientific research that provides actionable findings on how best to deliver mental health services to these underserved groups. P. 54 |