

Beyond Intentions: Tackling Implicit Bias in Mental Health Care

Friday, April 12, 2024

1pm - 4pm ET

Live Zoom Webinar

Featuring:

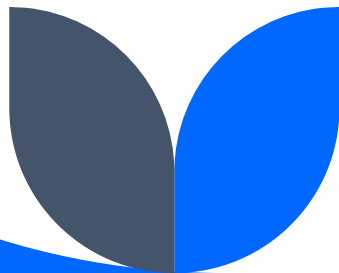
Drs. Char Newton and Janeé Steele





Char Newton, PhD, LP

Dr. Charmeka Newton is the co-author of the book *Black Lives Are Beautiful: 50 Tools to Heal from Trauma and Promote Positive Racial Identity*. She is also a clinical assistant professor, fully licensed psychologist, and owner of Legacy Mental Health Services, PLLC. In addition to her clinical and teaching expertise, Dr. Newton is a member of the Michigan Board of Psychology, appointed by Governor Gretchen Whitmer, and was honored with the Distinguished Psychologist award by the Michigan Psychological Association. Dr. Newton additionally is an Appointed APA Advocacy Coordinating Committee member, and an Elected Member-at-Large Community Engagement Representative for Division 45 of APA.





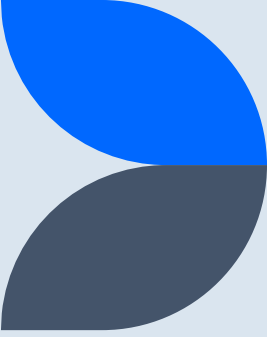
Janeé Steele, PhD, LPC

Dr. Janeé Steele is a licensed professional counselor, counselor educator, and diplomate of the Academy of Cognitive and Behavioral Therapies. She owns Kalamazoo Cognitive and Behavioral Therapy, PLLC, where she provides therapy, supervision, and training in CBT. Dr. Steele is also the author of the book, *Racism and African American Mental Health: Using Cognitive Behavior Therapy to Empower Healing* with foreword by Judith Beck, and the co-author of the book, *Black Lives Are Beautiful: 50 Tools to Heal from Trauma and Promote Positive Racial Identity*, both published through Routledge.



Objectives

- Define implicit bias
- Assess your own implicit bias
- Reduce implicit bias in the therapeutic relationship
- Describe various dimensions of broaching
- Practice broaching
- Engage in regular assessment of personally held values, stereotypes, and worldviews leading to implicit bias



What feelings come up for you when thinking about exploring implicit bias?

Nobody has responded yet.

Hang tight! Responses are coming in.

Something to think about...



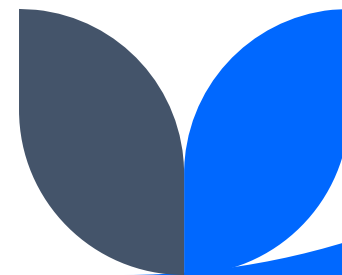
If you are a target of oppression

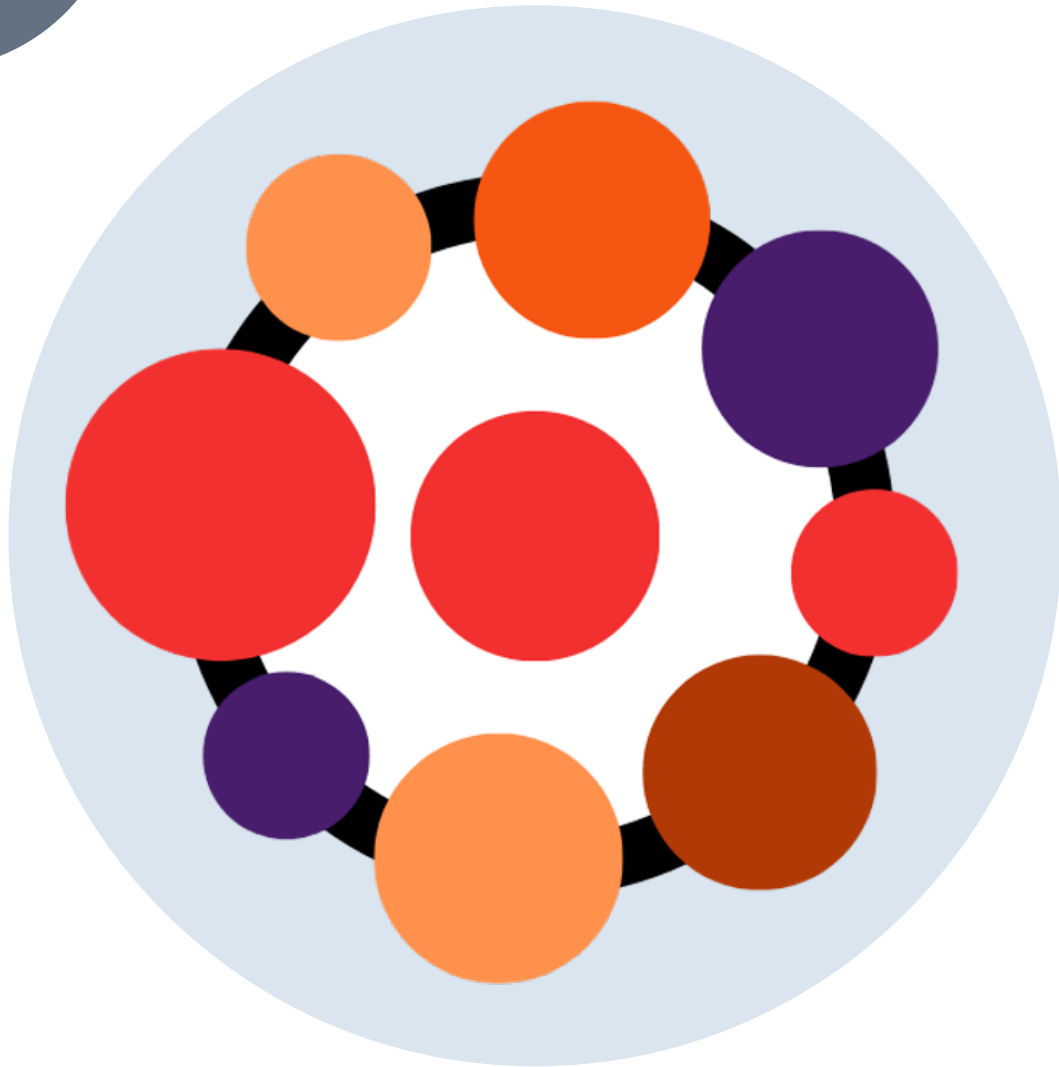
- Be aware of anything that might be overwhelming
- Use mindfulness and breathing skills when you need to
- Take a break if necessary



If you are an ally or a learner

- Work toward maintaining a non-judgmental stance
- Recognize defensiveness
- Seek to understand





What do you bring into the room?

Place your name in the center circle to the right. Write an important aspect of your identity in each of the attached circles. These should be identifiers or descriptors you believe are important in defining you. They can include anything, for example, Asian American, Christian, female, mother, athlete, educator, or any descriptor with which you identify.

- How might some of these identities lead to bias?





Things I bring into the room

- I am Black
- I am a woman
- I am from the metro-Detroit area
- My parents and grandparents were from the deep south of Baton Rouge, Louisiana
- I am a member of Generation X and the Millennial generation
- I am heterosexual
- I am Christian
- I am the middle child
- I am a first-generation college student and the first Ph.D. in my family



Why is implicit bias important?

Definition 1

Implicit bias, also known as unconscious bias, can be most simply defined as a hidden preference for one identity over another (Banaji & Greenwald, 2016)

- Preferences refer to what we favor or reject
- Identity typically refers to shared cultural values and beliefs within specific reference groups (e.g., race, gender, sexual orientation, ability, age, etc.)

Definition 2

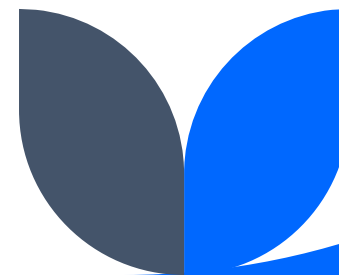
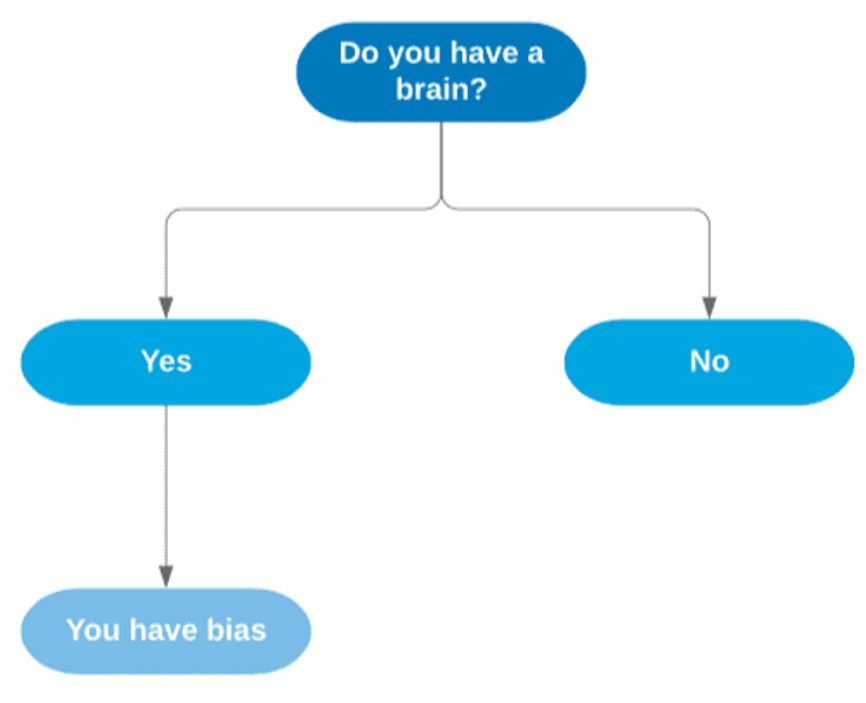
Implicit bias refers to unconscious, automatically activated attitudes that have the potential to yield discriminatory behaviors (Gran-Ruaz et al., 2022)



Who has implicit bias?

All people have implicit biases

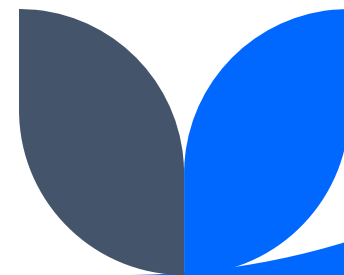
Implicit bias is fundamental to the way human beings process the world—it does not necessarily reflect intentional bigotry or prejudice



How do we form implicit biases?

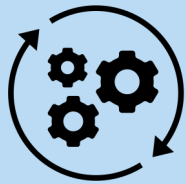
Implicit biases are based on inaccurate information or stereotypes

- Stereotypes can be defined as oversimplified generalizations about groups or categories of people (Abreu, 1999)
- The stereotypes we pick up over time from the environment around us (e.g., our family, our school, our community, the media) act as the templates that provide data for our implicit biases
- Even when we have different explicit values, we can still be influenced by stereotypes



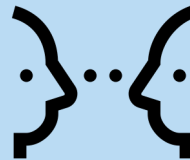
How does implicit bias work?

When presented with incomplete information, we rely on associative memory to fill in the gaps. This process is automatic, adaptive, and associative.



Automatic

Implicit biases are rapid



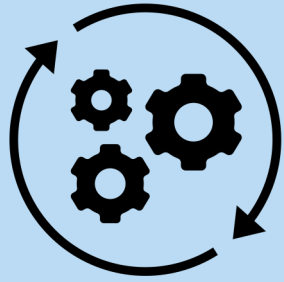
Adaptive

We see what's supposed to be there



Associative

What we see is based on information we already have



Automatic

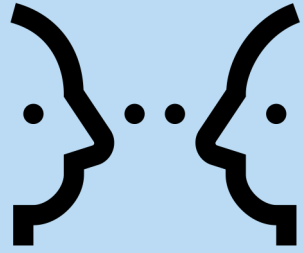
Over time, we're taught to associate certain characteristics with various groups of people. Strong associations tend to have rapid responses.

Fill in the blank:

Night and _____

Black and _____

Young and _____

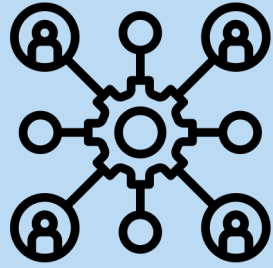


Adaptive

Our brains are capable of seeing what's supposed to be there, even when it's not.

Read this sentence:

Yuo cna porbalby raed tihs esaliy desptie teh msispeillgns.

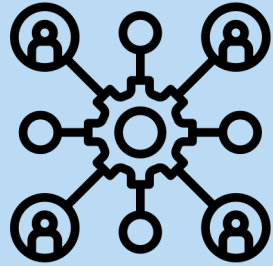


Associative

We use prior information and experiences to inform how we interpret the present.

What do you see?

AIBC

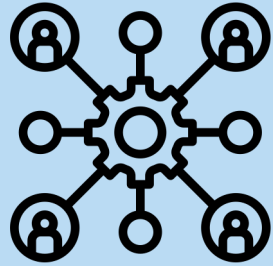


Associative

We use prior information and experiences to inform how we interpret the present.

What do you see?

12
13
14



Associative

We use prior information and experiences to inform how we interpret the present.

What do you see?

12
A 13 C
14

Reflection Questions

1. How have you experienced or witnessed implicit bias in your personal or professional life?
2. Share a personal experience where you believed your implicit biases influenced your perceptions or actions.
3. In what ways can acknowledging and addressing implicit biases contribute to building a more inclusive and equitable society?

How does implicit bias affect therapy?

Implicit bias may cause harm in the therapeutic context

- During therapy, implicit biases have the potential to cause clients harm, as therapists who operate out of implicit bias may unconsciously assume, dismiss, or be insensitive to how aspects of a client's identity influence their perceptions of clients and their view of the client's presenting concerns



Bias in therapy: Diagnosis

- Clinicians may react more negatively in their general and diagnostic impressions when working with clients from marginalized groups (Abreu, 1999)
- Example: Payne (2014)
 - African American men with major depressive disorder are frequently mis or underdiagnosed
 - Participants who were presented with videos of a male client with depressive symptoms influenced by social determinants were less accurate in their diagnoses than were participants presented with videos of a male client exhibiting classic depressive symptoms
 - Examples of socially determined symptoms included decreased verbalization of symptoms and psychomotor retardation, which may be interpreted as indifference or laziness in African Americans



Table 1 Classic and culturally influenced major depressive disorder (MDD) symptoms (based on *DSM-IV-TR* criteria, American Psychiatric Association, 2000)

Classic symptoms	African American male culturally influenced symptoms
<p>Depressed mood</p> <ul style="list-style-type: none"> • Depressed mood most of the day every day • Tearfulness or sad affect 	<p>Irritable mood or hostility</p> <ul style="list-style-type: none"> • Irritable mood, increased hostility, increased agitation and internalized anger, decreased observed mood, and anxiety symptoms (Baker, 2001; Hampton, 2007)
<p>Depression by subjective report</p> <ul style="list-style-type: none"> • In therapy, verbalizes "I'm depressed," "I'm sad," or another statement expressing sad mood 	<p>Less likely to verbalize depression</p> <ul style="list-style-type: none"> • Decreased overt expression of depression, decreased reported suicidal ideation, decreased observed mood, and anxiety symptoms (Ayalon & Young, 2003; Baker, 2001)
<p>Diminished interest or pleasure in activities</p> <ul style="list-style-type: none"> • Markedly diminished interest as indicated by subjective account or observation 	<p>Diminished interest (same as classic)</p> <ul style="list-style-type: none"> • May be misinterpreted as indifference (Brown, Schulberg, & Madonia, 1996; Hampton, 2007)
<p>Weight loss or weight gain</p> <ul style="list-style-type: none"> • Weight gain or overeating is a classic symptom of depression 	<p>Decreased appetite or increased weight loss</p> <ul style="list-style-type: none"> • Common in depressed young African American males (Brown et al., 1996; Hampton, 2007)
<p>Hypersomnia or insomnia</p> <ul style="list-style-type: none"> • Hypersomnia (increased sleep and excessive amounts of sleepiness) is a classic depression symptom for clinicians 	<p>Insomnia</p> <ul style="list-style-type: none"> • In African American males, middle and delayed insomnia are most prominent (Brown et al., 1996; Hampton, 2007)
<p>Psychomotor agitation or retardation</p> <ul style="list-style-type: none"> • Psychomotor retardation is a classic depression symptom 	<p>Psychomotor agitation or retardation</p> <ul style="list-style-type: none"> • Retardation may be misinterpreted as indifference or laziness (Brown et al., 1996; Hampton, 2007) • More restlessness evident (Hankerson et al., 2011)
<p>Additional cultural issues that affect the symptoms African American men present in therapy:</p> <ul style="list-style-type: none"> • Higher levels of cultural distrust, increased guardedness, increased self-consciousness (Adebimpe, 1981; Brown et al., 1996; Strakowski et al., 2003; Whaley, 1997, 1998) • Increased hypochondriasis, physical symptoms, somatization, physical disability, and somatic symptom severity (Ayalon & Young, 2003; Brown et al., 1996) • Decreased treatment prior to hospitalization; increased tendency to be brought to treatment by family members or law enforcement because of agitation or suicidal threats or attempts (Baker, 2001) 	

Other studies

- Being perceived as gay in LGB-hostile states significantly decreased the rate of returned calls, with the reverse being true in an LGB affirming state (Shin et al., 2021)
- Aversive prejudice was evident in services for Muslim women, whereby counselors and psychologists are unknowingly acting in a biased manner toward a request for an appointment from a Muslim woman; that is, practitioners (a) respond more frequently to the Muslim woman and (b) respond faster to the Muslim woman but (c) offer services to the Muslim woman at a lesser or similar frequency (Moscovitz et al., 2023)
- Counselors and counselors-in-training demonstrate implicit bias even when they rate themselves as multiculturally competent (Gushue, 2004)
 - A fictitious counseling center intake report was given to a sample of 158 White graduate students in counseling and clinical psychology to examine the impact of reported client race (Black or White) on perceptions of clients' symptom severity, with participants judging the Black target to be significantly less symptomatic than the White target (Gushue, 2004)
- Counselors primed by African American stereotypes demonstrate implicit bias in first impression and diagnostic ratings (Abreu, 1999)
 - Participants primed with African American stereotypes rated Mr. X significantly more negatively on hostility-related attributes



How do we assess implicit bias?



Assessing implicit bias is an ongoing process

- Identifying implicit biases requires individuals to: (a) understand the relationship between their biases and their identities and (b) know when they are susceptible to bias (Fuller et al., 2020)
- Traditional professional development around culture and diversity involves self-reflection; however, implicit biases cannot be adequately measured through conventional reflection tools such as self-report scales, journaling, or group discussion alone, as these tools rely heavily on explicit knowledge of oneself (Boysen, 2010)
- Instead, researchers have discovered that implicit biases are best uncovered through tools that use response latency, or timed groupings of words and images into certain categories
 - Harvard Implicit Association Test (IAT)



Flip It To Test It

- This exercise was developed by Kristen Presser, a CEO of a large company, who shared it through a very interesting TED Talk that we recommend you all view
- Helps uncover some of our implicit biases by eliciting emotional responses through the use of images





Strong
Independent
Aggressive
Intimidating



Attractive
Fragile
Vulnerable
Approachable



Strong
Independent
Aggressive
Intimidating



Attractive
Fragile
Vulnerable
Approachable



"White American students often lack the parental support needed to thrive."



“Receiving career counseling will help White American students overcome generational mindsets of not being successful.”



Breakout groups

- What were your reactions to the images shown?
- What messages and/or stereotypes are represented by these images?
- How might these messages and/or stereotypes affect aspects of the counseling process?
- How might have implicit bias been at play in some of your own past clinical and/or supervisory experiences? What messages were conveyed?



Broaching

- **Broaching** refers to a counselor's deliberate and intentional efforts to discuss the racial, ethnic, and cultural (REC) identities of the client and the impact of these identities on the client's presenting concerns (Day-Vines et al., 2007)



Example of broaching

An African American mother whose 10-year-old daughter was referred to therapy due to struggles with behavioral issues at school. The mother has been to other providers to seek help for her child and briefly mentions she feels unheard, misunderstood, and even not cared about due to her race.

An example broaching statement would be: “It seems like you have really tried to seek services and help for your daughter but due to your race you have not received a good quality of care. What have you felt as an African American mother trying to navigate this situation?”

Multidimensional model of broaching behavior

Intracounseling

- Clinician acknowledges similarities and differences and explores interpersonal processes within the therapeutic alliance

Intraindividual

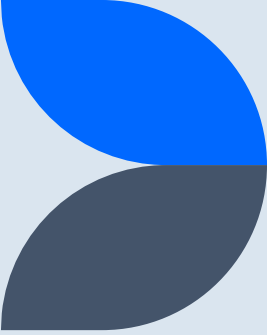
- Clinician acknowledges the multiple dimensions of the client's identity

Intra-REC

- Clinician acknowledges within group concerns, exploring issues that may arise between the client and people with whom they share group membership

Inter-REC

- Clinician acknowledges encounters with racism, as well as other forms of oppression that may create psychological distress for the client (Day-Vines et al., 2007)



Broaching involves getting curious

Ask questions like:

- How did that feel?
- What was that experience like for you?
- How did your family/community respond?
- What did this mean for you?



Inviting the client to discuss culture

“As your counselor we will be working very closely to meet your goals. We will be forming a working relationship, so I think it’s important that we get to know each other. I’d like talk to you some about my cultural background. Culture is an important part of the therapy process for many reasons. First, our cultural identities influence the way we see and experience the world. I identify as a heterosexual, African American woman and this may affect how I approach therapy; however, it’s really important that I understand treatment from your cultural worldview as much as possible. What are the most important aspects of your background or identity? For example, how do you identify your race/ethnicity? Sex? Gender? Sexual orientation? Religious or spiritual background? At times, I may ask you how the aspects of your culture influence the problems you experience. Additionally, many people experience discrimination because of their cultural identities, which may also contribute to their difficulties. In these cases, we may also explore strategies to help you achieve a greater sense of empowerment. Do you have any questions?”

Broaching in the early stages of the relationship

- Consider the following questions and think about how you might develop a narrative to include in your intake/informed consent process:
 - How does culture influence the relationship between the client and counselor?
 - What are your most salient cultural identities? How would you explain these identities to the client?
 - How would you invite clients to share about their own cultural identities?
 - In what ways does culture influence clients' presenting concerns, broadly?
 - How would you invite clients to explore how culture influences their presenting concerns specifically?
 - How would you inform your clients of your intent to explore culture throughout services?



Let's practice

Michael is 71-year-old Latino male who recently moved in with his daughter and son-in-law after having a stroke. His primary care doctor referred him to a therapist to help with the depression that was endorsed by Michael. During his second appointment with you, this is how the conversation goes...

Therapist: Michael, tell me a little bit about how things have been going since our last appointment.

Michael: I've just been down. I'm not really trying the things we discussed to be honest. I'm tired. I'm a burden to everyone. All my life I've had to overcome stuff. I dealt with racism on my job for 20 plus years. I had to overcome that. Now everyone looks at me like I'm handicapped or something because of this damn stroke. Just another thing I have to overcome. I'm just tired.

Let's practice a broaching statement:



Reflection Questions

1. When considering broaching issues of race, ethnicity and culture, what feelings arise for you?
2. What are some common challenges or concerns you face when considering broaching issues of race ethnicity and culture with a client in a counseling session?

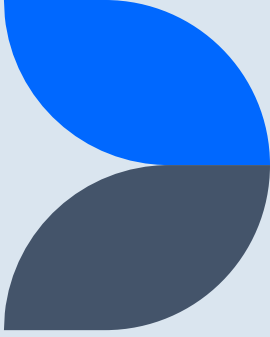
Overcoming implicit bias

Per Fitzgerald et al. (2019), intentional strategies to overcome implicit biases may include:

- Exposure
- Identifying the self with the outgroup
- Exposure to counterstereotypic messages
- Stereotype replacement

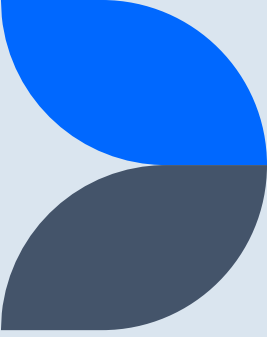


Exposure



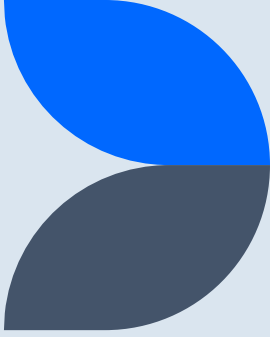
- Increasing opportunities for contact with individuals from different groups can help decrease implicit bias
- Expanding one's network of friends and colleagues or attending events where people of other racial and ethnic groups, gender identities, sexual orientations, or other identities may be present can help with developing empathy and understanding for people who are different than us

Identifying self with the outgroup



- Get curious about how you might actually identify with or be similar to the group for which you hold bias
- As the clinician, you might perform tasks that lessen barriers between yourself and the outgroup so that you can see similarities
 - **Example:** Having a client look at their values as it relates to their treatment goals might help you see ways you have similar values to those of your client
- Clinicians can also engage in perspective taking by “putting yourself in the other person’s shoes”
 - **Ask questions like,** “What might it feel like being a Black student and already being stereotyped and stigmatized by society because of your race and now having to go to therapy?”

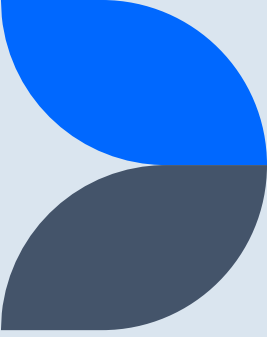
Counterstereotypic messages



- Counterstereotypic messages entail imagining the individual as the opposite of the stereotype (Devine et al., 2012)
 - **Test it out:** List three people who are different than you with regards to one of the marginalized identities we discussed earlier. What are three characteristics/qualities about the person that counter a stereotype about their group?



Stereotype replacement



- Stereotype replacement entails:
 - Recognizing when you're having a stereotypic thought
 - Identifying the factors behind the thought/portrayal
 - Replacing the stereotype with a non-stereotypic response
- How to recognize when stereotypes are activated:
 - **Know your physiological signs:** What are the physical sensations you have when you spend time with and/or around people with who are different from you?
 - **Know your emotions:** What feelings do you have when you're with and/or around people who are different from you?

Cultural ruptures

- Cultural ruptures can occur as a result of verbal and nonverbal communications
- They consist of intentional and unintentional statements that portray insensitivity, disrespect, and/or negligent attention to some salient aspect of the client's cultural heritage (Pierce et al., 1978; Sue et al., 2007)
- The impact of cultural ruptures include:
 - Limitations to client disclosure level
 - Early termination of therapy session
 - Increased self-doubt, decreased self-esteem, and feelings of embarrassment, worthlessness, shame, and anger in the client
 - Reinforcement of the client's presenting problem(s) (Miles et al., 2021)



Reducing cultural ruptures

- Pay careful attention to the appearance of your office space
- Pay careful attention to your front desk staff in that they are well-trained to treat all clients with respect
- Validate your client's pain and frustration when microaggressions are pointed out by the client
- Acknowledge your bias...don't take a defensive stance
- Invest in learning through professional development opportunities (e.g., webinars/conferences)...you must be a lifelong learner (Williams, 2020)



Strategies for navigating difficult conversations

- Allow your nonverbals to show concern (e.g., facial and body language)
- Ask questions to more fully understand the issue or problem that brings the client in
- Reflect back so that the client feels heard
- Validate feelings
- Be open to discussing the health impacts of racism and other sociocultural factors, which can normalize and put into perspective what the client is experiencing
- Be open to discussing coping mechanisms to deal with microaggressions and oppression (e.g., racism, sexism, etc.) (Williams, 2020)



Confronting implicit bias

- Recognize, accept, and reduce interracial anxieties through use of cognitive behavioral therapy (work with your own thoughts)
- Use mindfulness: research shows that meditative audios can help individuals focus on their sensations and thoughts in a nonjudgmental way and lessen implicit bias (Lueke & Gibson, 2015)
- Move from your comfort zone-immerse yourself in different environments
- Start “bias journaling” where you can write about shame, guilt, embarrassment, or anxiety you may have and processing tangible steps you can take to conquer this bias
- Think about people you may usually avoid and be intentional about engaging these individuals
- Educate yourself about your client’s culture. Reading is important



Strategies for self-care as you do the work of confronting bias

Collective coping

- Seek connection and support from family, friends, and one's racial community
- Establish personal and professional networks (e.g., mentoring)
- Racial microaffirmations: verbal and nonverbal strategies that affirm one's values, integrity, and humanity
- Humor and laughter to reduce the power of racial microaggressions and bond with others

Resistance coping

- Challenge/resist White, Eurocentric normative behaviors (i.e., individual and systemic)
- Defy stereotypes with authenticity (e.g., wearing one's natural hair)
- Confront perpetrators directly when it feels safe to do so (e.g., calling in, naming microaggressions, education, humor)

Self-protective coping

- Seek supervision (i.e., process and validation)
- Utilize basic self-care activities
- Engage in culturally relevant practices that reestablish pride in one's racial group and reminds one of their strength
- Organized religion (e.g., church) and spirituality
- Desensitize, avoid, and disengage to minimize stress associated with racial microaggressions

(Spanierman et al., 2021)

The Case of DeShawn

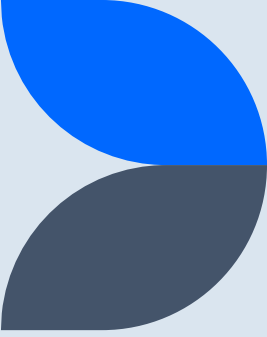


DeShawn is a 12-year-old African American boy who was referred to you for therapy after recently transferring schools. Upon review of DeShawn's academic transcript, it appears that he was previously a B/C student; however, this academic year he is failing all his courses except art. His teachers describe him as often off task in the classroom, either joking with peers, drawing, or staring out the window. DeShawn's referral to counseling services with you highlighted the aforementioned issues. During sessions, DeShawn is rather shut down and does not share much with you.

In one early session, you try asking DeShawn about his interests and family life to build rapport, but he tells you "It's none of your business" and he angrily leaves the session. You try to incorporate DeShawn's interest in art into sessions, but he often just puts his head down and does not engage. You have reached out to DeShawn's mother's cell phone multiple times and have gotten no response. When you send emails or notes home to his mother, you also get no response.

One day you see DeShawn's mom in the waiting room, and you approach her in an attempt to set up a meeting to learn more about DeShawn and to see ways you could help DeShawn and her family. Mom responds by saying, "Look lady. I got two other kids to pick up from school and I have to go to work. I have to go. I don't have time." Mom appears nonresponsive and DeShawn is often angry and resistant to services.

The Case of DeShawn: Breakout Groups



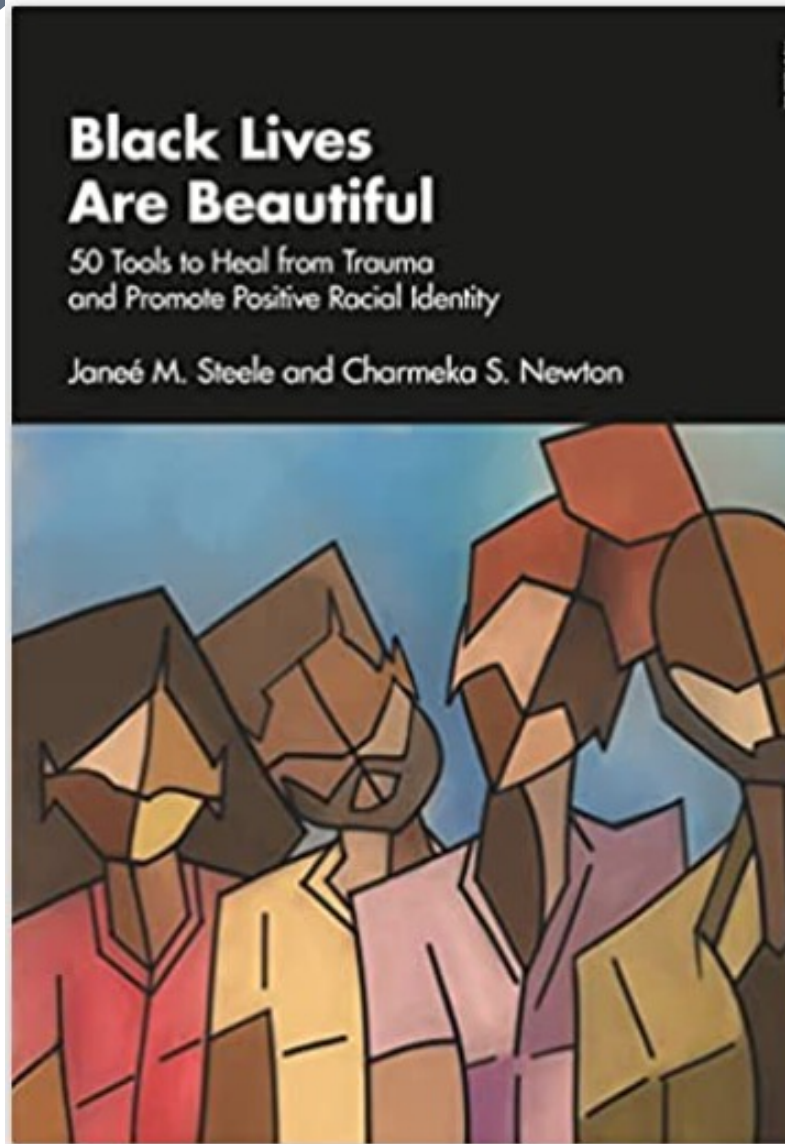
In groups, discuss the following questions:

- What aspects of the case may potentially be influenced by implicit bias?
- What are the specific stereotypes that may elicit implicit bias in the case?
- Based on the details of the case, what steps would you take to mitigate the potential impact of implicit bias in this case?

Finding our way forward

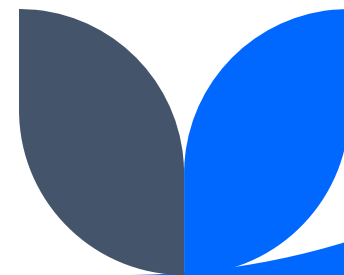
- See our clients as individuals, not stereotypes
- Take time to pause, reflect, and engage in perspective taking
- Increase exposure and shift perspective





Check out our recently released publication

https://www.amazon.com/Black-Lives-Are-Beautiful-Positive/dp/1032117427/ref=tmm_pap_swatch_0?_encoding=UTF8&qid=&sr=



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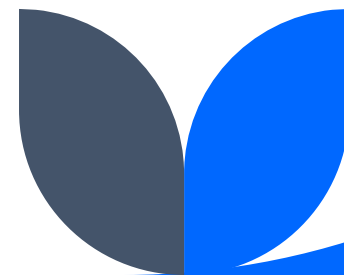
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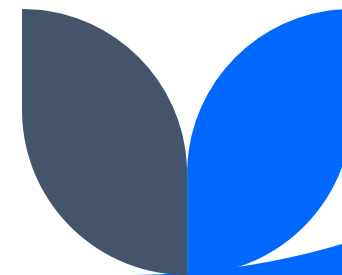
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