Counseling Canadian Aboriginal Peoples:
Alliance, Outcome, and Counselor Training Level
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Abstract

This study evaluated predictors of outcome in counseling with Canadian Aboriginal peoples. The therapeutic alliance and counselor training level were predictor variables analyzed in relationship to client outcome. The client's rating of the alliance was correlated with outcome and counselor training level was not significantly correlated with outcome.

Problem

There are over 1000 research findings supporting the efficacy of the alliance in counseling. Indeed, the alliance is one of the most empirically supported constructs in the counseling field. Although research supports the importance of the alliance in counseling in the general population, no empirical outcome research has been conducted specifically with Canadian Aboriginal peoples. This lack of empirical research represents an important gap in the research literature.

Purpose

The purpose of the current study was to extend the psychotherapy outcome literature in working with Indigenous peoples through quantitative outcome research.

Specifically, the aim was to determine the extent to which the therapeutic alliance, as rated by the client, correlates with client outcome.

Additionally, this study investigated counselor training level as a correlate of client outcome.

Relevant Literature

Over 40 years of research has shown that the difference between treatment techniques, in terms of outcome, is very small and that common factors shared by different treatment approaches are a much larger contributor to outcome variance.

One of the most potent of these common factors is the **therapeutic alliance** between the counselor and the client. In addition to the alliance, numerous studies have found significant variability in outcome between counselors . However, the research on counselor years of experience as a positive correlate of client outcome is mixed.

Qualitative research with Canadian Aboriginal clients has consistently identified relationship factors as a central component of effective counseling . The importance of a strong therapeutic alliance has also been emphasized in counseling with Indigenous peoples of nations other than Canada.

Research Questions

What is the relationship between client ratings of the alliance early in treatment and client outcome among Canadian Aboriginal clients?

What is the relationship between therapist training level and client outcome in this population?

Procedures

Setting & Sample

• Non-profit, community-based counseling center in Calgary, Canada.

• 177 Canadian Aboriginal clients
  - 120 female, 65 male, 2 not reported

Instrumentation

• The Session Rating Scale Version 3.2
• Outcome Questionnaire-45 (OQ).

Procedure

• Outcome and alliance measures completed at each session from 2004 – 2011.

Data Analysis

Pearson Correlation
To analyze the relationship between participant ratings of alliance and outcome at the 1st, 2nd, and 3rd sessions.

Pearson Chi-square
To analyze the relationship between counselor level of training and final session OQ-45 change category. (OQ change categories include recovered, improved, deteriorated, and no change).

Analysis of Variance (ANOVA)
Post-hoc test to compare the means of first session OQ score across the different therapist training levels.

Findings

Alliance and Outcome Correlations

Session 1	Session 2	Session 3
r = .079	r = -.22*	r = -.25*

Mean OQ Change

1st Session	Last Session	T-test	Effect Size
73.25	64.92	t = 7.11 (p < .0001)	d = .27

Counselor Training Level & Outcome

Level	Deteriorated	No change	Improved	Recovered
Licensed	8.2%	57.4%	16.4%	18.0%
Resident	1.3%	54.7%	22.7%	21.3%
Intern	7.3%	41.5%	29.3%	22.0%

Session One Means Comparison by Training Level

Level	Mean	Licensed	Resident	Intern
Licensed	64.95	NA	10.462*	17.428**
Resident	74.41		NA	6.966
Intern	82.38			NA

Note: p < .05*, p < .01**. (Higher SRS scores = Stronger alliance. Lower OQ scores indicate decreased psychological distress.)

Limitations

Self report measures of alliance and outcome are susceptible to social desirability bias.

276 clients had an OQ score for the first session and only 177 participants had a last session OQ score.

Counselor level of multicultural competence was not assessed in this study.

Regression toward the mean may have influenced the findings.

Conclusions

The findings in this study regarding decreased client distress during the course of counseling, and the correlation of alliance and outcome, are similar to those found in the general population.

These empirical findings support qualitative findings on the importance of the alliance.

The findings of no difference in outcome based on counselor training level points towards the need for further research to understand factors that influence variance in counselor effectiveness.

Social Change Implications

Ongoing monitoring of alliance and outcome has been referred to as "**practice-based evidence**" and its aim is to modify services based on client feedback. This process has tremendous potential to empower clients and create a collaborative model of counseling that honors the client's voice.

The alliance-outcome findings in this study support the importance of the alliance as viewed through the *eyes of the client*. Monitoring alliance and outcome, when done ethically, improves client outcomes and serves to empower marginalized populations.

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