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## • BACKGROUND •

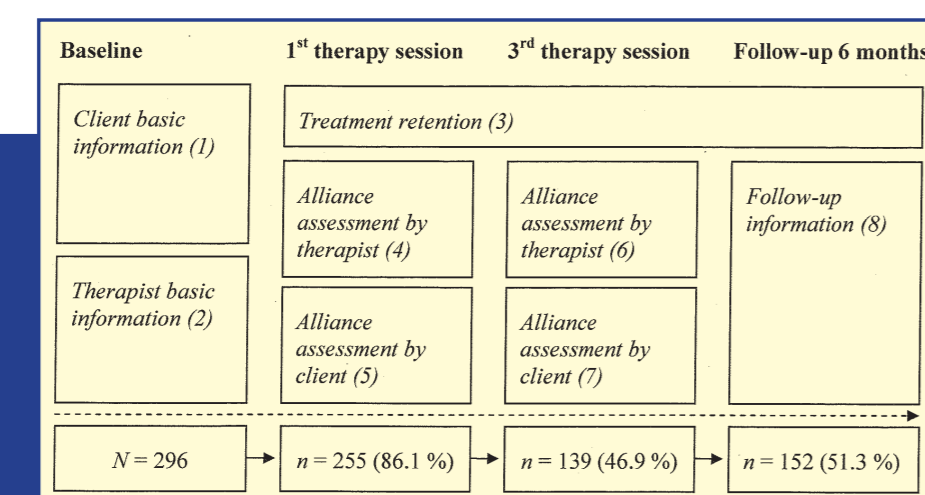
- The therapists in substance abuse treatment in Finland are predominantly female, while their clients are predominantly men. This is often the case in social work among different client groups and in the caring professions in general also internationally. In spite of this, very little research has addressed the significance of both client's and therapist's gender in substance abuse treatment.
- Due in part to the gender structure of the clientele, the implementation of gender-sensitive practices, responding to the needs of both men and women, in substance abuse treatment has been relatively slow. In outpatient treatment clients of different genders are superficially offered the same kinds of treatment, generally individual therapy. However, the content may implicitly be different with regard to gender.
- Matching focusing on objective characteristics like gender and ethnicity has produced more promising results (McLellan et al. 1997) than matching of therapy methods and clients' characteristics (see e.g. Imel et al. 2008; Randall et al. 2003). These indicate that treatment methods are not fully able to respond to the special needs of varying clients. Taking into account the clients personal characteristics in treatment planning and provision is deemed relevant (Beutler 2002; Rychtarik et al. 2000), but matching in this area, too, has produced somewhat mixed results and no clear connection between gender matching and outcome has been found (Blow, Timm & Cox 2008).
- In this study we focus on whether female therapists are more successful in helping women or men as their clients in outpatient substance abuse treatment by studying whether there are gender differences in the therapeutic alliance, retention in treatment and outcomes. In this context, we also try to ascertain the effect of matching gender to treatment outcome.

## • RESEARCH QUESTIONS •

- RQ1:** To what extent are there differences in the estimations of the therapeutic alliance assessed by the female therapists by client's gender or do corresponding estimations by the clients differ by gender?
- RQ2:** What kind of differences are there between male and female clients as regards retention in treatment?
- RQ3:** What kind of differences are there in treatment outcome between female and male clients?
- RQ4:** To what extent can gender-matching of female therapists and their clients predict treatment results?

## • METHODS AND DATA •

- In this study we applied a **naturalistic research approach**, meaning that the research was conducted as part of the clinic's normal activity. Apart from the **randomisation of clients to therapists** and the completion of questionnaires, it did not interfere with the progress of treatment.
- The research was implemented as a multi-centre study with the participation of **outpatient clinics (N = 7)** in southern and western Finland. Data used in these analyses is partial data and consists of **female therapists (N = 30)** and **their clients (N = 296, women 101 and men 195)** (Kuusisto, Artkoski & Saarnio 2011).
- The clients attended for treatment from January to June 2008. Follow-up lasted six months.
- The preliminary analyses are based on tests (t- and  $\chi^2$ ) comparing differences in two independent samples. Also, a variety of regression models were used.



## • RESULTS •

### On certain background variables male and female clients differed from each other:

- More women than men were divorced.
- Women had experienced more sexual violence or abuse.
- More men had already been clients of the clinic in question.
- Men participated more actively than women in follow-up.

### Therapeutic alliance:

- The ways female and male clients felt about the therapeutic alliance differed at the first therapy session such that women estimated the therapeutic alliance to be somewhat better.
- The therapists' estimations of the therapeutic alliance did not differ by client's gender.
- Gender match predicted a better therapeutic alliance; in the gender mismatch group the risk of belonging to the group of converging therapeutic alliance was 2.7 times smaller than in the gender match group.

### There were differences between men and women in their preferences regarding therapist's gender:

- Half of the women preferred a female therapist while only a quarter of the men did so.
- A small minority of clients expressly requested a male therapist: they amounted to only two percent of the entire data.
- The others did not consider the therapist's gender important.

### Retention in treatment and outcome:

- There were no gender differences in retention or treatment outcome.
- Gender match produced no better treatment results than gender mismatch regarding these response variables.

## • DISCUSSION •

- The research suggests that women express more preferences regarding therapist's gender. This may be explained by the fact that several of them had been subjected to sexual violence or abuse or they may have preferred a therapist of the same sex either because of shared gender experience or because a female therapist was felt to be more empathetic than a male therapist. But what explains the fact that male clients, when they do, request a female therapist? Is it the empathetic nature, non-directiveness or something else? The realization of gender-sensitive treatment practices regarding gender matching is rarely possible for men because of the small number of male therapists. It might be that male clients do not make such demands and this is due to their expectations of the therapist's gender. Males had more often had prior treatment experience and female dominance of the professional treatment field is a fact for most of them. While more experienced as clients, their past experiences with female therapists may also effect on their preferences.
- Women estimated the therapeutic alliance to be better at the first therapy session and alliance was more often converging during the treatment in women than in men. It is open to speculation to what extent this is attributable to common gender and the basis this created for co-operation. It may also be that women are disposed to estimate the therapeutic alliance more positively than are men.
- There were no gender differences in retention or treatment outcome. The therapists' estimations of the therapeutic alliance did not differ by client's gender. Gender-match produced no better treatment results than gender-mismatch in most multivariate analyses. The results suggest that therapists seem to give uniform care regardless of clients' gender.

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