



Cultural Mistrust and Counseling: A Review of Factors Impacting African Americans Males

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Abstract

African American males are less likely to engage in mental health services. Racial discrimination, cultural mistrust, mental health disparities, and racial identity roles are significant factors impeding African American men from pursuing or continuing counseling. Unfortunately, counselors subliminally acknowledge the stereotypical labels ascribed to African American males lead to a poor or non-existing rapport, and tend to create solutions for the clients, disregarding their intrinsic motivation and autonomy. This conceptual article discussed racial discrimination, microaggression, and community ties as the barriers to counseling engagement among African American males. The article also highlighted the history of counseling African American males and the present urgency for a culturally sensitive model using the concepts of Motivational Interviewing for encouraging counseling engagement and autonomous resolution of ambivalence.

Keywords: African American male; Racial microaggression; Culturally diverse counseling; Motivational interviewing.

1. Introduction

African American males are reluctant to seek or engage in mental health counseling. The research on White mental health professionals providing counseling to African American males has revealed unfavorable outcomes, based on racism in the therapeutic process (Hankerson *et al.*, 2015). Williams and Williams-Morris (2000) described that White therapists' racial bias is based on negative images and stereotypes of people of color. Although there has been a consistent effort to provide culturally competent education and training for therapists and counselors, there are subtle and negative worldly views about African Americans (Sue *et al.*, 2008b), resulting in preconceived notions and generating mistrust and doubt among African American male clients. Hammond (2010) found a correlation with mistrust and lack of counseling among African Americans. Since the reality of an African American male is quite different from White Americans, Johnson (2006) has called for counselors to become more humanistic and understand the African American male client's concrete realities and their perceptions of the world around them that causes mistrust.

African American males have often been classified as an "endangered species" (Parham & McDavis, 1987; Thomas, 1985; Warfield & Marion, 1985; as cited in Thorn and Sarata (1998). With recent the murders of George Floyd and Ahmaud Arbery, and the Black Lives Matters protests on racial profiling and police brutality, it is apparent the lives of African American males are not valued in society today (Maiden *et al.*, 2020). The difficulties endured each day of social injustice and problematic mental and physiological health affect African American male's psychological stability and how they view mental health professionals (Hankerson *et al.*, 2015). Thorn and Sarata (1998) also explained the notion of African Americans males being endangered based on their shorter life span than their White counterparts. Not only do these psychosocial factors correlate to a shorter life, but they also impede self-empowerment and success. Due to their everyday challenges, counseling is often viewed as another concern representing a form of oppression (Sue *et al.*, 2008b).

Training in cultural competencies is the starting point for White counselors, but it also involves becoming aware of racial undertones, hidden biases, and microaggression (Sue *et al.*, 2008b). White counselors' acknowledgment of African American males' worldview must be incorporated into therapeutic alliances that foster self-awareness and change. Furthermore, Johnson (2006) called for counselors to become mindful of the African American cultural dynamics (e.g., racism, racial identity) and not impose White values. Specifically, African American males need respect shown by the counselor through the explicit consciousness of historical and present racial dynamics and eradicate condescending attitudes in the counseling process. Thus, the purpose of this conceptual article is to discuss

the history of racial discrimination, microaggression, and community ties as barriers to counseling engagement among African American males. The article also highlights the history of counseling African American males and the present urgency for a culturally sensitive model using the concepts of Motivational Interviewing for encouraging counseling engagement and autonomous resolution of ambivalence.

2. History of Racism

African American males have endured hardships across the history of racial segregation in the United States. Racism is defined as the practice of discrimination against a racial group. The acts of racism are often blatant, but it can also be subtle or obscure. The more brazen forms are the history of "Jim Crow" segregation and the "separate but equal" concepts. These extreme forms of racism highlighted despicable behaviors from the majority culture towards African Americans. The purpose was to create fear, prevent equality, and antagonize African Americans, especially true for African American males (Liberato *et al.*, 2008).

Additionally, racism created racial disparities in the political process, limited education, and limited resources to change their community. African American communities have often been stereotyped as subpar, termed the "Black inferiority philosophy" (Mays, 1985), p.382. This research states that the majority culture perceived their culture as cognitively, socially, and mentally competent compared to African Americans. To this day, stereotypical thinking facilitates a sense of invisibility among African American males. Franklin (1999), defined invisibility philosophy as the perception that one is not valued or heard due to the majority's racist ideologies. The feeling of invisibility grows with each personal experience of blatant discrimination and subtle racism.

3. Microaggression

Microaggressions are intentional or unintentional brief exchanges that communicate hostile, derogatory, negative slights and insults that result in harmful or unpleasant psychological influence on an individual or group (Sue *et al.*, 2007). Microaggression signs may include ambivalence to cultural differences or an assumption that all clients fall into a categorical functioning level. In counseling, microaggression is defined as unconscious, yet cunning messages (Constantine, 2007) towards African Americans. People are often unaware of the behaviors or statements and their effects on African Americans (Constantine, 2007). These behaviors are detrimental (Buser, 2009) to the African American male psyche. Examples of microaggression include mistaking a young black male leaving a lavish restaurant as the valet, or making statements to black males that "you love his hip hop music." Such racial microaggression is learned through generational stereotypes and categorizing all black males as "the help" and entertainers. Sue *et al.* (2008a), defined this form of racial microaggression as a microinsult. In counseling, microinsults statements or questions by White Americans can include, "Wow, you've never been in trouble?" or "Your parents graduated from college?" in a patronizing manner. These microaggression impediments may be worsened for African American males who feel that they are not valued by society. When African American males are not recognized or valued for their contributions to society, there is an intrinsic struggle to achieve acceptance, which prevents them from seeking counseling.

4. Community Ties

The African American community plays a significant role in the decisions made by African American males. Franklin (1999), explained that the African American community has its practices, language, and personality that differ from the majority culture. The African American male identifies his community as family, friends, and the church. This community is built on commonalities, such as coping with racism (Liberato *et al.*, 2008), psychosocial inequalities, racial identity, and faith. The African American community is resilient to daily hardships. Liberato *et al.* (2008), described this resiliency of past, and present adversities often told through storytelling that provides community visibility. There is supportive visibility with African American males in the community (Johnson, 2006) that provides a sense of identity. This visibility also creates a positive acceptance of self. African American males exude a sense of power by speaking about their daily resilience to one another, and this power often translates into identity.

Racial identity is defined as "a feeling of connection to or sharing commonalities with an ethnic-racial group" (Helms, 1990; as cited in Johnson (2002), p.73). African American males have a lengthy timeline of oppressive treatment and clichés that demoralized their self-worth.

Unfortunately, many underprivileged African American males develop their identities through anger resulting from psychosocial and environmental inequalities (Oliver, 2006) and a misguided self-concept. The African American male's racial identity occurs in neighborhoods (Oliver, 2006) at a young age. African American males congregate to share stories of racial and gender identity conquests. Material gains and status have become a more acceptable form of racial identity validation; therefore, the attitudes and perceptions of counseling (e.g., "counseling is for the weak") do not fit into the African American male persona (Franklin, 1992).

Lastly, African American communities share spiritual and faith commonalities that span generations. Spirituality and faith are often intertwined in the African American community. Spirituality acknowledges a higher power (Hall, 2001), and faith is based on the belief that God (higher power) is omnipresent and will protect the righteous that trust in Him. Hall (2001), suggested that spiritual attitudes shape the African American community's values, and Liberato *et al.* (2008) reported that community provides a feeling of protection and connection. The spiritual activities (e.g., prayer) are considered the foundation of African Americans' faith (Utsey *et al.*, 2007).

African Americans are more inclined to reach out to spiritual advisors than counselors. Therefore, community dynamics (i.e., family, spirituality) and values are imperative factors when counseling African American males.

5. History of Counseling African American Males

[American Counseling Association \(2014\)](#), section A, states that counselors facilitate client growth and development in ways that foster clients' interest and welfare and promote the formation of healthy relationships. Counselors actively attempt to understand the diverse cultural backgrounds of the clients they serve. Counselors also explore their own cultural identities and how these affect their values and beliefs about the counseling process (2014, p. 4). Although counselors must process their belief system and not hinder the counseling process with preconceived biases and prejudices, the history of counseling African American males has shown poor adherence to these principles.

Historically, African American males were often betrayed ([Franklin, 1992](#)) due to health issues, resulting in treatment providers' deep skepticism. Consequently, African American males are more likely to be referred for outpatient and inpatient treatment than White males ([Thorn and Sarata, 1998](#)), but they are less likely not to utilize mental health counseling ([Maxie et al., 2006](#)). This is often the case due to behaviors, attitudes, and thoughts different from the majority. When African American philosophies do not coincide with societal norms, they are classified as deviant ([Hankerson et al., 2015](#)) and usually based on the majority's inability to conceptualize African American men's values in treatment.

[Hankerson et al. \(2015\)](#), expressed concern with the discriminatory execution style of mental health counseling for African Americans. For example, African American males have received an overrepresentation in paranoid schizophrenia diagnoses ([Whaley, 2001](#)). There have been debates regarding what is considered abnormal with culturally diverse populations, such as using the term "healthy cultural paranoia" ([Grier & Cobbs, 1968](#); as cited in [Franklin \(1992\)](#)). [Whaley \(2001\)](#) further explained that the counseling process between African American male clients and White counselors could be misinterpreted. This is based on the clients' mistrust attitude and the interpretation of the attitude as pathological from the counselor. [Whaley \(2001\)](#) also noted that White counselors rarely assess for depression among African American males' and expressing anger and mistrust is often considered.

Counselors are not always empathetic or culturally sensitive to African American males ([Mizelle et al., 2020](#)). There is on-going research to identify the most effective counseling models for diverse populations ([Sue and Zane, 1987](#)). Some research has focused on the client's needs and others on the counselor's cultural knowledge. We contend that facilitating the client's epiphany of self-determined change. This should be the foundation of culturally sensitive counseling models. This core competency should play a primary role in fostering change. With increased self-awareness and a sense of autonomy to move past the resistance to a therapeutic relationship, the African American male client will become more trusting of the counseling process and engage with genuine interest.

6. Culturally Sensitive Counseling Model

[Constantine \(2007\)](#), posited that African Americans encounter discrimination regularly in everyday life, which is true in counseling. The counseling relationship must be developed on respect and understanding. The culturally sensitive model (CSM) should be employed when working with African American males. The CSM strives to achieve the ability and availability to work effectively within the client's cultural context. The practice model requires counselors to see themselves as becoming culturally competent rather than being culturally competent, and it involves the integration of cultural desire, cultural awareness, cultural knowledge, and cultural encounters ([Campinha-Bacote, 2008](#)). Each of these constructs should be applied to counseling African American clients. Counselors must understand that they should not patronize the client with overly empathic overtones and apologetic statements for problems (i.e., apologetic for other individual microinsults). [Vontress](#) highlighted that this is important to build a therapeutic alliance (as cited in [Mays \(1985\)](#)). The beginning strategy for counselors is completely rejecting stereotypes through self-awareness, education, and providing a nonjudgmental environment. At all times, counselors should practice positive regard, genuineness, and empathy as needed. African American males will have doubt, and [Franklin \(1994\)](#) suggested that counselors should allow this doubt to occur until they feel comfortable in the therapeutic process. As listed in [Table 1](#), the most crucial step for White counselors is self-reflection and rapport building. African American males have difficulty trusting; therefore, the rapport building is critical early in the process. Counselors should allow sessions to flow naturally without judgmental statements, diagnosing, or interruptions.

Change talk and intrinsic motivation are important factors for clients; however, adding a culturally sensitive component focusing on the counselor's own change talk, tone, and directive approach are essential. The counselors' attending skills are pertinent as they seek permission to provide input to the client. African American males are often realist and focus on the present environmental factors. In therapy, processing changes may appear unrealistic due to external problems that cannot be changed ([Mays, 1985](#)). The societal order plays a role in the African American male's distress, but the counselor focuses on using the client's positive talk to identify intrinsic motivators and not societal skillfully. The counselor must be mindful of how this process is executed to prevent client relational problems. Additionally, the counselor's role is to direct the client's focus on coping with the psychosocial factors ([Mizelle et al., 2020](#)).

7. Motivational Interviewing

Motivational Interviewing (MI), developed by Rollnick and Miller (1995), is a nonjudgmental and non-confrontational counseling approach that is based on person-centered therapy (Rogers, 1961, as cited in Mason (2009)). The utilization of MI was an alternative theoretical approach for substance abuse but was presently implemented to assist with other dysfunctional behaviors. Moving beyond person-centered therapy, MI employs an intensive approach for addressing the client's ambivalence about change (Hetteema *et al.*, 2005). Stout (n.d) described MI as a model that encourages change by exploring and resolving real problems using intrinsic factors. The MI approach helps resistant clients or those who experience distress with change (Mason, 2009).

The use of MI is widely used for various behavioral concerns. Evidence-based MI applications have been used to target the ambivalence to change in African American clients (Stout, n.d). For example, using MI, counselors could assist African American males in engaging and developing trust with families that were substantiated as neglectful or abusive (Stout, n.d). Using MI and incorporating culturally sensitive models (CSM) that combat microaggressions are considered a practical approach with African American males. Once microaggression behavior is controlled, counselors may use this the MI approach to focus on the client's autonomy for change via an exploration of African American male clients' personal experiences of racism and community ties.

An essential aspect of MI is communication forming a counselor-client relationship. Constantine (2007) suggested that African American clients who did not have a productive alliance with a counselor believed the counselor to have biases and minimum cultural competence training. To elucidate MI's use, the approach (Miller and Moyers, 2006) is paralleled with the culturally sensitive tenets for counseling African American males (Table 1). In African American males, MI elicits a sense of empowerment over their problems and changes the primary belief of external factors control self-change and motivation. Franklin (1992), stated counselors that African American males believed that counseling engagement would compromise their manhood, leaving him feeling as if he lost control. The use of a culturally sensitive model, with an MI focus, can enhance engagement and trust to motivate client change.

Furthermore, adopting MI into a culturally sensitive approach allows the client to feel heard about oppression as the counselors develop a new perspective of the African American male. African American male will feel visible and have a sense of self-determination. Counselors must foster a comfortable space for client engagement and commitment to progress to the level of self-determination (Vallerand *et al.*, 2008).

8. Conclusion and Recommendations for Counselors

Regardless of multicultural training or good intentions to provide non-biased services, White counselors need a fresh understanding of why African American males mistrust counseling and therapeutic treatments. White counselors must identify statements and behaviors that African American males may identify as subtle racism. Constantine (2007) discussed that some African American males are not aware of microaggression. This means if the racism is not blatant, some African American males are unaware that discriminatory racial undertones have occurred. The messages classified as microaggression should be addressed in cultural competency guidelines within counseling supervision paradigms, thus providing counselors with an in-depth understanding of their unintentional behaviors.

Counselors should view their African American male clients from an intersectionality viewpoint that considers race, class, and gender (Harper *et al.*, 2009). This consideration helps the counselor understand the challenges black males contend with Harper *et al.* (2009) to understand their perspective better. Counselors should utilize specific strategies when counseling African American males. These strategies include meeting this target demographic in the community instead of the office, building rapport, and conducting psychoeducational and action-oriented counseling sessions (Harper *et al.*, 2009).

Counselors must ensure that their attending skills should be the initial contract for the new counselor-counselee relationship. This includes verbal and non-verbal messages with African American male clients. We have learned that African American males experience invisibility in White America; therefore, White counselors must validate these hardships in counseling (Franklin, 1999). Each client has different values, thoughts, and feelings, but counselors must be aware of their comfort levels (Maxie *et al.*, 2006) when counseling African American males. If White counselors become uncomfortable with African American males addressing discrimination issues or microaggression, this client may need to be referred elsewhere, without prejudice. Becoming self-aware of comfort and discomfort does not occur immediately. The MI and CSM approach can help White counselors become aware of their Black clients and understand their worldview.

Finally, the cultural sensitivity of mental health treatment for African American males should be assessed (Thorn and Sarata, 1998). The medical model is not culturally sensitive to African American males. Many of the concepts are based upon the White American views of socially acceptable or psychologically sound (Mays, 1985). A counselor should adhere to the social acceptance of the client's racial identity before a diagnosis. Counseling African American males means decisions and solutions rather than confrontations. The concept of client motivation impacts counseling engagement, resulting in client progression towards solutions (Walitzer *et al.*, 1999).

Table-1. MI and CSM approach for counseling African American males

MI	CSM
<p>The Spirit of Motivational Interviewing This is the beginning of openness and client independence. Using positive statements, a client focus more on the can, instead of cannot. Client's also develops a deeper understanding of selves and improve how he will see his circumstance.</p>	<p>Stage 1-(Most Important for Counselor) Use of positive statements through paraphrasing, address genuineness, and rebuttal statements. No consistent closed ended questions/statements (probing and interrogation).</p>
<p>Client Centered Counseling Use of open-ended questions, reflecting of thoughts, feeling Summarization & clarification statements made in session. The environment is exploring a deeper understanding than the previous stages. Possibly identifying their own ambivalence.</p>	<p>Stage 2 (Rapport Building) Encouragers, allow process of community factors (i.e., family, friends, pastors) and self explore own biases Stage 2 (Rapport Building) Encouragers, allow process of community factors (i.e., family, friends, pastors) and self explore own biases.</p>
<p>Recognizing and reinforcing change talk This stage focuses more on the ambivalence and motivators.</p>	<p>Stage 3 If rapport is established assist with highlighting strengths. *Do not ignore or be directive wit extrinsic factors. This may cause a set back with the therapeutic process as client discusses external roadblocks.</p>
<p>Change talk Counselor's listening skills are most important because the function of this stage is to reinforce positive statements made by the client. If positive statements are not made, the counselor intentionally asks open-ended questions to motivate a response. Counselor should not use the Why questions, as if to judge the client's reasoning for the dysfunction.</p>	<p>Stage 4 Focus on strengths, intrinsic motivators, and readiness to change. Confront clients inconsistencies in a non-threatening manner.</p>
<p>Rolling with the resistance This is a stage that can pull from other theoretical model such as Cognitive-Behavioral Therapy (CBT) for irrational thoughts about the change or Gestalt Therapy in assisting changing negative thoughts. Clients to define his/her own self-worth.</p>	<p>Stage 5 Solution focus is usually best fit with African American males. CBT is parallel with principles highlighting community. Processing feeling is usually not the best option. Foster helpfulness (goals), to develop own style of problem-solving (solutions).</p>
<p>Developing a change plan Counselors skillfully guide the client to a plan of change with consistent engagement from Stage 1 and 2. The counselor is no longer using another approach to address resistance.</p>	<p>Stage 6 Rapport building continues, process fear of change, skillfully assist with action plan. Mindful of language, tone.</p>
<p>Consolidating Client Commitment The Client no longer focuses on change talk Puts his words into action. Continue (+) messages, allow the client to make a commitment to self put words into action. It's good to continue the positive messages, but allow the client to make a commitment to self. Therefore, instead of the change talk of "I want to" the commitment is now "I am". Hope is past tense and the here and now has begun.</p>	<p>Stage 7 Continue with previous level – Attitude, tone, & language Focus on intrinsic motivation Allow client to focus on self-praises Encouragement address ambivalence statements Praise positive steps.</p>
<p>Motivational Interviewing and counseling paradigms Useful theoretical approaches that are not in direct conflict.</p>	<p>Stage 8 Solution concept and tangible, concrete actions for goals.</p>

Motivational Interviewing and Culturally Sensitive Model

References

- American Counseling Association (2014). 2014 ACA code of ethics. Available: <https://www.counseling.org/docs/default-source/default-document-library/2014-code-of-ethics-finaladdress.pdf>
- Buser, J. K. (2009). Treatment-seeking disparities between African Americans and whites: Attitudes toward treatment, coping resources, and racism. *Journal of Multicultural Counseling and Development*, 37(2): 94-104.
- Campinha-Bacote, J. (2008). *People of African-American heritage*. In I. Purnell and B. Paulanka (eds.), *T ranscultural health care: A culturally competent approach*. 3rd edn: F. A. Davis: Philadelphia.

- Constantine, M. (2007). Racial microaggressions against African American clients in cross-racial counseling relationships. *Journal of Counseling Psychology*, 54(1): 1-16.
- Franklin, A. J. (1992). Therapy with African American men. *Families in Society: The Journal of Contemporary Human Services*, 73(6): 350-55.
- Franklin, A. J. (1994). Invisibility syndrome: Conceptual and clinical issues in work with African American men. Special colloquium, Norfolk state university school of social work. Norfolk, VA.
- Franklin, A. J. (1999). Invisibility syndrome and racial identity development in psychotherapy and counseling African American men. *The Counseling Psychologist*, 27(6): 761-93.
- Hall, G. C. (2001). Psychotherapy research with ethnic minorities: empirical, ethical, and conceptual issues. *Journal of Consulting and Clinical Psychology*, 69(3): 502-10.
- Hammond, W. P. (2010). Psychosocial correlates of medical mistrust among African American men. *American Journal of Community Psychology*, 45(1-2): 87-106. Available: <https://doi.org/10.1007/s10464-009-9280-6>
- Hankerson, S. H., Suite, D. and Bailey, R. K. (2015). Treatment disparities among African American men with depression: implications for clinical practice. *Journal of Health Care for the Poor and Underserved*, 26(1): 21-34. Available: <https://doi.org/10.1353/hpu.2015.0012>
- Harper, F. D., Terry, L. M. and Twiggs, R. (2009). Counseling strategies with black boys and black men: Implications for policy. *Journal of Negro Education*, 78(3): 216-32.
- Hettema, J., Steele, J. and Miller, W. (2005). Motivational interviewing. *Annual Review Clinical Psychology*, 1: 91-111. Available: <https://doi:10.1146/annurev.clinpsy.1.102803.143833>
- Johnson (2002). Racial identity from an African American perspective. *Journal of Cultural Diversity*, 9(3): 73.
- Johnson (2006). Issues and insights: Counseling african american men: A contextualized humanistic perspective. *Counseling and Values*, 50(3): 187-96.
- Liberato, A. S. Q., Fennell, D. and Jeffries, W. L. I. V. (2008). I still remember America: Senior African Americans talk about segregation. *Journal of African American Studies*, 12: 229-42. Available: <https://link.springer.com/article/10.1007/s12111-008-9048-3>
- Maiden, J. L., Mizelle, N., Nichols, B. J. and Stewart, D. O. (2020). The impact of microaggressions on men of color in graduate counseling programs. *International Journal of Social Policy and Education*, 2(5): 57-66. Available: https://ijspe.com/Journals/Vol_2_No_5_July_2020/IJSPE-202041.pdf
- Mason, M. J. (2009). Rogers redux: relevance and outcomes of motivational interviewing across behavioral problems. *Journal of Counseling and Development*, 87(3): 357-62.
- Maxie, A. C., Arnold, D. H. and Stephenson, M. (2006). Do therapist address ethnic and racial differences in cross-cultural psychotherapy? *Psychotherapy: Theory, Research, Practice, Training*, 43(1): 85-98.
- Mays, V. M. (1985). The Black American and psychotherapy: the dilemma. *Psychotherapy*, 22(2): 379-88.
- Miller, W. R. and Moyers, T. B. (2006). Eight stages in learning motivational interviewing. *Journal of Teaching in the Addictions*, 5(1): 3-17.
- Mizelle, N., Maiden, J. L. and Stewart, D. O. (2020). Addressing racial disparities in mental health for African American males. *International Journal of Humanities, Social Sciences and Education*, 7(7): 199-205. Available: <https://doi.org/10.20431/2349-0381.0707022>
- Oliver, W. (2006). The streets: An alternative black male socialization institution. *Journal of Black Studies*, 36(6): 918-37.
- Rollnick, S. and Miller, W. (1995). What is motivational interviewing? *Behavioral and Cognitive Psychotherapy*, 23: 325-34.
- Stout, D. D. (n.d). Using motivational interviewing to engage, retain, and improve successful reunification outcomes for African American families involved with cps. Available: <http://www.ontrackconsulting.org/docs/stout-article>
- Sue and Zane, N. (1987). The role of culture and cultural techniques in psychotherapy—a critique and reformation. *American Psychologist*, 42(1): 37-45.
- Sue, Capodilupo, C. M. and Holder, A. (2008a). Racial microaggressions in the life experience of Black Americans. *Professional Psychology: Research and Practice*, 39(3): 329-36.
- Sue, Nadal, K., Capodilupo, C. M., Lin, A. I., Torino, G. C. and Rivera, D. P. (2008b). Racial microaggressions against Black Americans: implications for counseling. *Journal of Counseling and Development*, 86(3): 330-38.
- Sue, Capodilupo, C. M., Torino, G. C., Bucceri, J. M., Holder, A. M. B., Nadal, K. L. and Esquilin, M. (2007). Racial microaggressions in everyday life: Implications for clinical practice. *American Psychologist*, 62: 271-86. Available: <https://doi:10.1037/0003-066X.62.4.271>
- Thorn, G. and Sarata, B. (1998). Psychotherapy with African American men: What we know and what we need to know. *Journal or Multicultural Counseling and Development*, 26(4): 240-54.
- Utsey, S., Bolden, M., Lanier, Y. and Williams, O. (2007). Examining the Role of culture-specific coping as a predictor of resilient outcomes in African Americans from high-risk urban communities. *Journal of Black Psychology*, 33(1): 75-93.
- Vallerand, R. J., Pelletier, L. G. and Koestner, R. (2008). Reflections on self-determination theory. *Canadian Psychology*, 49(3): 257-62.
- Walitzer, K. S., Dermen, K. H. and Connors, G. J. (1999). Strategies for preparing clients for treatment. *Behavior Modification*, 23(1): 129-51.

- Whaley, A. L. (2001). Cultural mistrust: An important psychological construct for diagnosis and treatment of African Americans. *Professional Psychology: Research and Practice*, 32(6): 555-62. Available: <https://doi.org/10.1037/0735-7028.32.6.555>
- Williams, D. R. and Williams-Morris, R. (2000). Racism and mental health: the African American experience. *Ethnicity and Health*, 5(3/4): 243-68.