

Data Analysis

The methods for analysis in the present investigation are explained in detail at the opening to Chapter 4. They will be explained here briefly: I employed a repeated measures quasi-experimental design, using a small sample. Due to the small number of participants, I employed a series of methods of statistical analysis for hypotheses 1, 2, and 3, starting with parametric statistics and then moving to nonparametric statistics, for each hypothesis. Then, for hypotheses 4 and 5, a series of parametric analyses are used to compare the treatment group with the control group. For hypotheses 6 and 7, which address differences between the treatment group and the normative group in the SCI manual, the one-sample z test was used. I used SPSS 12.0 for Windows (2003) to run the parametric analyses and one of the nonparametric analyses (Friedman Test). The other analyses were conducted by hand using the appropriate formulas. The research questions and hypotheses are reviewed below:

Research Question 1

Is Control Therapy an effective treatment for alleviating the symptoms of African American outpatients living in an urban environment and presenting with symptoms of depression, anxiety, or mixed depression-anxiety?

Hypothesis 1

After a 12-week course of treatment with Control Therapy, average depression score will be significantly lower than average depression score at pre-test for a

small group of African American outpatient clients in treatment for depression and/or anxiety.

Hypothesis II

After a 12-week course of treatment with Control Therapy, average anxiety score will be significantly lower than average anxiety score at pre-test for a small group of African American outpatient clients in treatment for depression and/or anxiety.

Research Question 2

Does Control Therapy contribute to increases in Overall Sense of Control in African American clients presenting with depression, anxiety, or mixed depression-anxiety?

Hypothesis III

After a 12-week course of treatment with Control Therapy, average Overall Sense of Control score will be significantly higher than average Overall Sense of Control score at pre-test for a small group of African American outpatient clients in treatment for depression and/or anxiety.

Research Question 3

Are there differences in mean pretest and posttest scores for African Americans in treatment and those in a mixed-race control group and a same-race control group?

Hypothesis IV

From pre-treatment to post-treatment, a sample of African American clients receiving Control Therapy will show significant change on anxiety, depression, and Overall Sense of Control, while means on those variables will remain

unchanged over the same period of time for a sample of racially-mixed
unscreened “healthy” persons receiving no treatment.

Hypothesis V

From pre-treatment to post-treatment, a sample of African American clients receiving Control Therapy will show significant change on anxiety, depression, and Overall Sense of Control, while means on those variables will remain unchanged over the same period of time for a sample of African American unscreened “healthy” persons receiving no treatment.

Research Question 4

Do African Americans presenting with depression and/or anxiety prefer different strategies for gaining a sense of control in their lives, when compared to their White counterparts?

Hypothesis VI

At baseline, the average Negative Assertiveness score for a group of African American outpatients presenting with depression and/or anxiety will be higher than that of a group of Caucasian outpatients presenting with depression and/or anxiety.

Hypothesis VII

At baseline, the average Negative Yielding score for a group of African American outpatients presenting with depression and/or anxiety will be higher than that of a group of Caucasians presenting with depression and/or anxiety.

The Research Setting

The psychology training clinic in which this study was conducted was located in a large urban university in the mid-Atlantic region of the United States. The clinic had been in existence for several decades at the time the study was conducted and was well-known in the community, with a steady flow of both ongoing cases (some attending a year or longer) and new clients entering counseling year-round. However, at this time the clinic has since been discontinued due to programmatic changes in the university.

The goal of the clinic was to provide advanced clinical training for second-year doctoral students enrolled in a Ph.D. program in Counseling Psychology. The training process employed videotaping of all sessions, with both live and delayed supervision, using a camera system which consisted of five therapy rooms wired to a main switching and monitoring room containing VCR's and a large television. Referrals were received from a wide variety of sources including local social service agencies, crisis hotlines, a college counseling center, public schools, and several agencies representing underserved populations.

Most clients were low-income individuals living in an urban setting. They paid a nominal fee for each session (ranging from \$2 to \$25 or higher) based upon household income. About half of the clientele were African American. Most fell within the age groups of 20's through 40's. Depression, partner relationship issues, and vocational concerns were the most frequent presenting problems. Many of the clients had multiple difficulties, histories of abuse or neglect, and feelings of mistrust stemming from discrimination and poverty. They also showed a wide array of strengths stemming from their unique life histories and approaches to coping.