

# UNCOVERING IMPLICIT BIAS: A Guide for Mental Health Professionals

Presented by:  
Drs. Janeé Steele and Char Newton

# Presenters

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*Dr. Janeé Steele*

Dr. Janeé Steele is a licensed professional counselor, counselor educator, and diplomate of the Academy of Cognitive and Behavioral Therapies. Dr. Steele is also the owner and clinical director of Kalamazoo Cognitive and Behavioral Therapy, PLLC, where she provides therapy, supervision, and training in CBT. In addition to her clinical work, Dr. Steele is an Associate Editor of the Journal of Multicultural Counseling and Development.

# Presenters

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*Dr. Char Newton*

Dr. Char Newton is a fully licensed psychologist and in practice at Legacy Mental Health Services, PLLC. Dr. Newton also has over 10 years of experience in clinical, academic, and community settings, including teaching experience at both undergraduate and graduate levels of higher education and is a member of the Michigan Board of Psychology, appointed by Governor Gretchen Whitmer. She was recently awarded the 2022 Distinguished Psychologist Award from the Michigan Psychological Association.

# Learning Objectives

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- As a result of this webinar, you will be able to:
  - Define implicit bias and explain the science behind it
  - Assess your own implicit bias
  - Reduce implicit bias in the therapeutic relationship
  - Engage in regular assessment of personally held values, stereotypes, and worldviews leading to implicit bias

# Something to think about...

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- Conversations about culture and bias can be difficult
  - Please take care of yourself!
- If you are a target of oppression
  - Be aware of anything that might be triggering or 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 Are the Things You Bring to the Room?

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- 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

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- 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

# Understanding the Science Behind Implicit Bias



# Key Terms

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- **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, ability, age, etc.)
- Bias is fundamental to the way human beings process the world—it does not necessarily reflect intentional bigotry or prejudice
- Implicit bias is a “form of rapid social categorization” whereby we routinely and rapidly sort people into groups

# Key Terms

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- **Stereotypes** can be defined as oversimplified generalizations about groups or categories of people (Abreu, 2001, p. 493)
  - 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
- **Marginalized** refers to groups that are oppressed in society and lack the systemic advantages bestowed on privileged groups (Ratts et al., 2016, p. 31)
  - In the United States, this refers to groups that are oppressed on the basis of race, gender/gender expression, sexuality, class, age, ability, and religion

# Examples of Marginalized Groups Within Various Social Identities

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- **Race:** African American/Black, Asian American, Pacific Islander, Latino/a/x/e American, Native American/Indian, and Biracial/multiracial
- **Gender:** Women, transgender or gender-nonconforming individuals
- **Sexual orientation:** Lesbian, gay, and bisexual or other non-heterosexual individuals
- **Socioeconomic status:** Individuals in poverty
- **Age:** Youth and elders
- **Ability:** Individuals with mental and physical disability
- **Religion:** Buddhist, Muslim, etc. (Ratts, 2017, p. 94)

# Key Terms

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- **Intersectionality:** belonging to multiple marginalized identities
  - Many of the stereotypes we have are specific to the intersection of various marginalized identities
- Intersectionality is important when thinking about implicit biases and their broader ethical and cultural implications of our work as clinicians.
  - **Example:** The multicultural counseling competencies state that culturally competent counselors “can recognize their stereotyped reactions to people different from themselves...consciously attend to examples that contradict stereotypes...[and] give specific examples of how their stereotypes...can affect the counselor-client relationship” (Arredondo et al., 1996, p. 63)

# Example of Intersectional Identities

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- African American women are affected by a widespread group of stereotypes that not only affect how others see them but how they see themselves as well:
  - the 'mammy' stereotype, in which African American women are depicted as the faithful, obedient domestic servant,
  - the 'Jezebel' stereotype, which depicts African American women as sexually deviant
  - the 'Sapphire' stereotype, in which Black women are viewed as hostile and nagging (Collins, 2009, p. 80)

# Understanding Stereotypes and Implicit Biases

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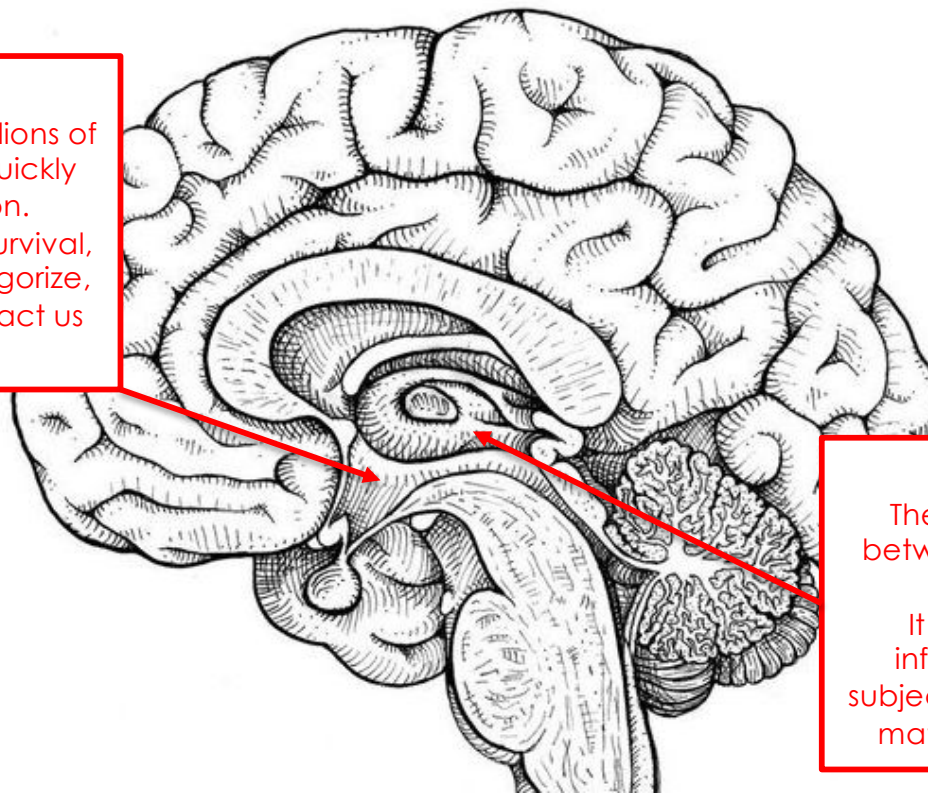
- Awareness of the more complex stereotypes we hold can help therapists as they seek to understand their stereotyped reactions and their influence on how they view clients and conceptualize their problems:
  - How do we view certain behaviors in this population?
  - How we interpret non-verbal body language, tone of voice, etc.?
  - Do we seek to understand behavior within the client's historical/societal context?
  - Do we consider that certain behaviors may be symptoms of an underlying psychiatric disorder?

# Implicit Bias and the Brain

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## **Amygdala**

The amygdala processes billions of stimuli per day and must quickly choose what to focus on. This information is used for survival, to make inferences or categorize, and feel emotions that attract us to certain people.



## **Hippocampus**

The hippocampus forms links between memories and creates meaning. It matches new, incoming information with subjective memories in a way that matches preexisting schemas.

# Understanding Our Identities



# Understanding Our Identities

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- Uncovering our implicit biases begins with understanding of our own identities and cultural worldviews, both as individuals and as a profession
- A worldview “constitutes our psychological orientation in life and determines how we think, behave, make decisions, and define events. It includes one’s group and individual identities, beliefs, values, and language that construct a reality for perceiving life events” (Kohl, 2006, p. 176)
- The mental health profession is based on an individualistic worldview that may not be compatible with the psychological orientation of individuals from more collectivistic worldviews, and may lead to implicit biases

# Individualism and the Mental Health Professions

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- **Individualism:** the view that individuals should be allowed to “follow their own voice” as part of an overall goal of maximizing one’s self-interest
- Individualistic values characteristic of U.S. society have an especially significant influence on theory, case conceptualization, and therapeutic intervention (Fowers et al., 1997)
  - **Example:** a focus on inner thoughts and feelings and goals and interventions that are ultimately reflective of what’s best for the individual rather than the collective unit

# Bias Toward Individualism

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- Bias toward individualism can be especially important for clients with a collectivist worldview who may emphasize interdependence and family kinship ties, family values, and deference to authority over individual goals
  - Consider Justin, a 41-year-old East Asian man who entered therapy due to anxiety around career decision-making. A traditional approach reflecting a value preference for self-fulfillment may focus on making a career decision that aligns with Justin's individual interests and goals, while a more collectivistic approach may have a greater emphasis on making a decision that is in the best interest of the family

# Personal Values and Implicit Bias

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- **Values:** “A conception, explicit or implicit, distinctive of an individual or characteristic of a group, of the desirable which influences the selection from available modes, means and ends of action”  
(Kluckhohn, 1951, p. 395)
- In the therapeutic context, a therapist’s values may also lead to implicit biases and have an impact on the therapist’s approach to assessment, case conceptualization, and treatment planning
- Katz (1985) explored this idea, describing ways in which White cultural values in particular have served as the foundation of counseling theory, research, and practice

TABLE 1 The Components of White Culture: Values and Beliefs

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<p><i>Rugged Individualism:</i>            Individual is primary unit            Individual has primary responsibility            Independence and autonomy highly valued and rewarded            Individual can control environment</p> <p><i>Competition:</i>            Winning is everything            Win/lose dichotomy</p> <p><i>Action Orientation:</i>            Must master and control nature            Must always do something about a situation            Pragmatic/utilitarian view of life</p> <p><i>Decision Making:</i>            Majority rule when Whites have power            Hierarchical            Pyramid structure</p> <p><i>Communication:</i>            Standard English            Written tradition            Direct eye contact            Limited physical contact            Control emotions</p> <p><i>Time:</i>            Adherence to rigid time schedules            Time is viewed as a commodity</p> <p><i>Holidays:</i>            Based on Christian religion            Based on White history and male leaders</p> <p><i>History:</i>            Based on European immigrants' experience in the United States            Romanticize war</p>	<p><i>Protestant Work Ethic:</i>            Working hard brings success</p> <p><i>Progress and Future Orientation</i>            Plan for future            Delayed gratification            Value continual improvement and progress</p> <p><i>Emphasis on Scientific Method:</i>            Objective, rational, linear thinking            Cause and effect relationships            Quantitative emphasis            Dualistic thinking</p> <p><i>Status and Power:</i>            Measured by economic possessions            Credentials, titles, and positions            Believe "own" system            Believe better than other systems            Owning goods, space, property</p> <p><i>Family Structure:</i>            Nuclear family is the ideal social unit            Male is breadwinner and the head of the household            Female is homemaker and subordinate to the husband            Patriarchal structure</p> <p><i>Aesthetics:</i>            Music and art based on European cultures            Women's beauty based on blonde, blue-eyed, thin, young            Men's attractiveness based on athletic ability, power, economic status</p> <p><i>Religion:</i>            Belief in Christianity            No tolerance for deviation from single god concept</p>
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# Bias and Therapy

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- Continuing with the case of Justin, a therapist who does not take into account the role of interdependence in Justin's decision-making may mistakenly conceptualize his anxiety as stemming from maladaptive fear of judgment from his family members rather than a lack in the skills necessary to balance his own interests with the needs of his family unit

# Avoiding Values Imposition

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- Thoughtful, ethical reflection and undergoing an explicit values clarification process are two strategies therapists can use to avoid imposing values/bias onto clients (Tjeltveit, 2015)
  - Have you had negative experiences with members of different races, genders, sexual orientations, etc.? How have these experiences impacted you personally and professionally?
  - What messages do you remember your family giving you about members of different races, genders, sexual orientations, etc.?
  - Do find yourself “holding back” or biting your tongue with members of certain races, genders, sexual orientations, etc.? If so, why?
  - To what extent do you find yourself feeling uncomfortable when working with members of different races, genders, sexual orientations, etc.? What do you believe that is about?
  - What assumptions do you make about members of different races, genders, sexual orientations, etc.?
  - How do you feel your values differ from members of different races, genders, sexual orientations, etc.?

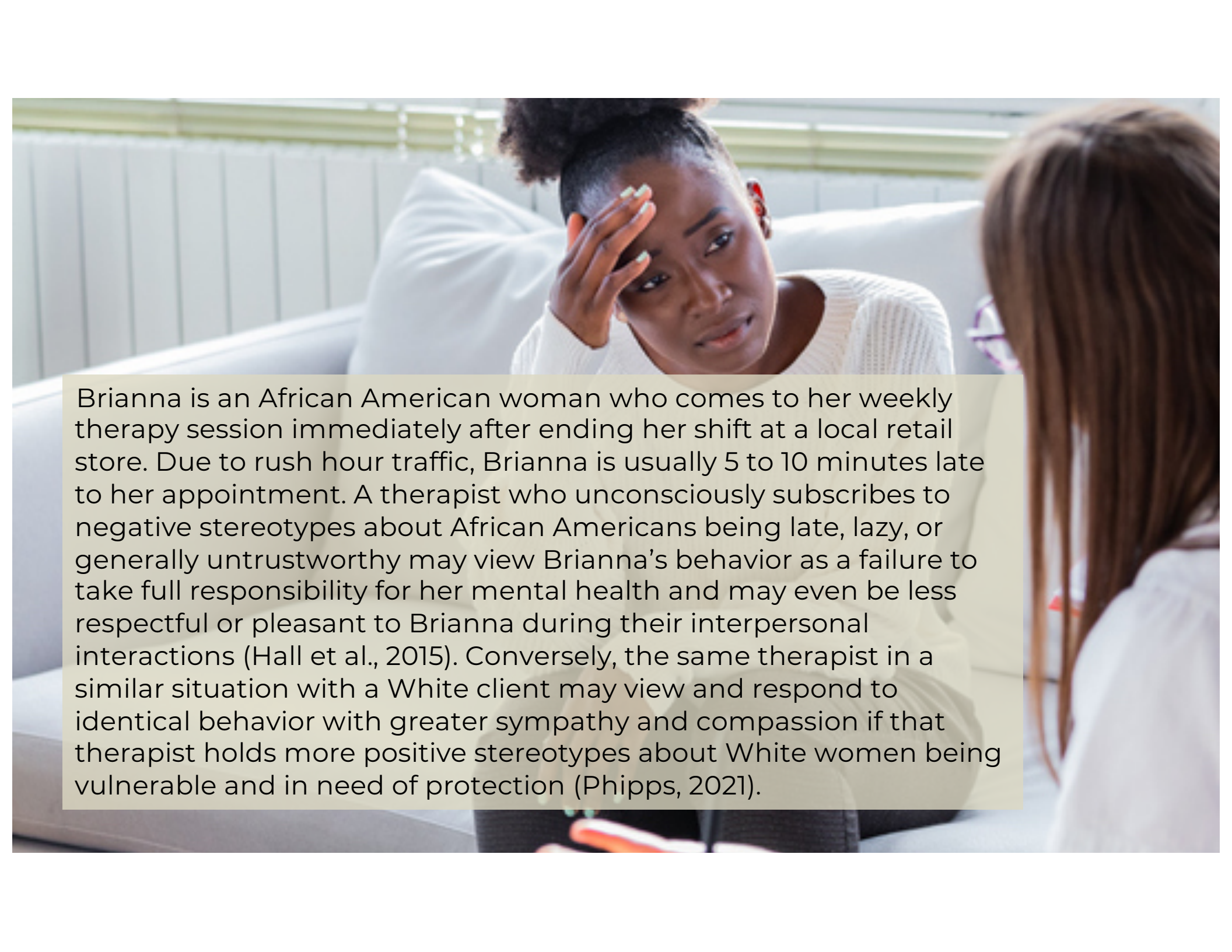
# Understanding Our Biases



# Bias in the Therapeutic Setting

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- Research suggests counselors and counselors-in-training demonstrate implicit bias even when they rate themselves as multiculturally competent
- 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



Brianna is an African American woman who comes to her weekly therapy session immediately after ending her shift at a local retail store. Due to rush hour traffic, Brianna is usually 5 to 10 minutes late to her appointment. A therapist who unconsciously subscribes to negative stereotypes about African Americans being late, lazy, or generally untrustworthy may view Brianna's behavior as a failure to take full responsibility for her mental health and may even be less respectful or pleasant to Brianna during their interpersonal interactions (Hall et al., 2015). Conversely, the same therapist in a similar situation with a White client may view and respond to identical behavior with greater sympathy and compassion if that therapist holds more positive stereotypes about White women being vulnerable and in need of protection (Phipps, 2021).

# Bias in the Therapeutic Setting

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- Research indicates that individuals from negatively stereotyped, low-status groups are judged differently than individuals from positively stereotyped, high-status groups (Gushue, 2004):
  - 158 White master's level counseling and clinical psychology students were given a fictitious counseling center intake report that differed only in terms of the race listed for the client
  - Half of the participants were given an intake form that listed the client's race as White, while the other half of the participants received a form that listed the client's race as Black
  - Results of this study showed that the Black client was perceived as significantly less symptomatic when compared to the White client in spite of the fact that all of the information presented in the intake outside of race was identical
  - Findings are consistent with previous research indicating that individuals from negatively stereotyped, low-status groups are judged differently than individuals from positively stereotyped, high-status groups

# Identifying Our Biases

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- 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)

# The Implicit Association Test

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- The Implicit Association Test (IAT) is a measure of attitudes and beliefs people may be unwilling or unable to report (<https://implicit.harvard.edu/implicit/education.html>)
- According to the test's website, the IAT does this by measuring the strength of associations between certain groups of people such as Black people and evaluations like good or bad, or stereotypes like athletic or clumsy (<https://implicit.harvard.edu/implicit/iatdetails.html>)

# Flip It To Test It

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- 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.”

# Break Out Groups

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- 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?

# Additional Strategies for Understanding Our Implicit Biases

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## Intellectual

Johnson and Melton (2021) recommend addressing the intellectual aspects of bias, for example, overgeneralizing and confirmation bias

Research, thinking, reflection, and journaling are strategies that allow for the break down of intellectualization of bias standpoints

## Emotional

Johnson and Melton (2021) encourage individuals to look at how emotional responses such as fear, anger, and suspicion play into one's bias

Strategies for doing so may include supervision or personal therapy

## Relational

Bias often continues as a result of "othering" people of color and by avoidance of these groups

Relational strategies for addressing bias may include forming positive relationships with African Americans or joining cultural groups or community partnerships that bridge cultural gaps

# Increasing Empathy and Curiosity

# Overcoming Bias

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- Per Fitzgerald et al. (2019), intentional strategies to overcome biases may include:
  - Exposure,
  - Identifying the self with the outgroup, and
  - Exposure to counterstereotypical messages as holding merit to address implicit bias
- In addition, stereotype replacement can also help build empathy and address implicit bias

# Exposure

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- 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 orientation, and other groups may be present can help with developing empathy and understanding for people who are different than us.

# Identifying Self With the Outgroup

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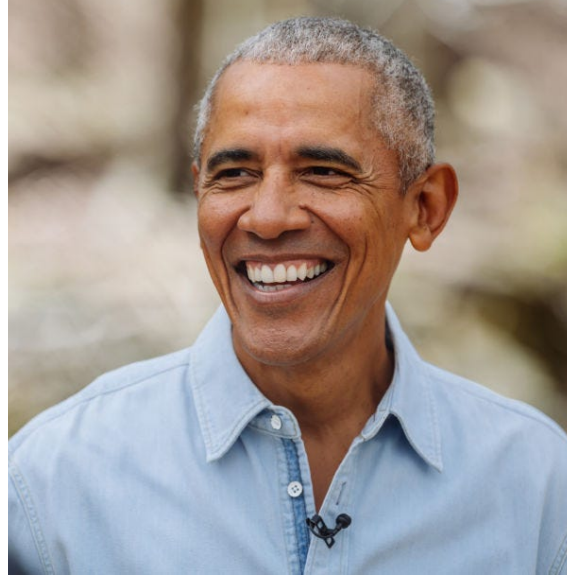
- Get curious about how you might actually identify with or be similar to the group for which you hold bias
- As the counselor, you might perform tasks that lessen barriers between yourself and the outgroup so that you can see similarities.
  - **Example:** having a client look at their values as it relates to their treatment goals might help you see ways you have similar values to those of your client
- Furthermore, counselors can engage in perspective taking “Putting yourself in the other person’s shoes”
  - Ask questions like “What might it feel like being a Black male and knowing that the police maybe profiling or mistreated you because of your race?” “What emotions might this elicit?”



# Counterstereotypical Messages

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- **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

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- 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?

# Navigating Difficult Conversations

# Strategies for Navigating Difficult Conversations With Clients

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- 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 mental health impacts of racism 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)

# Reducing Microaggressions and Other Ruptures to the Therapeutic Relationship

# Microaggressions

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- **Microaggression:** A statement, action, or incident regarded as an instance of indirect, subtle, or unintentional discrimination against members of a marginalized group such as a racial or ethnic minority (Sue et al., 2007)
- Types of Microaggressions:
  - Environmental microaggressions
  - Microinsults
  - Microinvalidations
  - Microassaults

# Environmental Microaggressions

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- **Environmental microaggressions:** things in the environment that send a messages of invalidation to a marginalized group (Sue et al., 2019; Sue et al., 2007)
  - A waiting room office only has pictures of American presidents
    - **Message:** You don't belong/only White people succeed
  - Every counselor at a mental health clinic is White
    - **Message:** You are an outsider/You don't exist

# Microinsults

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- **Microinsults:** Verbal and nonverbal communications that subtly convey rudeness and insensitivity and demean a person's heritage or identity (Sue et al., 2019; Sue et al., 2007)
- **Ascription of intelligence:** A career counselor asking a Black or Latino student, “Do you think you are ready for college?”
  - **Message:** It is unusual for people of color to succeed
- **Pathologizing cultural values/communication styles:** A client of Asian or Native American descent has trouble maintaining eye contact with his therapist. The therapist diagnoses him with a social anxiety disorder.
  - **Message:** Assimilate to dominant culture



# Microinvalidations

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- **Microinvalidations:** Communications that subtly exclude, negate or nullify the thoughts, feelings or experiential reality of a marginalized person (Sue et al., 2019; Sue et al., 2007)
- **Color blindness:** A client of color expresses concern in discussing racial issues with her therapist. Her therapist replies with, “When I see you, I don’t see color.”
  - **Message:** Your racial experiences are not valid
- **Myth of meritocracy:** A school counselor tells a Black student that “If you work hard, you can succeed like everyone else.”
  - **Message:** People of color are lazy and/or incompetent and you need to work harder. If you don’t succeed, you only have yourself to blame (blaming the victim)

# Microassaults

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- **Microassaults:** Conscious and intentional actions or slurs, such as using racial epithets, displaying swastikas or deliberately serving a White person before a person of color in a restaurant (Sue et al., 2019; Sue et al., 2007)

# Cultural Ruptures

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- 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 Microaggressions and Other Ruptures to the Therapeutic Relationship

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- 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 respects
- Validate your client's pain and frustration when microaggressions are pointed out by the client
- Acknowledge your bias and blind spots...don't take the defensive stance
- Invest in learning through professional development opportunities (e.g., webinars/conferences)... you must be a lifelong learner (Williams, 2020)

# Additional Strategies

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- Conduct a cultural interview. You can use APA's Cultural Formulation Interview to help the client tell their narrative and cultural perception of the difficulties that may bring them into counselor
- Use good test/assessment measurements that allow you to understand the client better as it relates to race-based or other cultural issues (e.g., Trauma Symptoms of Discrimination Scale, Multigroup Ethnic identity Measure, General Ethnic Discrimination Scale, Schedule of Racist Event, The Everyday Discrimination Scale)

# Confronting Bias

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- 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 sensation and thoughts in a nonjudgmental way and lessen implicit bias (Lueke & Gibson, 2015)
- Move from your comfort zone: emerge 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

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## 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)

# Finding Your Way Forward

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



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