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The University of San Francisco

AFRICAN-AMERICAN THERAPIST EXPERIENCES IN WORKING WITH CULTURALLY
SIMILAR AND DISSIMILAR POPULATIONS

A Clinical Dissertation Presented to
The University of San Francisco
School of Nursing and Health Professions
Department of Clinical Psychology
PsyD Program in Clinical Psychology

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Psychology

By
Kimiko May
San Francisco
May 2022

Abstract

African-American female identified individuals continue to be one of the smallest subgroups of licensed therapists. However, this group continues to steadily grow and offer services to a broad array of clientele. While the aims of literature have grown to include populations have been historically marginalized, the research surrounding African-American female identified therapists is scarce. Deep understanding of their lived experiences while navigating the multifaceted nature of clinical work has been grossly overlooked. This study aimed to qualitatively analyze the lived experiences of African-American female identified therapists who work with diverse populations using interpretative phenomenological analysis. Since the nature of clinical work is multifaceted, this research also examines experiences related to graduate training, relationships with colleagues, and future directions in the field. The researcher interviewed six licensed therapists about their lived experiences navigating clinical encounters with culturally diverse clientele. Through analysis of transcripts, clustering of data, and inclusion of direct quotes from participants, this study helps to illuminate various areas of challenge and triumph African-American female therapists navigate in their clinical work. Along with these personal accounts, several recommendations and hopes for the future of African-American female therapists and the clients they serve were also brought forth.

Keywords: African-American Women, Black Women, African-American Female therapists, cultural responsiveness, therapist experience, interpretative phenomenological analysis

Signature Page

This dissertation, written under the direction of the candidate's dissertation committee and approved by the members of the committee, has been presented to and accepted by the faculty of the PsyD Program in Clinical Psychology in partial fulfillment of the requirements for the degree of Doctor of Psychology. The content and research methodologies presented in this work represent the work of the candidate alone.


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Dedication

This study is dedicated to my mother and grandmother. Thank you to these brave women who paved the road for me to do what I love.

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Specific Aims

Identification of Problem

The project that I am proposing aims to investigate the experiences of licensed African-American female psychologists who work with clients of similar and dissimilar cultural backgrounds. While there is an abundance of research about African-American female clients' experiences, and their experiences in therapy, the research about African-American female psychologists is scarce. This study will look at several African-American self-identified female psychologists and themes that emerge from their work with culturally similar and dissimilar clientele. For this study, the broad definition of culture will be honed only to include race, ethnicity, gender. The study will first examine the individual experiences of psychologists when conducting clinical work with African-American female clients. The study will then discuss the individual experiences of African-American female psychologists and their experiences of working with clients who differ in domains such as race, ethnicity, gender.

This clinical dissertation aims to qualitatively examine the lived experience of mental health professionals and how the intersectionality of their identity affects their experience of clinical work. There will be no hypothesis, and the study aims to explore the nuanced experience of culture in terms of the participants rather than pre-existing theoretical constructs. Specific themes include (1) particular experiences of culture and identity within a clinical context; (2) issues surrounding transference and countertransference when working with clients of different ethnic, racial, and gender backgrounds; (3) experiences in graduate training in regards to cultural identity; (4) future directions for the preparation of psychologists working in multicultural settings; (5) best practices for supporting African-American female psychologists and the challenges they experience in the field.

Brief Rationale and Alignment with the Jesuit Mission of Social Justice

In a study examining the diversity of practicing psychologists in the United States, 86 percent of psychologists in the U.S. workforce were White, 5 percent were Asian, 5 percent were Hispanic, 4 percent were Black/African-American, and 1 percent were multiracial or from other racial/ethnic groups (Lin, Stamm, Christidis, 2018). These numbers are less diverse than the U.S. population as a whole, which is 62 percent white, and 38 percent racial/ethnic minority (Lin et al., 2018). Furthermore, between the years 1996 and 2004, the rate of students of color completing doctoral studies in psychology increased 17% (APA Office of Ethnic Minority Affairs, 2008). While the field is making strides to diversify its workforce, and more African-American psychologists are entering the field, there is still a stark disparity between the prevalence of African-American psychologists and their White colleagues. This disparity creates differences not only within the workforce but also in the lack of research that is done on clinicians of color.

This dissertation aligns with the Jesuit Mission of social justice because it aims to provide a platform for the voices of African-American female therapists who make up a small portion of practicing psychologists in the United States. This study aims to delve deeper into the realities of this population to understand the specific and nuanced experiences they face as mental health practitioners.

Also, given the lack of research, this dissertation aims to fill gaps in the literature and help shed light on important issues that emerge for this group. As the individuals who practice psychology continue to diversify, it is essential to create a platform where unique experiences are shared with others who may find great use in reading about the themes and experiences of African-American female psychologists.

Chapter 1

Introduction

With cultural diversity at the forefront of the psychology field, understanding clients' experience and cultural nuances have become increasingly important. Dialogue, research, and psychological practices have reflected the need for culturally informed treatment in recent years (Asnaani & Hofmann 2012). Researchers have offered substantial information concerning best practices when working with clients of different backgrounds and cultures. The growing diversity in the United States and the underutilization of mental health services of populations have called for a push for mental health practice that recognizes the needs and experiences of people adapting to multiple, often culturally divergent, social contexts (Gopalakrishnan, 2018).

There is a growing body of literature concerning African-American therapists and the various challenges that arise in areas such as graduate school, clinical training, and psychotherapy (Chang & Berk, 2009). For example, researchers have noted that often graduate school programs train future therapists under the assumption that students are members of the dominant culture and ignores the processes and dynamics that exists for students who are not from the dominant culture (Kelly & Greene, 2010). This phenomenon is often the case for African-American female therapists whose numbers are steadily increasing in psychology but whose personal experiences as therapists are overlooked. Black Female therapists find themselves within a demographic intersection of cultural identity. With racial and gender identities often associated with discrimination, the intersectionality of these identities poses an even more novel experience (Kelly & Greene, 2010). As members of two marginalized identities, the visible differences between an African-American female psychologist and a client who does not encompass those identities may evoke different meanings, processes, and reactions within the dyad (Dos Santos & Dallos, 2012). African-American clinicians face particular

challenges in their work within the therapeutic setting (Kelly & Greene, 2010). One of these challenges encompasses how race influences the therapeutic dyad.

Chapter 2

Literature Review

Cultural Matching in Therapeutic Dyads

Expanding diversity within the field of psychology is leading to more frequent encounters with different races of clients. In recent years clinicians have been trained to practice in a culturally competent manner to alleviate cultural disparities in the therapy process and outcome (Sue, Zane, Nagayama, Berger, 2009). Furthermore, clinicians have become aware that clinical populations span a broad and unique range of cultural, racial, and socioeconomic groups and challenge the generalizability of clinical theories and methods beyond the original populations for which they were designed (Perez Foster, 1998). Thus, researchers have looked at the impact of cultural matching as a predictor of process and outcome in therapy (Etrl et al., 2019).

One of the most common predictors of outcomes in psychotherapy is the quality of the relationship between the therapist and the client (Etrl et al., 2019). Quality of the relationship includes several aspects, including trust, self-disclosure, and empathy (Etrl et al., 2019). While other facets of diversity such as gender, age, sexual orientation, and socioeconomic class are often clear markers of difference, race is an extremely salient factor to therapy for both the therapist and the client (Chang & Berk, 2009). One of the most predictive factors of the relationship is the commonalities of psychological and social domains that influence the quality of the psychological relationship (Jones, 1978). Often, the therapist of color and white patient dyad involves contradictions and recognitions, which are ultimately recognized through the

therapeutic processes and dynamics that influence the relationship (Comas-Dias & Jacobsen, 1991). For example, a therapist of color who does not hold privilege in other contexts, holds privilege in the therapeutic dyad (Comas-Dias & Jacobsen, 1991). Race permeates through the therapeutic process, thus shaping the dynamics of the therapist-patient relationship. Factors related to race, gender, culture, class, and sexual identity can set the frame for cross-cultural therapeutic dyads (Comas-Dias & Jacobsen, 1991). Moreover, the therapist is no longer a blank slate but a human who has gender, race, class, culture, and ethnicity identities (Cheng & Lo, 1991).

With the increase in occurrences between cross-cultural therapeutic dyads, literature has demonstrated that therapeutic outcomes, along with both the therapist and the client's perceptions of therapy, can be negatively affected (Chang & Berk, 2009). Past studies have shown the client's propensity to prefer their therapist to be of the same race, and that racial similarity was positively associated with depth of self-exploration (Jones, 1978). Client-therapy match is a concept based in social psychology that posits that a similar worldview produces likeness and interpersonal attraction, thus laying the foundation for a more potent therapeutic alliance (Ertl, Mann-saumier, Martin Graves, Altarriba, 2019). Naturally, these worldviews are heavily entrenched in cultural background, assumptions, values, beliefs, and biases (Ertl et al., 2019).

Cross-racial contact is as stressful for the therapist and the client. Some research suggests that these encounters are linked to adverse psychological, physiological, cognitive, and interpersonal outcomes (Chang & Berk, 2009). For example, some White clients may feel stressed about appearing prejudiced, while someone from a minority background may be afraid of confirming a negative group stereotype (Chang & Berk, 2009). Much of the research concerning cross-racial therapy, dyads surround White-identified therapists working with

minority clients. There is little research regarding the therapists of color and their experiences working with White clientele. However, there is adequate research examining White clinicians' experiences in working with diverse populations. Some of the findings included, White clinicians' discomfort when working with clients from minority backgrounds which includes microaggressions or being perceived as prejudiced (Chang & Berk, 2009). Earlier literature about therapists of color were psychoanalytic case studies that observed that White patients' reactions were often tinged with racial stereotypes, including hostility and paranoia about the therapists' aggressive power (Tang & Gardner, 1999; Yi, 1998), and concerns about their professional competence (Comas-Díaz & Jacobsen, 1995; Leary, 1997). This often leads therapists of color to report feeling isolated, incompetent, or like spokespersons for their race/ethnicity when working with White patients (Nezu, 2010), at the same time feeling pressure to conceal signs of their ethnicity (Nezu, 2010; Tinsley-Jones, 2001).

Defining Culture in Psychology

Culture is defined as pivotal for developing and maintaining the self (Comas-Díaz & Jacobsen, 1987). The nature of culture spans beyond visible markers of difference and includes sets of ideas that coordinate actions and construct meaning for a group of people (Snibbe, 2013). Betancourt and Lopez (1993) describe culture as highly variable systems of meanings that are learned and shared by a people or identifiable segment of the population and are transmitted from one generation to another. Furthermore, subjective elements of culture include social norms, beliefs, roles, and values and cover topics such as communication patterns, affective styles, values regarding personal control, collectivism, individualism, spirituality, and religiosity (Betancourt & Lopez, 1993). Cultures can be related to gender, religion, organization, profession, sexual orientation, class, ancestral origin, language, and numerous other areas

(Betancourt & Lopez, 1993). Furthermore, these identity areas are not exclusive from one another and create unique experiences of intersectionality that ultimately color the way an individual experiences the world (Betancourt & Lopez, 1993).

Understanding the impact of culture on the therapeutic process is imperative because all therapeutic activity occurs within an atmosphere where backgrounds and culture impinge on it (Clarkson & Nippoda, 1997). Cultural identity paints an interesting picture for a psychologist who, when working with a client with a similar identity, may dismiss significant differences in perspectives and life histories as a function of assuming familiarity (Sue, Sue, Neville, Smith, 2019). Furthermore, if both the client and the clinician are both from dominant socio-cultural backgrounds, it is less likely that the client's interesting response is questioned as directly related to cultural upbringing (Sue et al., 2019). Multiculturalism, which is the fourth force in psychology, aims to encourage inclusion and enhance our ability to recognize ourselves in others (Comas-Diaz, 2011). This call to action began as psychologists began to challenge the universal applications of psychotherapy practices rooted in European American cultural values and expectations (Sue, Nagayama, Berger, 2009). The multicultural movement in psychology aims to challenge traditional psychotherapy approaches, which frequently ignores power, privilege, and social context (Sue et al., 2009).

Race and Ethnicity in Therapy

As the United States continues to have dialogues about cultural diversity, the discussion about race and ethnicity dominates many of these dialogues. In the various cultural aspects that can be considered, if one only looks at race, more than one-third of the U.S. population identifies as a racial minority (Perez, 2009). Within the field of psychology human behavior and identities

are seen as rooted in particular social (gendered and racialized) interactions (Tummala-Nara, 2007).

Definitions of the terms race and ethnicity are varied; distinctions between these two concepts are sometimes ambiguous, as indicated by the terms used interchangeably (Atkinson, Morten, & Sue, 1998; Helms & Cook, 1999). Historical definitions of race have focused on physical or biological characteristics (Atkinson et al., 1998; Betancourt & Lopez, 1993). Although the term ethnicity has included references to physical traits, for the most part, it refers to the historical-cultural patterns and collective identities shared by groups from specific geographic regions of the world (Betancourt & Lopez, 1993; Helms & Cook, 1999). Ethnicity and race have significant overlap but are not the same constructs (Alvidrez, Azocar, & Miranda, 1996; Betancourt & Lopez, 1993).

A dyad composed of a therapist of color and a White client comprises processes and dynamics which assist in catalyzing core therapeutic issues (Sue et al., 2009). Most of the published research on cross-cultural and interracial therapy has focused on people of color as the recipients of services, and not providing services (Comas-Diaz & Jacobsen, 1995). It is likely that most clinical psychologists have acquired an intellectual understanding of the salience of race and ethnicity in the therapeutic context and are motivated to be sensitive to these issues in their practice (Office of Surgeon General, 2001). However, for many psychologists, a general appreciation regarding the importance of race and ethnicity does not equate to a clear understanding of when and how to bring up these issues in the actual practice of clinical work (Cardemil & Battle, 2003).

Therapists and clients' cultural characteristics are framed by historic-political and socio-cultural contexts that are embedded in race relations (Comas-Diaz & Jacobsen, 1991). For

example, it is argued that historic-political events shape relationships between dominant group members and people of color, resulting in racial collective unconsciousness (Comas-Diaz & Jacobsen, 1991). Therefore, within the therapist of color and white dyad, the clients can have reactions based on intrapsychic dynamics and reality-based circumstances and also on societal racial dynamics (Comas-Diaz & Jacobsen, 1991). The therapeutic relationship of the clinician of color and White client has unique parameters that significantly affect the process and outcome of therapy due to racial and ethnic dynamics within the societal context (Comas-Diaz & Jacobsen, 1991). Meaning the broader societal context in which the therapist and client are a part of influence the therapeutic relationship.

Countertransference and Culture

The psychoanalytic concept of countertransference suggests that experiences within the therapeutic relationship is critical in negotiating the therapeutic alliance regardless of theoretical orientation (Van Wagoner, Hayes, Gelso, Diemer, 1991). Countertransference can span across many different experiences and often can be directly influenced by the clinician and the client's cultural identities (Perez & Foster, 1988). The recognition of the therapist's subjectivity is exceptionally vital because the client's culture, race, class, and other aspects of identity are often different from that of the therapist (Perez & Foster, 1988). Cultural countertransference is a matrix of intersecting cognitive and affective beliefs and experiences within a therapist at varying levels of consciences (Perez & Foster, 1988). Within this matrix lies varying aspects of the therapist's lived experiences, such as value systems, theoretical orientation, and biases about ethnic groups and subjective biases about their ethnicity (Perez & Foster, 1988). Subsequently, it is thought that these countertransference attitudes have a powerful influence on the course of treatment, and although unspoken are often perceived by the client (Lin-Walton & Pardasani,

2014). Because of this keen awareness from clients, therapists must have a keen knowledge of their stereotypes and assumptions.

A culturally aware therapist must recognize that she or he may be complicit in the client's experience of oppression (Tummala-Nara, 2015). The therapist should also be prepared to acknowledge and validate the clients' lived experiences of oppression in daily life, even when the lived experience is hugely different from the therapists (Tummala-Nara, 2015). Concepts such as transference and countertransference help to address critical cultural components and interpersonal processes. These processes act as guides in areas such as community mental health care, community-based interventions, and political procedures that frequently are heavily influenced by cultural context and identity (Ainslie & Brabeck, 2003). Furthermore, the examination of group dynamics, including those related to race, ethnicity, social class, and gender, has been an essential component of psychoanalytic interventions in the community setting whose clientele are often underserved and underrepresented (Kim & Cardemil, 2012). The psychoanalytic emphasis on transference, countertransference, and repetitive patterns is especially relevant to examining social oppression (Tummala-Nara, 2015).

Racial and Ethnic Considerations in the Therapeutic Process

Understanding the influence of cultural factors such as race and ethnicity on the therapeutic process is an imperative task. Given the undeniable impact of culture on aspects of process, countertransference, and outcomes, psychologists must aim to understand how factors of identity influence the psychologist's relationship with every patient he or she sees. Furthermore, the historical context of race and ethnicity in American culture is undeniable and can interweave into the therapeutic relationship and ultimate outcomes (Meyer & Zane, 2013). Race has acquired a social meaning in which these biological differences via the mechanism of

stereotyping have become markers for status assignment within the social structures that promote a power differential between White and various people of color (Kelly & Greene, 2010). The social context of race and its ability to assign status within social structures create an interesting experience for African-American therapists when working with clients of culturally divergent backgrounds (Kelly & Greene, 2010). Since therapy allows for freedom of exploration and discovery of topics including identity, it is undeniable that the role of race and ethnicity of the client and therapists respectively are at play in the room (Kelly & Greene, 2010).

Processes related to race and ethnicity have necessary implications in that the therapist and the clinician could share interactions that reenact the more overarching social structure (Chang & Burke, 2009). For example, a woman of color may feel reassured by working with a white female therapist whom she perceives as holding a more socially valued position. At the same time, she feels distrustful of the therapist's ability to help her. The therapist, on the other hand, may envy her client's dark skin, which she perceives as exotic and desirable (Tummala-Nara, 2007). Contradictions regarding status in the context of therapy and broader society affect treatment, particularly in Black/White dyads (Tummala-Nara, 2007). For example, the African-American therapist may have a higher status in her professional role, but a lower status due to biases regarding the meaning of blackness (Tummala-Nara, 2007). These different statuses can lead to difficulties in treatment as racial differences present a dilemma for the dyad. Such differences can lead to the avoidance of the discussion of race, whereby the patient never fully engages in the treatment (Tummala-Nara, 2007). This lack of dialogue can then stifle one of the most critical components of effective therapy: establishing the therapeutic alliance (Tummala-Nara, 2007). The alliance can become impeded, or the dyad may collude to act as if there is no color difference. If avoided, the feelings and experiences that come up for the therapist and the

client when discussing the potential role of identity can lead to an impasse in the therapeutic process, thus leading to aspects of the client's psychological development unaddressed (Tummala-Nara, 2007).

African-American Therapists and Their Experiences

As more African-American therapists started entering the field, psychoanalytic literature aimed to understand race and the impact on ethnicity on treatment dyads (Meyer & Zane, 2013). Early research pointed out that for the White client, the Black clinician may represent novelty or other negative interpretations rooted in discrimination with references to prejudicial notions of wickedness and darkness (Tummala-Nara, 2015). Psychology studies examining African-American individuals and psychopathology attributed pathology to the "primitive nature" of the Black psyche (Chang and Berk, 2009). Literature pointed out that discussions around race could be a preview to the patient's later transference and also cautioned against confusing racial responses with transference (Tummala-Nara, 2015). It was also pointed out that the Civil Rights Movement's historical context and the emergence of identity politics stifled obviously and dangerously racially-biased ideas and research (Chang and Berk, 2009). Later research critiqued earlier conceptualizations of race effects on therapy and instead thought of differences in race having a catalytic effect by mobilizing the treatment process (Tummala-Nara, 2015).

There has been significant literature on the African-American female client that examines the stereotypes and how the therapist's perception of the client affects subsequent treatment outcomes (Kelly & Greene, 2010). Furthermore, psychotherapy training has proceeded with the assumption that therapists are members of dominant groups and that there is little training on multicultural perspectives of treatment. There are also gaps in literature specifically about the psychological paradigms and processes that minority therapists experience, which is not common

in the dominant cultural perspective (Kelly & Greene, 2010). For example, Iwasma et al. (1997) found that therapists from non-majority groups often felt inadequate in training on multicultural issues. Therapists felt that their ethnicity influenced their work with clients in both positive and negative ways (Iwasa et al., 1997). White colleagues saw therapists of non-majority groups being less competent than White therapists and only being able to work competently with clients who are also ethnic minorities (Iwasa et al., 1997).

Kelly and Greene (2010) noted that several characteristics of African-American female therapists, such as skin color, hair, and body size, play a role in therapeutic relationships. These characteristics are thought to hold for both the experience of the client and the clinician.

Okazawa-Rey, Robinson, and Ward (1987) explored challenges related to African-American women and skin color. They looked at the challenges for African-American women whose skin color varied on the spectrum of lightness and darkness. Their work and that of Kelly and Greene (2010) showed that stereotypical attributions and prejudgments based on skin color led to intragroup rivalries within African American women. Tension based on lightness and darkness of skin color created tension between group members in which lightness was perceived as more positive. They also noted that skin color attitudes are present in children and among family members who have varying positions around skin color. These perceptions are based on their color and the ways they were perceived based on their skin color, and reinforced in the broader societal context (Kelly & Greene, 2010).

Therefore, given the pervasive effects of colorism, it is highly plausible that if these factors impact the client seeking therapy, it is likely that these same issues plague the African-American female therapist (Kelly & Greene, 2010). Furthermore, it affects how she is perceived in treatment by the client and how she may perceive specific clients. While discussions around

characteristics such as skin-tone may not be explicitly explored in sessions, it is undeniable that broader stereotypes and notions held by the therapist and the client can consciously or unconsciously affect therapy (Kelly & Greene, 2010)

African-American female therapists describe how the concept of "race" can become an "elephant in the room," when working with clients of differing racial identity (Spalding, Grove, Rolfe, 2018). It is something that everyone could see and be acutely aware of, but nobody wanted to acknowledge (Spalding et al., 2018). Therapists from minority backgrounds and specifically African-American therapists feel that they could never be sure if new clients would accept them (Spalding et al., 2018). They faced an added barrier because of their societal status due to their race and gender. This resulted in some participants wondering how they would be received when meeting new white clients (Spalding et al., 2018).

Frequently these thoughts happen before the initial session. The therapy process for minority therapists can mean not only contemplating rapport and establishing a therapeutic alliance but also considering how best to work with the concept of "race" through an explicit awareness of how it might affect the alliance and how it might be addressed (Spalding et al., 2018). Furthermore, clinicians from minority backgrounds may feel a constant need to demonstrate their abilities in this way as giving the client some confidence and reassurance in them as therapists. Therefore, it was found that therapists of color with many years of therapeutic practice described having to work quite hard at times to counter what were perceived to be inherent assumptions of their competence (Spalding et al., 2018).

Bennet (2006) describes the African-American psychoanalyst's exploration as the racialized "other" and how the African-American analyst brings new experiences, tension, and being deemed an outsider to the analytic community, the psychological community, and the

broader American culture (Bennet, 2006). Given the prevalence of racism in the broader societal context, both the therapist and the client bring a lifetime of conscious and unconscious beliefs and stereotypes regarding race (Bennet, 2006). These conscious and unconscious beliefs may or may not be addressed depending on the dyad's level of comfort with each other. This can be particularly stark in dyads where neither member can work without thoughts of race and the associations and beliefs that come with it (Bennet, 2006). Often when beliefs are not addressed, they can cause an impasse within the progression of therapy (Bennet, 2006).

African-American psychologists often describe their client's initial shock when they see that their clinician is an African-American woman. Personal accounts of African-American therapists meeting their client of a different race include looks of dismay and shock. Bennet (2006) gave her personal account about processing with her client the associations between blackness and negative stereotypes. Bennet's client identified as a Chinese-American woman who struggled with her rage regarding her treatment as an Asian woman. Through the client's feelings of powerlessness and seeing that she was working with an African-American female therapist, the question came to be: Could a powerless therapist, a woman of color, help her to defend against feelings of vulnerability and worthlessness (Bennet, 2006).

Bennet (2006) describes the onset of self-doubt, the uncertainty of her abilities, and feelings of envy of where the client held privilege in her life. African-American female psychologists often face many questions surrounding competence and how other colleagues and clients think of them. In the therapeutic work with the patients, race can often become a barrier that serves to limit the self-expression for both therapist and patient (Bennett, 2006). African-American female therapists have often described feeling unable to express their rage for fear of confirming the angry black woman stereotype or someone who sees racism everywhere.

Other components of cultural identities, such as clothing, hair, and appearance, often add an extra layer of anxiety, confusion, and fear that a patient would consciously or unconsciously ascribe to all African-Americans some flaw they perceive in their therapist (Bennet, 2006). African-American therapists must often negotiate the extent to which they can feel safe being "black" within the therapeutic community (Roberts, 2004). According to Roberts (2004), it has been pointed out that African-American professionals select which self they present to the world depending on the context in which they find themselves. This selection of self is also apparent within the field of psychology. In the analytic setting, more "mainstream behaviors," which are perceived to be more Euro-American and, therefore, acceptable, may be selected whereas with other African-Americans. Roberts (2004) calls this behavior "racially particularistic" which is also known as code-switching.

Significance and Proposed Impact

Understanding the nuances of multiculturalism in a clinical setting is becoming a more well-researched topic in the field. More researchers are aiming to understand how cultural identities influence the therapeutic process and outcomes. Most research that exists looks at the clients' experiences of how multicultural issues were addressed in the therapeutic relationship. There is little research on the African-American clinicians' experience of their own identities and how they affect the therapeutic relationship. Since therapy is a dyadic process that involves both individuals, it is crucial to analyze the clinician's experience as well. Frequently clinicians of color and, more specifically, African-American female therapists have individualized experiences with clients directly related to their identity as an African-American female.

The emergence of African-American and female psychologists warrants an understanding of their individualized experiences. An in-depth analysis of this population would expand the

minimal research on their clinical experiences. Furthermore, analyzing their experiences would add to the focus of multicultural issues in clinical psychology. This analysis would also provide insight into other areas such as training clinicians of color and general issues of cultural responsiveness within graduate programs.

Review of the current research yielded information mainly about the clients of color working with White clinicians or White clients working with therapists of color. There is very little research specifically on African-American female therapists and their experiences. While African-American therapists represent a small number of practitioners in the United States, there has been an increase in this population's numbers. Therefore, it is pivotal for research literature to reflect the populations that make up the field.

Methods

Rationale for Qualitative Approach

Interpretative phenomenological analysis (IPA) has become one of the best-known forms of qualitative methodologies in the field of psychology (Smith, 2010). IPA's goal is to conduct a detailed analysis of the personal lived experience, the meaning of that experience, and how the subject makes meaning of that experience (Smith, 2010). The researcher has chosen IPA due to the goal of conducting an explorative analysis of the experiences of mental health providers that identify as African-American and as female. IPA's idiographic nature will allow for a nuanced analysis of each participant. Furthermore, IPA's goals enable the researcher to find themes and commonalities among the participants and create a balance of divergence and convergence. Given the lack of research on this particular group, qualitative analysis will allow for the specific lived experiences of African-American female psychologists to be carefully analyzed. The

themes obtained from this study will help fill the significant gaps in the literature and promote the voices of a group of individuals that are often not heard from within the field of psychology.

Interpretive Phenomenological Analysis

This study used Interpretive Phenomenological Analysis for data collection and analysis. IPA was chosen because it allows for the systematic review of themes of African-American female therapists and their experiences in working with culturally similar and dissimilar patients. IPA has theoretical roots in phenomenology, hermeneutics, and idiographic focus (Tuffour, 2017). Phenomenology is the philosophical movement that is concerned with the lived experience. Specifically, phenomenological philosophers converge on the need to conduct a detailed examination of experience on its own terms (Smith & Osborn, 2015). IPA requires an intensive qualitative analysis of detailed personal accounts derived from participants. The most common method of data collection is in-depth, semi-structured interviewing. IPA seeks to understand the meanings individuals attach to human experience and is concerned with exploring experience in its terms (Smith, Flowers, & Larkin, 2009).

It is dedicated to understanding individuals' direct experiences through encouraging participants to tell their own story in their own words – participants are considered the experiential experts (Noon, 2018). IPA recognizes that analysis involves interpretation and is connected to hermeneutics in its recognition in its recognition of the investigator's adherence to analysis and research (Brocki & Wearden, 2006). To gain an 'insider perspective' of experience, IPA dictates the requirement for a double hermeneutic: "the participant is trying to make sense of their personal and social world; the researcher is trying to make sense of the participant trying to make sense of their personal and social world" (Smith, 2004, p. 40). Therefore, interpretations

are bounded by both the respondent's capacity to articulate their experiences and the investigator's ability to dissect them (Noon, 2018).

Project Population and Setting

This dissertation research project included 6 subjects. A sample size anywhere between 2 to 25 is deemed appropriate in phenomenological research. The sample size selected should be large enough to provide several themes of convergence while also allowing for any points of divergence to be analyzed as well. The small sample size allowed for a rich and descriptive analysis of the participants' lived experiences.

The selection of participants was purposeful. This is done within IPA to reflect and represent the homogeneity among the participants' sample pool and examine a specific phenomenon within a particular group (Alase, 2017). Participants were recruited from various settings, such as community mental health organizations, hospitals, and private practice.

The inclusion criteria for this study include all licensed therapists in the United States who self-identify as African-American and female. For the context of this research the participants must have been born in and grew up in the United States. Exclusion criteria include non-English speakers and those who are not fluent in English. Participants will be asked to participate in an interview. All participants had the capacity to participate in audio recorded sessions on an online platform Zoom.

Procedures

Recruitment

Participants were recruited from several sites, including community mental health organizations, hospitals, and private practice. Organizations and mental health professionals were researched and emailed and asked to participate or to refer to a known individual who

meets the inclusion criteria. Prospective participants were contacted via email. Participants who meet the inclusion criteria will be asked to participate in the full interview process. Interviews were conducted over a virtual meeting platform Zoom. Once participants scheduled an interview, they were asked complete an informed consent (Appendix X) before the interview.

Interviews

Semi-structured interviews were conducted for 60-90 minutes.. Prior to the interview, the researcher went over informed consent, briefly reviewed the interview agenda, and answered any questions the participant had.

To be consistent with IPA methodology, the researcher developed an interview schedule that will act as an interview guide. The purpose of this schedule is to facilitate a comfortable environment for each participant and allow the participants to talk about their individual experiences under investigation. Also, in accordance with IPA methodology, questions were open-ended and expansive to allow for in-depth responses that provide a narrative of the participant's experience.

Prior to meeting with participants, the researcher practiced interview questions and scheduled with a volunteer who is not involved in the study. This was to ensure that the researcher had practiced and felt comfortable in the interview setting. This is also to ensure that the interviews followed the IPA methodology and were conducted in a 60-90-minute timeframe. Practicing the interview also allowed the researcher to see if there are any issues with the interview schedule that need to be modified. Lastly, practicing helped the researcher evaluate and change their interview techniques if required.

Outcome metrics

Interviews were audio-recorded and transcribed by the researcher. Since a digital meeting platform is being used, the transcripts were reviewed edited, and coded using a transcript using the software MAXQDA. The researcher also took detailed process notes after the conclusion of the interview. These notes made it possible for the researcher to reflect on their impressions of the interactions with the participant. Post-interview process notes will also served as additional resources for the subsequent contextualization of the interview and development of the researcher's interview analysis (Holloway & Jefferson, 2005).

Human subjects (IRB)

Institutional Review Board approval for the project (Appendix C). Additional IRB from outside organizations and organizations of recruitment will not be required.

Feasibility Considerations

The proposed clinical dissertation was feasible to compete in the proposed deadline (Appendix A). Pre-existing connections with community mental health organizations and clinicians in the Bay Area and IPA's referral components helped to expedite the participant recruitment process. A sufficient amount of time was proposed and used for the analysis of data collected from qualitative interviews. Additional time was spent analyzing and conceptualizing data themes that allowed the researcher to become immersed in the material and pull out salient themes..

Data Collection

Data collected in this clinical dissertation research study was analyzed using IPA methodology. The focus of IPA is in the analytic attention placed on participants making sense of their experiences (Smith, 2007). IPA's standard processes was followed and

data analysis included upholding the iterative and inductive cycle of IPA, fluid description and engagement with the transcripts and adhering to the theoretical framework of IPA.

IPA Initial Analysis: Emersion in Transcripts and Initial Annotation

Per IPA methodology, research involved thoughtful engagement with the participant's accounts. This was done by re-reading transcripts multiple times and listening to audio recordings numerous times. By re-reading and re-listening to transcripts, the researcher was able to become familiar with the accounts and allow for new insights to emerge (Smith & Osborn, 2007). By re-reading process notes, the researcher recontextualized the interview. The initial annotation focused on meaning units. The researcher aimed to summarize, paraphrase, make some associations or connections, and preliminary interpretation (Smith & Osborn, 2007). The researcher also paid attention to the language used by participants as there might be similarities, differences, amplifications, and contradictions in what the person is saying (Smith & Osborn, 2007).

This beginning stage of annotation allowed the researcher to engage with the data collected on an analytical level. This stage was highly interpretive, and the researcher focused on the deeper meanings of the participants' accounts. More time was be allotted for the researcher to engage in this level of annotation, coding, and interaction with the data because it requires more iteration, reflection, and refinement (Smith, Flowers, & Larkin, 2009). Conceptual coding provided another lens for the researcher to think about the construction of the participant's experience of meaning-making and their connection to their lived experience. Deconstruction was also used while analyzing the data so that context was considered,

and the interrelationship between one experience and another can be analyzed and emphasized appropriately (Smith, Flowers, & Larkin, 2009).

Annotating and Developing Emergent Themes

After the initial process of annotation, the researcher had a more comprehensive and enriched understanding of the participant's accounts, the next stage of analysis will involved theoretical ordering as the researcher made sense of the connection between the themes that emerge from the accounts (Smith & Osborn, 2007). During this process, some themes will clustered together, while others develop as superordinate concepts (Smith & Osborn, 2007). This stage of analysis allowed the researcher to examine both convergent and divergent themes. Once the researcher continued to find a cluster of themes, the clusters were checked to the original transcripts to ensure that the connections make sense for the primary source material, which is the participant's actual words (Smith & Osborn, 2007). Analysis at this stage required the researcher to look for emerging themes in the data sets while also keeping in mind the broader data set. Synthesizing data, while pulling out emerging themes, put the researcher in the role of organizing data and interpreting the analysis.

Connection Across Emergent Themes

Once the researcher found emergent themes, they were mapped and charted together. During this phase of analysis, the researcher focused on clustering related themes by looking for connections and conceptual similarities. As clusters of themes emerge, it was checked against the transcript to ensure that the connections work with the primary source material (the participant's interviews) (Smith & Osborn, 2015). This process was iterative and involved the researcher to closely interact with the text.

The researcher provided each cluster with an identifying label (Pietkiewicz & Smith, 2014). The identifier indicated where in the transcript evidence of each theme can be found by giving key words from the particular response plus the page number in the transcript (Smith & Osborn, 2015). Some themes were dropped if they did not fit well with the emerging structure or because of their weak evidential base (Pietkiewicz & Smith, 2014). The final list had several superordinate themes and subthemes. These analytic processes will be organized using coding software MAXQDA. The researcher managed organizational data utilizing a color-coding system and page numbers. By creating a coding system and appendixes to organize each transcript, it was possible for the researcher to develop a single case study of each participant's transcript.

Themes Throughout Data

By organizing data collected from participants with subordinate themes and a brief case study, the researcher was able to look for patterns across all participant accounts. Furthermore, by organizing the data, the researcher also had the ability to find connections between convergent and divergent themes within the accounts. This process then produced a table of master themes in the data; this table will show the most salient parts of the participant's experiences. The final stages of analysis required the researcher to delve deeper into the interpretation of the data in each data set and across all data collected.

Completing Analysis

During the next stage of analysis, the researcher will de-identified all participant information and use codes to maintain confidentiality. Once de-identified, transcripts were

further de-identified so the data could be edited and reworked as needed in the annotation and analysis process.. Data will be printed if needed so that researcher can engage on a more contextual level.

The researcher payed special consideration to the experience of reflexivity in the research process. The researcher reflected about her own beliefs and biases and how they may come into play during the research process. The researcher will also kept a reflexive journal which will allow her to keep track of methodological decisions, logistics of the study, and reflection about what is happening in the study in terms of values and interests (Lincoln & Guba, 1985).

Dissemination

Once this clinical dissertation research is completed, the results will be given back to the participants in the aims of furthering research on the clinical experiences of African-American female therapists. The research will also be made available to other mental health professionals in the field who may benefit from research on this population. The researcher will also make herself available to the community and scholarly organizations to present findings and other areas of further investigation.

Positionality and Reflexivity Statement

This project is significant due to the current limitations in the research at considering the lived experiences African American therapists. To that end, my identity as an African American female-identified therapist are shared identities that I share with my participants, which I believe allowed them to respond to questions authentically and comfortably. I also understand that since I hold these identities it was imperative for me to reflect on my own interests and remain subjective within the collection and interpretation of the data.

CHAPTER IV

Results

Participants The participants in this study were 5 African American female identified therapists from across the United States. All participants were over the age of 18 and are licensed. Finding African American psychologists (PhD & PsyD) to participate in this study was a challenge. Therefore, inclusion criteria was expanded to include therapists of varying degrees (i.e. MSW, MFT, LCSW, and PhD). All participants serve various populations. Participants came from various clinical backgrounds (community mental health, in-patient, private practice, school counseling). All participants were recruited online through therapy directories and through word of mouth. Participants participated in a 50–60-minute semi-structured interview via Zoom due to COVID-19 restrictions. A brief table below provides pseudonyms and location of participants. This table is purposely undetailed to protect the identities of participants.

Table 1.

Table of Participant Pseudonyms

| Pseudonym | Geographical Location |
|-----------|-----------------------|
| Tanya | California |
| Makayla | California |
| Leah | California |
| Jess | Texas |
| Renee | Washington D.C |

Emergent Themes The goal of this research project was to examine the lived experiences of African American female identified therapists' work with individuals of similar and dissimilar cultural backgrounds. While the majority of questions surrounded experiences in clinical work, given the multifaceted nature of the field of psychology the researcher also aimed to understand experiences related to training, relationships with colleagues, and future directions of the field. These interviews provided a snapshot into the lived experiences of several therapists within the intersection of culture and the many aspects of clinical practice. The analysis showed convergence on several themes while also showing divergence in some areas as well.

Table 2.

Structure of Emergent Themes

| Superordinate Themes and Subthemes | # Of Participants Endorsing Themes |
|---|------------------------------------|
| Clinical Impact of Culture | 5 |
| The Power of Shared Experience | 5 |
| Shared Experience with Colleagues | 2 |
| Sociopolitical Impact of Therapy | 5 |
| Expanding Beyond Traditional Psychotherapy | 5 |
| Navigating Identity with Colleagues and Clients | 5 |
| Navigating Stereotypes | 2 |
| Expanding Training and Staff | 5 |
| Change in Post-Graduate Training Opportunities | 5 |
| Diversity in Curriculum | 4 |
| Need for Providers of Color | 2 |
| Cultural Shifts regarding Therapy | 2 |
| Self-Care | 2 |

The Impact of Culture on Clinical Work All participants discussed broadly and narrowly the ways in which cultural identity had influenced various aspects of their clinical practice. The impact of culture was discussed not only within the context of the patient's identity but also within the context of the therapist's as well. Participants elaborated on their personal experiences regarding how their held identities impacted the therapeutic relationship. Others discussed the clinical impact of culture through modifications of conceptualization and ultimately intervention choice. Several participants elaborated on conversations surrounding race, ethnicity, gender, and sexual orientation and the intersecting nature of those identities. These accounts also display how therapists utilized their cultural responsiveness to paint a comprehensive picture of a particular client that highlights the role of cultural norms and expectations.

Some participants offered insight regarding their work navigating culturally appropriate behaviors while in working with African-American patients. For example, participant Tanya reflected on the role of resistance in therapy particularly when working within the African American community. Tanya highlighted the historical context in which therapy is viewed within the Black community and how some therapists may mistake a culturally appropriate apprehension regarding therapy as resistance. She stated,

And I think understanding certain people's hesitation or resistance to seeking therapy is important. And knowing that it is deep rooted in our culture. It's like, we are taught to just pray it away. I think that for somebody who does not have the cultural competence they could get really frustrated with somebody not wanting to open up and not understand the how our culture has viewed therapy and mental health services in the past.

Other participants reflected on their held identities and how they impacted their clinical work.

For example, participant Jess reported their experience of race being the "elephant in the room"

and how they navigated cross-cultural clinical encounters. Jess explained their approach of addressing racial and ethnic difference within the dyad, and ultimately integrating it as an integral part of treatment. They remarked,

It is my responsibility to educate myself, check the facts, to ask questions and clarify, and to make sure I am on the same page as the person I am working with. There are times where race is an elephant in the room but by naming it, we're both made aware. We are made aware that this may show up in the work we do and that it may be an ongoing agenda item in our work.

Some participants offered insights regarding comfortability and their experiences working with individuals who shared cultural identities such as race or gender identity. Others noted more broadly that work with clients who came from non-dominant cultures in general extended a sense of comfortability. Tanya offered self-reflection regarding her own experiences when working with clients who come from multi-cultural backgrounds. She stated,

If you have a cultural background that is not Eurocentric, you know, Western American, then I think it's easier for me to accept that things are done differently in the household. So, I think that my cultural background maybe makes it more comfortable for people of minority backgrounds to also connect with me, even if they aren't Black.

All participants offered a broad understanding regarding the clinical significance and utility of culture in the therapeutic context. Participant noted the saliency of culture when relating with clients. However, clients also noted the salient nature of culture within the context of intervention. Jess elaborated that:

I think its integral to everything I do. My culture, my identities, my lived experiences. They all impact the way in which I see the world. They impact the interventions I do, and

they impact the way in which I relate to my clients. I don't know how anyone in the mental health field cannot consider culture in their work, it's a core tenant of the work we do.

Tanya offered her understanding regarding the impact of culture when working with a patient with shared identities. While common ground was a common theme throughout these interviews, this participant highlighted the importance of creating space for the client's lived experience even if the therapist and client shared demographic backgrounds. She remarked,

And just because you might share one demographic with another person does not mean that you understand everything about their culture. So, you always want to be open to learning and allowing the client to teach you and to share their experience. So, a part of the intervention is making sure that you have as good of an understanding as you possibly can of their lived experience.

While most participants commented on their client's ability and comfortability in talking about culture, Renee noted her work with clients who become uncomfortable when broached with the topic of culture. Renee elaborated on how she engages with clients who may appear avoidant when talking about cultural topics. She elaborated:

Every now and then, I'll notice a client who's specifically minimizing culture. Right? They might make a comment like, maybe I'm doing an intake and I'm asking the parents about the ethnic background of the spouse and they're like, Oh, we still have to answer those questions. Does it matter? Like, I hate to break it to you, but it really does. So, they can be dismissive in that way. I know that's obviously coming from their own discomfort. They don't want to; you know? Focus on that aspect of things, but I love to address culture, I love to talk about it.

Renee went on to talk about her experiences of doing clinical work and being keenly aware of the power and privilege that clients of certain backgrounds bring into the therapeutic space. She also reflected on how this unspoken privilege impacts the dynamic of the therapy relationship.

She remarked,

I can't help but wonder what politics are playing out in therapy rooms with Black therapists where the state is saying this is an area where you therapists are the authority, and that's great. Yes, I am. But if I'm sitting across from a White male, he's coming in with this white privilege that I can't even pretend to have, right? And I'm assuming this position of authority and he can choose to undermine me however he wants. Because this is his space. Yeah. So, this idea of it's a very Europeanized idea of power in the therapy dynamic. I think needs to be revised. Maybe if you're a white male therapist, yeah, no matter who walks in your room, you can hold that position of power. If you're a black female therapist, if you're a female therapist of color, its different.

Lastly, participant Makayla elaborated on understanding when working with clients who do not identify culture as a salient part of their treatment needs. She went on to explain,

I will usually bring it up if I notice anything, but they assure me it's not an issue, I really, I don't mind. I really don't care what your cultural background is, you're being helpful.

That's all I care about, which is great.

The Power of Shared Experience All participants offered insights regarding their work with African American identified patients. An emerging theme of the power shared experience permeated their accounts. Therapists found that they were often able to find common ground with their clients who navigated similar complex situations regarding race and identity.

Participants acknowledge that this identification of common ground acted as a catalyst for rapport building, trust, and subsequent exploration of difficult topics.

Some participants pointed out that many patients did not feel the need to “explain” their Blackness. Participant Tanya remarked that, “You already have to explain yourself to a certain extent, but you don’t want to have to explain your Blackness in a therapeutic space.”

Participants elaborated on their client’s feelings of comfort, relief, and security knowing that their therapist identified as African American, and potentially shared similar life experiences because of that shared identity. Participants also commented on being able to take the away the emotional labor of explaining Blackness within the therapeutic context. Furthermore, the assumption of the Black therapists’ knowledge regarding culturally bound behaviors helped propel relationship building and quell fear regarding judgement in the dyad.

Even if life experiences did not mirror one another, participants maintain that the mere act of being Black within the therapeutic space created an environment conducive for client exploration. Furthermore, this space allowed for focused attention regarding the interplay between intersection of identity and navigating topics such as racism and oppression. Participants acknowledge that being both African American and female-identified created space for their patients to talk about topics that could be potentially difficult to discuss with therapists who do not identify specifically as an African American woman. Participant Jess stated,

It just helps the rapport building, it helps the work that we are doing, and it also helps folks know that they can be seen and heard without having the labor of educating me on certain aspects of their identity and how they show up in the world.

She went on to state,

Some folks have expressed a large wave of relief once they see me. And a lot of folks are like I can talk to you about my experiences of racism and you're not going to gaslight me. You're not going to be like "are you sure it was just in your head?" And I'm able to share that I've had these same experiences and what they are experiencing is very real. I'm able to validate the client's experience from an even more authentic place.

Similarly, Tanya elaborated on the utility of her intimate understanding regarding the Black community and the way in which this cultural knowledge serves her patients. She explained:

In this type of service, I understand on an intimate level how we as Black people in the Black community have been really misunderstood and marginalized. In the relationship there are just things clients don't have to explain because I understand simply because I am Black. I think that's a lot of relief for people. Like you don't have to explain to me that your parents used physical discipline, I'm not going to get freaked out about physical discipline because I know that happens in certain households.

Participant Leah shared similar sentiments and highlighted the role of shared experience and its utility in building rapport, she noted:

There are things that I deliberately say to let them know I understand from a Black person's perspective even if it's as simple as, "you know it takes a lot of courage for you, especially as a Black person to reach out." Especially as a Black person because I know in our culture, you know, we're think to quick your weak or crazy.

Tanya discussed her work with a Black family who historically worked with therapists from different cultural backgrounds. This participant noted how shared identity aided in the family's ability to feel comfortable and engage in meaningful work. She remarked,

They had been with the agency for a while, and they had a couple different therapists within the agency. It didn't work out. And then I started working with them and it worked. We were able to get some good work done. And they verbalized how helpful it was having a Black therapist and how much easier it is to talk to somebody who looks like them and understands them.

Makayla who also works with children remarked about how her shared identity with a biracial child allowed for her explicitly state her understanding of the child's lived experience. This participant explained,

I specifically remember one client that I had was biracial and was talking about an experience that they had recently. And I loved being able to say, as a black woman, I understand what you're talking about on a level that somebody else might not.

Tanya elaborated on her work with a child patient and commented on how her cultural knowledge as a therapist helped her patient feel comfortable in the therapeutic setting. This participant elaborated:

I remember we had a girl, and she was she was from the hood. And so, I understood a lot of the mannerisms. I was like, you know, you're not mean, you don't have any attitude. So, we can joke and play because I understand that. And even she had verbalized like well, y'all are black, so you understand me. And she said, "I can talk to you because you're Black." So, since that had been verbalized, that automatically kind of lowered her defenses.

In a similar vein, Participant Leah talked about her work with a child of mixed heritage and the impact that shared identity and appearance had on their therapeutic relationship. This participant went on to state,

They were saying they brought it up because their child was having trouble, or they felt that their child was having trouble accepting their physical appearance and especially their hair. And so they were like [...] one of the things that appealed to us about you was your hair its big and curly and like all of that.

Finally, Leah also commented on power of shared experience and how it allowed her to deeply validate her African American clients' experiences. She stated,

And being able to share that, like these are experiences I had as well, and it's not just you. There's not something that it's all in your head, like, what you're experiencing is very real. And I'm able to validate that from an even more authentic place because of shared experience.

The Power of Shared Experience with Colleagues While most accounts regarding the power of shared experience were within the context of therapist-patient contact, one participant her experience with another African-American female provider. This participant recounted her experiences talking with this provider regarding her experiences in dealing with racial insensitivity. Tanya noted:

And we had another conversation where she felt like some people in our office were being insensitive, like culturally insensitive. But the thing is she didn't really want to say anything. And I said, "Oh, well, I will say something. And I was like "well you are not alone here." And so, I made it very clear to her that I was going to do my part to keep her safe.

This same participant noted how having common ground within her collegial relationship allowed her to partake in salient cultural expression without feeling the need to change herself. She elaborated:

And my colleagues they know exactly who I am and what I look like. And that's why I really came here. I can go to work with my braids and with beads. And sometimes I have on long, colorful nails, and I can do all of that. I don't really feel the need or pressure to change who I am at all.

Sociopolitical Impact on Therapy Several participants acknowledge the presence of sociopolitical events within the context of clinical practice. Participants elaborated on stories of the sociopolitical landscape permeated their work on both a collegial and clinical level. They discussed challenges in areas such as police brutality and the election of Donald Trump as salient topic areas that Black Female therapists had to tactfully navigate in their professional spaces. The participants accounts help to demonstrate how factors outside the therapy room such as current events can impact the interventions and relationship of the dyad. One participant stated, "If you are a white male therapist, sure, you can hold the position of authority no matter who walks into your room, and there is no system sort of challenging that." However, "if you are a therapist of color, then those systems walk into the room with you" (Renee).

Several participants felt the pull to quell their beliefs and values in order to stay present with within their work environments no matter how difficult it was to do so. Some participants shared their experiences in navigating triggering conversations Makayla stated,

So, I have a colleague. And then I tell you when Trump won office, she was so happy. She was so happy and excited. And I never forget that feeling of sitting in my car and saying to myself you have to keep it together. Like you have to get it together before you go into that office. And the thing is I still have to smile and talk to her.

Leah talked her work with a client whose significant other was a police officer. This conversation happened during the peak of the Black Lives Matter movement in the Summer of 2020. She stated,

I know that when the Black Lives Matter stuff was happening, especially depending on the client I pulled back a bit. I did become pretty explicit where I was like I'm not going to share how I feel about this. I had one client who was of a different ethnicity and they were dating a cop at the time. And they were saying a lot of different things. And I was very triggered in this conversation while also needing to remain present. I also had to remember not to bring myself into it.

Renee talked about her experiences working with a client who discussed her opinions regarding riots within the context of the 2020 Black Lives Matter movement. Renee also shared her sentiments regarding handling tough conversations and the toll they have on her ability to serve her patients. She elaborated,

And she was talking about her opinions of the looting. And even that word looting was triggering for me. And then having to figure out how do I take care of myself. Sometimes I only have ten minutes before I go into another session. I have to show up and be present for the next person. I don't want the experience with the other client to interfere with my empathy for the next client and how I help them.

Tanya offered a different perspective and shared how the sociopolitical context shielded her from potentially challenging interactions. She elaborated,

And so if anything, I think maybe people are more cautious when they see me now. And they know not to say anything racially insensitive. So, in that way it hasn't really come up and is something that hasn't need to be addressed.

Expanding Beyond Traditional Psychotherapy Five participants discussed their experiences in expanding their practice beyond traditional conceptualization, interventions and modalities taught in graduate programs. Participants noted how cultural responsiveness created space for engagement activities and interventions beyond what is ordinarily accepted in psychotherapy and ultimately rooted in shared identity. Participants were able to elaborate on specific interventions they used along with how these interventions aided in the cultivating and maintenance of rapport. Participant Tanya spoke about her work with children and talked about her experience of braiding her client's hair during a session she remarked,

I have braided my client's hair. And I was like, that's what we're doing during session today, we're braiding hair. And it's just, you know, there's that kind of familial connection simply because we shared this one identity.

In a similar vein, Makayla talked about her experience in using self-disclosure and the purpose it serves with her clients. She noted,

You know, some people don't believe in self disclosure in the therapeutic setting. I don't I don't buy into that. I'm open to self-disclosure. If it's intentional, if I'm very clear on what I'm doing, why I'm doing it. So, it doesn't matter. Like, I think it goes back to building rapport and making people feel comfortable.

Like Makayla, Participant Leah commented on her process of deviating from traditional psychotherapy through her process of conceptualization and diagnosing. She noted:

But I also talk to some of them about like how these like labels have played out in other cultures and that it's very Westernized and very white and basically like people should be like this and people should act like this. And I'm more of like, are you functioning? Are you in danger? Are other people in danger? If, if not, then let's work more on like the

thought process or your behaviors. And let's talk about that without necessarily having to put a label on them.

Leah offered her understanding regarding the dynamic nature of what therapy can entail and expanding on what is commonly accepted as therapy. She stated,

I think that that may be hard also just because of the stigmas that therapy has. So I think that like changing how therapy has to look. I think that that's one thing that I've tried to do of being like therapy can be fun. Like, we're not just going to be like. Tell me about your life, and it's just this boring hour. Like, we have a lot of fun, and we laugh and you know, but I'm also like, here are some strategies and tips, and let's talk about that too.

Lastly, Renee talked about her approach in tackling the inherent power differential that exists within the therapeutic dyad. She noted,

And a core tenet as to how I practice is that not only is this a relationship between two equals, this is a relationship between two experts, right? You are an expert in your own life and your lived experiences, and I'm coming in with a specialized set of skills that together we're going to figure out how to make it work. And so, I do this by explicitly sharing with folks components of my culture, identities, my lived experiences. That helps to flatten the hierarchy, but also make it so that like I'm a human too, you know, like you're not talking to a blank slate.

Navigating Identity All participants offered their experiences regarding navigating experiences in which their intersecting identities were made apparent to them in clinical spaces. These experiences occurred within clinical encounters as well with supervisor and co-workers.

Participants highlighted the emotional saliency of these experiences and often described feelings

of confusion, exhaustion, and uncertainty. Furthermore, in these excerpts it is demonstrated how salient cultural factors intertwine across various facets of clinical work.

Participant Tanya talked about her relationship with a former supervisor who left the practice. Upon reflection of this event, the participant wondered if the situation would have a different outcome if she identified differently. This participant stated,

I had a supervisor quit and in her exit interview with the higher ups, I found out that she requested that in that interview she could let them know that she quit because I was difficult to work with and that I was the reason. She didn't bring it up to me because she felt like she couldn't. And I couldn't help but think if I looked differently or presented differently, would all of this have happened differently? [...] I'll never have that answer, [...] it's an occupational hazard, I guess, with being a black woman.

Jess spoke about their experiences of feeling underrepresented in leadership positions. They went on to reflect on their supervisory experience with a White identified supervisor. The participant remarked,

Being represented in the workforce, I absolutely don't see myself represented in any supervisory managerial positions. The past three years, the previous supervisor that I had, it's been a lot of me needing to like make space for her white guilt and having to like to navigate all of that and her internalized homophobia and it gets exhausting. Then because we all have so much bandwidth and capacity because I do have the right to choose how much I want to engage and want to disengage with things that were outside of my job description

Lastly Renee reported about a 13-year-old client she was working with that that made comments about her cultural heritage her during a session. This participant noted that she felt unsupported during this experience by her supervisors. Renee remarked:

And I remember feeling very alone in that supervision session because all of my White supervisors didn't know what to do with it either. And it was clear they were eager to move on from it and dismiss it. And I was just sitting there thinking, Hmm. Nobody in here is going to help me with this.

Navigating Stereotypes Two participants elaborated on her challenges in navigating stereotypes commonly held regarding African-American women. Tanya noted her experiences in advocacy while also balancing the challenging assumptions that come with holding this intersecting identity. She elaborated:

I have had to grapple with the angry Black woman trope and trying to find some balance between not being a stereotype, but also not silencing myself. So I'm always a Black woman and sometimes I'm angry. And in some moments, I am an angry Black woman. But sometimes I'm also passionate. I have to find ways to articulate myself in a way that maybe will be less perceived as aggressive... And that's unfortunate. I have to really make a conscious decision that misconception is not going to stop me from work that I am here to do. And so as long as I'm able to still do that, I'll find a way to deal with whatever other people have to say.

Like Tanya, Participant Jess expressed similar experiences in navigating the “angry Black woman” trope within her clinical work. This participant expressed her exhaustion in navigating continued experiences of stereotyping by her peers. They remarked:

There are probably more instances in which I am aware of which I'm read the angry Black woman or I'm like being too argumentative, or too sensitive. Or even that I'm, trying to make a problem out of things that aren't a problem. [...] So, it has caused a lot of tension and it does get exhausting.

Expansion in Training and Staff Three out of five participants offered insights regarding shifts that they would like to see in the field of psychology within the context of culture. As the number of providers of diverse backgrounds in the field of psychology continues to grow, the need for diverse training opportunities are incredibly important. Participants highlighted the complexity of serving diverse populations despite the field not offering comprehensive training on how to serve these populations. These observations spanned across several sub-categories such as post-graduate training, graduate school curriculum, as well as creating opportunities for more providers of color. Participants noted that many post-graduate trainings they participated were obsolete and negated to embed salient cultural factors throughout the content. Others noted that their graduate curriculum included a sole class about culture instead of integrating it through out graduate school training. Participants not only offered their lived experiences, but noted ideas regarding future directions for training and the role of providers of color in the field.

Change in Graduate Curriculum Participants offered their personal narratives regarding their graduate school curriculum. Participants varied substantially on graduate training. For example, some participants went to Historically Black Colleges while other completed their education predominantly White intuitions. Participants noted antiquated curriculum. They also noted the fixated nature of their curriculum that mainly taught about the trauma surrounding communities of color rather than other relevant aspects of that community. Participant Tanya noted,

Some of the curriculum maybe is a little bit outdated because some of the theories are. And where did the theories come from? Who founded them, you know, who created them? You know, so I think that in in the education system that some of the curriculum needs to be adjusted and needs to be revised. And maybe we need to question some of the theory a little bit more. It's the same like Eurocentric kind of foundation in the field in general, and it's almost like the only time that diversity and minorities are discussed is when we're talking about impoverished communities.

Tanya went on to note that current curriculum tends to be focused on the trauma marginalized groups have historically faced while neglecting other pertinent aspects of these populations. She noted,

That's when we really hear about minorities, right? And it's like, well, no, you need to see our whole experience. We are more than our trauma, our cultural and generational trauma.

Leah went on to talk about how curriculum about culture is seen as an afterthought rather than embedded as a core component of the graduate learning experience. She elaborated,

But at the same time, we need to have a better understanding of cultural and generational trauma, and that needs to be, I think, included in the curriculum more. I think a lot of times, you know, culture and diversity is included almost like as a footnote, you know, like, all right, this week we're talking about the minorities and then we're going to get back to our regularly scheduled program. You know, I it shouldn't be a footnote. It should be a core part of the curriculum

Renee offered a different perspective regarding her graduate school's approach in embedding culture as a course objective in her classes. She stated,

So, we had a second culture class and then one of our what is before them now?

Competencies for every for every class was cultural was cultural competence. So even in the classes that were not second culture, we had to address culture, right, such as in the substance abuse class. We would have to address culture in every and how it shows up in substance abuse if we are in the disorders.

Renee went on to reflect about her experiences when a professor brought up the topic area of Black Psychology. She elaborated in this experience,

The phrase Black psychology came up and it was brushed over pretty quickly and I had to. This is this is me in every classroom. So, I had to stop the professor and sort of ask because I had never heard that phrase Black psychology. And I didn't really understand what it was referring to. And I asked, "what do they mean by Black psychology? I don't understand what that is." And her response to me was it was just that they made up.

Lastly, participant Jess talked about the need for diversity in educators and subsequently content taught in graduate programs. She remarked:

I think it is important to take into consideration like who are the folks teaching these classes and lectures? What are their experiences? How do they practice clinically and how things on a systematic level play a role into what they are doing? Let's take a look at your syllabus, like what references are you using? Why are you using these sources as opposed to others? I think that there are lots of different folks with different identities and intentions as to why they want to pursue our profession. Hopefully they've started to explore and navigate their intentions before joining the field.

Diversity in training opportunities Participants also talked about their experiences and future directions for post-graduate training. Continuing training postgraduate is essential for a clinician

to engage in to keep their licenses active. Participants reflected on their experiences of continuing education courses and potential growth edges for these courses. For example, Leah noted, “I think sometimes it feels like here's a slide about how cultural and identity or ethnicity or sexuality rather than these things being continually discussed”. Areas of growth included more nuanced approaches in teaching and understanding inherent cultural diversity that exists the populations clinicians are serving. Others reflected on feelings of exhaustion that permeated their experiences in feeling like they were going to have to do the teaching about certain groups. Another reflected the need to embed discussion of various cultural groups into the content of the course.

Participant Leah elaborated on her experiences in trainings and the sentiments she felt. She stated,

I also think that sometimes, though, trainings that are about Black people or about people that are non-white will. Feel very much of like let's teach white people how to do therapy with this population. And so it's really hard sometimes to be a Black person and figure out like if I go to this training, are you just going to say a whole bunch of stuff that I already know and experience? And if I go to this other training, are you going to acknowledge my experience or are you just going to like tack on a slide about Black men? Or like briefly talk about non-white people. And so like, it's hard to figure out like. What trainings to even take or if it's worth even your time?

Leah went on to talk about her apprehension in trainings due to feeling like she may need to fill in gaps of areas that are missing from the content. She elaborated,

Obviously, that's not true for us or that's and decide, then am I going to speak up and try to like? Let the presenter know, like, hey, here's an aspect that maybe you're missing, but

then that's also exhausting where I'm like, I came here for you to teach me not to teach you.

Jess noted that cultural diversity should not be a specialization, but rather something that wholly integrated within training content. She went on to state,

Having continuing education as a requirement in order to practice in the field should be a part of changes that we make. There should not have to be like a specialization or a specific program in which you learn how to work with queer folks, in which you learn how to work with neurodiverse folks and what you learn, how to work with communities of color like, no, this needs to be integrated in everything that we're doing.

Two participants specifically brought up the utility of more providers of color in the field of psychology. While number of providers from diverse backgrounds continue to grow, African-American women are still one of the lowest represented population of therapists. When talking about future directions in the field of psychology, Tanya noted, "I think that one of the ways one of the easiest ways is by having more diverse providers". Makayla talked specifically about recruitment by graduate schools and the need for providers of color. She specifically pointed out the need from African American male providers. She noted:

I think they maybe they do need to do more recruiting. But like, for example, trying to find a Black male. You know, it's not a lot in here. Like if you go in psychology today and just look at the whole state of Texas, there's just not a lot of Black males.

Diversity in Staff Leah offered insights regarding her training experiences and the need for diversity not only within the student body but also within in staff. She recounted her concerns in not being able to remember if she had a teacher who identified as Black, She elaborated:

And in my cohort, I think I can count on my hand how many people were non-white there. I think it was six out of 20 something or close to 30. And it was me and someone else who was Black [...]. I think also about the people that were teaching us. There was maybe some diversity, but then I would think "did I even have a Black teacher?" Yeah. I don't even know that I had a Black teacher at that time.

Need For Providers of Color In a similar vein of diversity in training staff, Makayla noted the need for more therapists of color. Specifically, Makayla highlighted how having more providers of color can potentially create space for individuals to feel less judged in the therapeutic relationship. She reported:

But I remember saying it was very important for me to have a Black therapist. And a lot of my classmates couldn't really understand that. Like why? Why does it matter? [...] I had a hard time putting into words at the time but I was like "it does." Like there's a lot of assumptions unfortunately and I don't want to have to go into therapy having to protect myself or wonder if someone is going to judge me. I just want to go and show up and work on my stuff.

Self-Care Three participants noted the utility of self-care for the African-American therapists. African-American female identified therapists facing a myriad of challenges in clinical care begets the question of how they are taking care of themselves. As African-American female therapists must endure stressful clinical encounters, many providers brought up frustrations regarding how to take care of themselves when not engaging with patients. Participant Leah noted,

How do I take care of myself? And sometimes I only have 10 minutes before I have to go into another session? I have to show up and be present for that person. I can't let that interfere with the empathy that I feel for them and how I want to help them.

Renee shared similar sentiments regarding the utility of self-care and questioning how to take care of herself during negative and unresolved cross-racial encounters with clients. She remarked:

I guess it's like how do you take care of yourself when you're showing up in spaces where you can't be yourself? Especially as a Black woman showing up to spaces with non-Black people, where they are going to say stuff and you're just like "I can't have this debate with you right now." And then what do you do with that when they leave the session [...] There have been times where I have thought about where is the line when I refer someone out?

Culture Shifts in Therapy Seeking Behavior Two participants noted cultural shifts in therapy seeking behavior within the African-American community. These participants highlighted the influx on individuals who are not only seeking therapy, but are also specifically seeking therapy with African-American identified providers. Renee highlighted:

I am for Black people. And I didn't relate to that because I started like ten years ago. But now I am starting to understand what that means because there are so many Black people looking of therapy now that it's like, I get it because I always want to make sure I'm available to serve them.

Makayla talked about a client who was reluctant to start therapy due to stigmatization of mental health services within the African American community, she explained:

You know, it's about giving permission to ask for help. Like I think about a recent client a Black woman ... you can tell she was very uncomfortable about coming to therapy.

And so it was about giving her permission and remind her that you're in survival mode.

You're coming out of slavery, into Jim Crow, you're still in survival mode. There was no option to stop and process our anger and our sadness. So yeah, it would like that's not for us or that's for the weak when you're trying to survive. We're in a different space now.

And now there is time to sit and be still and you do have the opportunity to process.

The superordinate and subthemes presented above demonstrate the various ways in which participants converged and diverged upon various clinical topics. Clinical interactions with diverse populations were the focal point of this research. However, the multifaceted nature of clinical work and its intersection with cultural identity were also explored. These accounts helped to shed light on the lived experiences of a small yet growing sub population of therapists and they navigate the various encounters they face.

Chapter V Discussion, Limitations, and Implications

The purpose of this study was to understand the lived experiences of African-American female identified therapists who work with diverse client populations. Because of the explorative nature of this study, a hypothesis was not generated. However, results yielded several emergent superordinate and subthemes. Qualitative methods were employed to facilitate exploration and in-depth analysis of these participants lived experiences. Given the limited research on this unique population of providers, this research allowed for comparative analyses of themes. Although there was inherent diversity in the participants' backgrounds and accounts, analysis revealed themes that map to the participants' lived experiences. Furthermore, while the principal purpose of this research was to understand experiences of therapists working interculturally and intraculturally, other pertinent topic areas such as training, relationships with colleagues, and self-care emerged as salient topics.

Over the past several years, psychological research has expanded its efforts in producing research that involves participants of diverse and intersecting backgrounds. These efforts, however, have been confined to examining patients and has neglected the experiences of providers. As African American, female-identified providers continue to grow as an emerging population of providers, understanding their lived experiences helps to elucidate areas of challenge in this field.

In recent years there has been some research that examines therapists of color. For example, Okun et al., (2017) examined experiences of therapists of color and their work with White patients. Their research suggested that a key issue that distinguishes the therapist of color and the White patient dyad is the role of power reversal. Specifically, they noted that when a White identified therapist treats a patient of color, the power relationship mimics the broader

societal dynamics. However, the opposite case contradicts the historic racial divisions of labor and class that have shaped U.S. society. The accounts above demonstrate the various ways in which Black women navigate the cross-cultural dynamics the ways in which role-reversal plays out in these dynamics. However, the accounts also demonstrate the ways in which they navigated these challenging encounters and provide commentary regarding future changes that could potentially help bolster African-American female therapists' experiences serving clients from diverse backgrounds.

Superordinate Theme 1 Clinical Impact of Culture

The first superordinate theme identified in the data analysis focused on how culture permeates the many facets of clinical work. Participants identified how their held identities influenced their work but also how the identities of their patients guided clinical decision making, interactions, and conceptualization.

Clinical Implications

All participants articulated the need for therapists to continually grow and utilize their cultural responsiveness. A part of this includes the need for clinicians to understand the interplay between their own and the patient's held identities. Cultural responsiveness acted as a means to guide treatment, build and maintain rapport, and create an environment in which patients can explore in a safe environment. While participants acknowledged the utility of cultural awareness, most participants also elaborated on the importance of creating space for patients to explore identity even if the patient and therapist share similar cultural factors.

Superordinate Theme 2: Impact of Sociopolitical Climate on Clinical Relationships

All participants acknowledged the importance of the sociopolitical landscape and its influence on clinical relationships. Clinical relationships included those with patients, colleagues, and

supervisors. Participants provided specific accounts in which they needed to navigate encounters in which current events sparked at times uncomfortable conversations and dynamics.

Clinical Implications

Participants explored the difficult nature of having to navigate sociopolitical dynamics within the context of clinical work. They specifically mentioned the challenge of remaining present despite comments and interactions that were difficult to navigate. While participants maintained that they remained committed to clinical care despite these comments, they also acknowledge the emotional and mental expense of these interactions. These results suggest that the process of therapy and the therapeutic relationship can all be influenced by broader sociopolitical factors.

Superordinate Theme 3: Navigating Held Identities with Clients and Colleagues

All participants talked about how their held intersecting identities interacted with their relationships with clients and colleagues. Participants shared personal accounts in which they managed various situations such as feeling underrepresented in their workplace or navigating hurtful stereotypes such as the “Angry Black woman” trope.

Clinical Implications

Black female-identified therapists have a layer of complexity when navigating the stereotypes and assumptions regarding their intersecting identities. Furthermore, creating space and confronting these issues can beget confusion, exhaustion, and leave therapists feeling unsupported. These accounts demonstrate the various disparities that Black female identified therapists face in the field of psychology and the need for environments in which therapists can feel heard and validated.

Superordinate Theme 4: Shared Experience

Every participant talked about the role of shared identity within the context of therapy. Shared identity often provided an opportunity to recount shared experiences. The very act of being Black within the therapeutic relationship helped to bolster feelings of comfortability with these participant's patients. Participants also highlighted that while shared identity was a salient factor in rapport building, it was also pivotal to create space for the individual lived experiences of patients.

Clinical Implications

These accounts demonstrate the power of cultural matching and the need for culturally responsive clinicians. In many of these accounts Blackness served as a catalyst for strong therapeutic bonds. However, these accounts also demonstrate that shared identity should not override a clinician demonstrating cultural responsiveness throughout the treatment course. Meaning that clinicians should create space for their patients lived experiences and abstain from assumptions about a patient because of shared identity.

Superordinate Theme 5: Expanding Therapy

All participants reflected about their clinical work and how they utilized interventions that mapped on to their patients' salient cultural backgrounds. These participants mentioned various interventions such as careful use of self-disclosure, creating space for patients to have fun in therapy, and engaging culturally appropriate behaviors with the patient in session. Some participants acknowledge that some these interventions could be potentially dismissed in tradition psychotherapy frameworks.

Clinical Implications

Participants noted the utility of engaging in various interventions that map onto their patients' cultural and emotional needs. These accounts demonstrate the usefulness of therapists' cultural awareness and how this translates into comprehensive and responsive care to patients of diverse backgrounds. Beyond specific intervention, participants noted taking on a more, person-centered style of therapy. Use of appropriate self-disclosure and engagement in culturally salient behavior created space for clients to feel safe in the therapeutic space. Interventions that participants noted contrasts to psychodynamic or CBT style therapies in which the provider is farther removed from the patient or seen as the expert in the room.

Superordinate Theme 6: Expanding the Field of Psychology

In a similar vein, many participants endorsed need for expansion of curriculum and post-graduate training. Participants also highlighted the need for diverse staff which includes educators and clinicians. Participants also reflected on the necessity of increased integration of culturally focused content throughout graduate and post graduate training.

Clinical Implications

Participants noted the continued usefulness of expanding training opportunities that include specific topics about working with individual from diverse and intersecting backgrounds. Many accounts elaborated on how their training offered cursory information regarding diverse groups or hyper-focused on trauma related content that negated other pertinent aspects of these particular groups. Furthermore, these accounts demonstrate the increased need for educators and providers who reflect the diversity of the populations being served and students being taught.

Superordinate Theme 7: Cultural Shifts Regarding Therapy

Within their clinical practice, some participants noted the cultural shifts regarding the destigmatization of therapy in the African-American community. Participants noted that there is an increased demand for therapy in the community.

Clinical Implications

As individuals from diverse groups initiate therapy, the need for culturally responsive and diverse staff is needed. Participants noted that their patients talked about salient cultural issues that were pertinent to their identities as African-American people. Therefore, as the population who utilizes therapy continues to expand, providers should reflect that expansion. The accounts also note the usefulness of providers honing in their cultural responsiveness as a means to accurately and empathically engage with their clients who may be navigating arduous identity based stressors.

Superordinate Theme 8: Self-Care

Lastly, some participants noted the need for African-American therapists to have space for self-care. Patients noted that navigating race-based stress in the clinical context makes it difficult to be present with patients and colleagues. It is a common understanding that therapists need to cultivate space for self-care. However, participants noted that holding an identity as an African-American and female required more thoughtful and intentional thought regarding self-care practices and how these practices can be imbedded in clinical spaces.

Clinical Implications

While exploring their experiences participants noted their identities as African-American female therapists is complex and often leads to stressful encounters. When therapists are navigating stressful encounters, it becomes pivotal to examine how they are taking of themselves. This also

expose the need for increased awareness about what infrastructure can be put into place for facilitation of optimal self-care for this population.

Strengths and Limitations

This research was exploratory due to the lack of existing literature pertaining to this population.

While there is an abundance of literature on diverse populations from the patient's experiences, research on the experiences of diverse providers is scant. However, as the field quickly continues to diversify, it is imperative to understand the experiences of these providers. This dissertation provides a narrow look into the lived experiences of African-American female therapists, and how they navigated the multifaceted field of psychology. It is important for future research to continue to understand the lived experiences of providers from this population, and other culturally diverse backgrounds as well. This study was able to identify several pertinent themes in which all participants converged upon. Analysis was also able to pick up on nuanced experiences which translated to other fascinating themes. This research could also help further examination and understanding regarding this population. While there were several superordinate and subthemes extrapolated from the analysis, further research could produce other pertinent themes or build upon themes already established including efforts at addressing current challenges.

A limitation of this study is its small sample size (N=5). While this is an appropriate size for IPA research, this small sample size does not encompass the inherent within group differences that exists within this population. While the sample of participants represented a wide array of backgrounds, training, licenses, etc., further research should aim to have a larger sample size that includes a more diverse sample. Another limitation to consider is the lack of

geographical diversity within the sample. Most participants were from California. Regional differences could affect the lived experiences of therapists who work cross-culturally.

Recommendations for Future Research

Some participants also offered feedback regarding other research questions to potentially explore. For example, one participant noted the differences of experiences for African American identified therapists and African identified therapists. Another participant highlighted the importance of examining the lived experience of African American male identified clinicians as this population is not highly represented in the field or in research. Therefore, future research should aim to understand the nuanced experiences of individuals who come from various intersecting backgrounds. Other future research could also encompass themes such as self-care for therapists of color or support in navigating race-based stress within the context of clinical work. Further areas of research should also include how various areas such as training, academic institutions, support networks within and outside of the clinical setting can be ameliorated to better serve African-American female identified therapists. Further research could also examine if salient themes identified in this research generalize to other underrepresented groups of therapists.

References

- Abayomi Alase. (2017). *The Interpretative Phenomenological Analysis (IPA): A Guide to a Good Qualitative Research Approach*. <https://doi.org/10.7575/aiac.ijels.v.5n.2p.9>
- Alvidrez, J., Azocar, F., & Miranda, J. (1996). Demystifying the concept of ethnicity for psychotherapy researchers. *Journal of Consulting and Clinical Psychology, 64*(5), 903–908. <https://doi.org/10.1037/0022-006X.64.5.903>
- Ainslie, R., & Brabeck, K. (2003). Race murder and community trauma: Psychoanalysis and ethnography in exploring the impact of the killing of James Byrd in Jasper, Texas. *Journal for the Psychoanalysis of Culture & Society, 8*(1), 42–50. <https://doi.org/10.1353/psy.2003.0002>
- APA Office of Ethnic Minority Affairs. (2008). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations.
- Asnaani, A., & Hofmann, S. G. (2012). Collaboration in multicultural therapy: establishing a strong therapeutic alliance across cultural lines. *Journal of clinical psychology, 68*(2), 187–197. <https://doi.org/10.1002/jclp.21829>
- Atkinson, D. R., Morten, G., & Sue, D. W. (Eds.). (1998). *Counseling American minorities* (5th ed.). McGraw-Hill.
- Bartoli, E., & Pyati, A. (2009). Addressing clients' racism and racial prejudice in individual psychotherapy: Therapeutic considerations. *Psychotherapy: Theory, Research, Practice, Training, 46*, 145–157. <http://dx.doi.org/10.1037/a0016023>
- Bennett, J. O. (n.d.). The analyst at the intersection of multiple cultures. *Psychoanalytic Perspectives, 3*(2), 55–63. <https://doi.org/10.1080/1551806X.2006.10472952>

- Betancourt, H., & Lopez, S. R. (1993). The study of culture, ethnicity, and race in American psychology. *The American Psychologist*, *v48*(n6).
- Cardemil, E. V., & Battle, C. L. (2003). Guess who's coming to therapy? Getting comfortable with conversations about race and ethnicity in psychotherapy. *Professional Psychology: Research and Practice*, *34*(3), 278–286. <https://doi.org/10.1037/0735-7028.34.3.278>
- Chang, D. F., & Berk, A. (2009). Making cross-racial therapy work: A phenomenological study of clients' experiences of cross-racial therapy. *Journal of Counseling Psychology*, *56*(4), 521–536. <https://doi.org/10.1037/a0016905>
- Clancy, Marie. (2013). Is reflexivity the key to minimising problems of interpretation in phenomenological research?. *Nurse researcher*. 20. 12-6. 10.7748/nr2013.07.20.6.12.e1209.
- Clarkson, P., & Nippoda, Y. (1997). The experienced influence or effect of cultural/racism issues on the practice of counseling psychology : a qualitative study of one multicultural training organization. *Counselling Psychology Quarterly (Print)*, *10*(4), 415–437.
- Comas-Diaz, L., & Jacobsen, F. M. (1991). Ethnocultural transference and countertransference in the therapeutic dyad. *American Journal of Orthopsychiatry*, *61*(3), 392–402.
- Derald Wing Sue, David Sue, Helen A. Neville, & Laura Smith. (2019). *Counseling the Culturally Diverse : Theory and Practice: Vol. Eighth edition*. Wiley.
- Dos Santos, O., & Dallos, R. (2012). The Process of Cross-Cultural Therapy between White Therapists and Clients of African-Caribbean Descent. *Qualitative Research in Psychology*, *9*(1), 62–74. <https://doi.org/10.1080/14780887.2012.630827>
- Ertl, M. M., Mann-Saumier, M., Martin, R. A., Graves, D. F., & Altarriba, J. (2019, October 1). The Impossibility of Client--Therapist "Match": Implications and Future Directions for

- Multicultural Competency. *Journal of Mental Health Counseling*, 41(4), 312.
<https://doi.org/10.17744/mehc.41.4.03>
- Foster, R. P. (1998). The Clinician's Cultural Countertransference: The Psychodynamics of Culturally Competent Practice. *Clinical Social Work Journal*, 26(3), 253.
<https://doi.org/10.1023/a:1022867910329>
- Gopalkrishnan, N. (2018). Cultural Diversity and Mental Health: Considerations for Policy and Practice. *Frontiers in public health*, 6, 179. <https://doi.org/10.3389/fpubh.2018.00179>
- Iwasama, G. Y., Nelson-Grey, R., Gaynor, S. T., & Korotitsch, W. J. (1997). Behavior therapy and a culturally diverse society : Forging an alliance. Commentary. *Behavior Therapy*, 28(3), 347–361.
- Helms, J. E., & Cook, D. A. (1999). *Using race and culture in counseling and psychotherapy: Theory and process*. Allyn & Bacon.
- Hollway, W. & Jefferson, T. (2005). *Doing qualitative research differently*. London, UK. Sage Publications.
- Jones, E. E. (1978). Effects of race on psychotherapy process and outcome: An exploratory investigation. *Psychotherapy: Theory, Research & Practice*, 15(3), 226–236.
<https://doi.org/10.1037/h0086004>
- Kim, S., & Cardemil, E. (2012). Effective psychotherapy with low-income clients: The importance of attending to social class. *Journal of contemporary psychotherapy*, 42(1), 27–35. <https://doi.org/10.1007/s10879-011-9194-0>

- Kelly., Greene. (2010). Diversity within African American, Female Therapists: Variability in Clients' Expectations and Assumptions about the Therapist. *Psychotherapy: Theory, Research, Practice, Training*, 47(2), 186–197. <https://doi.org/10.1037/a0019759>
- Leary, K. (1997). Race, self-disclosure, and “forbidden talk”: Race and ethnicity in contemporary clinical practice. *The Psychoanalytic Quarterly*, 66, 163–189.
- Lin, L., Stamm, K., & Christidis2018, P. (2018). How diverse is the psychology workforce? Retrieved August 11, 2020, from <https://www.apa.org/monitor/2018/02/datapoint>
- Lincoln, YS. & Guba, EG. (1985). [Naturalistic Inquiry](#). Newbury Park, CA: Sage Publications.
- Linn-Walton, R., & Pardasani, M. (2014). Dislikable Clients or Countertransference: A Clinician's Perspective. *The Clinical supervisor*, 33(1), 100–121.
<https://doi.org/10.1080/07325223.2014.924693>
- Meyer, O. L., & Zane, N. (2013). THE INFLUENCE OF RACE AND ETHNICITY IN CLIENTS' EXPERIENCES OF MENTAL HEALTH TREATMENT. *Journal of community psychology*, 41(7), 884–901. <https://doi.org/10.1002/jcop.21580>
- Office of the Surgeon General (US); Center for Mental Health Services (U.S.); National Institute of Mental Health (U.S.). Mental Health: Culture, Race, and Ethnicity: A Supplement to Mental Health: A Report of the Surgeon General. Rockville (M.D.): Substance Abuse and Mental Health Services Administration (U.S.); 2001 Aug. Chapter 2 Culture Counts: The Influence of Culture and Society on Mental Health. Available from:
<https://www.ncbi.nlm.nih.gov/books/NBK44249>

- Nezu, A. M. (2010). Cultural influences on the process of conducting psychotherapy: Personal reflections of an ethnic minority psychologist. *Psychotherapy: Theory, Research, Practice, Training*, 47, 169–176. <http://dx.doi.org/10.1037/a0019756>
- Noon, E., (2018). *Interpretive Phenomenological Analysis: An Appropriate Methodology for Educational Research?* <https://doi.org/10.14297/jpaap.v6i1.304>
- Okazawa-Rey, M., Robinson, T., & Ward, J. V. (1987). Black women and the politics of skin color and hair. *Women & Therapy*, 6(1-2), 89–102.
https://doi.org/10.1300/J015V06N01_07
- Okun, L., Chang, D. F., Kanhai, G., Dunn, J., & Easley, H. (n.d.). Inverting the power dynamic: The process of first sessions of psychotherapy with therapists of color and non-latino White patients. *Journal of Counseling Psychology*, 64(4), 443–452.
<https://doi.org/10.1037/cou0000223>
- Perez, A. D., & Hirschman, C. (2009). The Changing Racial and Ethnic Composition of the U.S. Population: Emerging American Identities. *Population and development review*, 35(1), 1–51. <https://doi.org/10.1111/j.1728-4457.2009.00260.x>
- Pietkiewicz, Igor & Smith, Jonathan. (2014). A practical guide to using Interpretive Phenomenological Analysis in qualitative research psychology. *CPPJ*. 20. 7-14.
[10.14691/ CPPJ.20.1.7](https://doi.org/10.14691/ CPPJ.20.1.7)
- Roberts, L. (2004). *We Wear the Mask, The Strategic Enactment of Racial Identity in Professional Contexts*. Unpublished manuscript, Cambridge, Mass.: Harvard Business School.
- Smith, J. A. (2007). Hermeneutics, human sciences, and health: Linking theory and practice. *International Journal of Qualitative Studies on Health and Well-being*, 2(1), 3-11.

- Smith, J. A. (2010). Interpretative phenomenological analysis: A reply to Amedeo Giorgi
Existential Analysis, (2), 186.
- Smith, J. A. & Osborn, M. (2015). Interpretative phenomenological analysis, in J. A. Smith
 (Ed.), *Qualitative psychology: A practical guide to research methods* (pp. 51–80). Los
 Angeles, CA: Sage.
- Smith, J. A., Flowers, P., & Larkin, M. (2013). *Interpretative phenomenological analysis*. SAGE.
- Spalding, B., Grove, J., & Rolfe, A. (2019). An exploration of Black, Asian, and Minority Ethnic
 counselors' experiences of working with White clients. *Counselling & Psychotherapy
 Research*, 19(1), 75–82. <https://doi.org/10.1002/capr.12194>
- Sue, S., Zane, N., Nagayama Hall, G. C., & Berger, L. K. (2009). The case for cultural
 competency in psychotherapeutic interventions. *Annual review of psychology*, 60, 525–
 548. <https://doi.org/10.1146/annurev.psych.60.110707.163651>
- Tang, N. M., & Gardner, J. (1999). Race, culture, and psychotherapy: Transference to minority
 therapists. *The Psychoanalytic Quarterly*, LX-VIII, 1–20. [http://dx.doi.org/10.1002/j.2167-
 4086.1999.tb00634.x](http://dx.doi.org/10.1002/j.2167-4086.1999.tb00634.x)
- Tinsley-Jones, H. A. (2001). Racism in our midst: Listening to psychologists of color.
Professional Psychology: Research and Practice, 32,573–580.
<http://dx.doi.org/10.1037/0735-7028.32.6.573>
- Tuffour, I. (2017). *A critical overview of interpretative phenomenological analysis: a
 contemporary qualitative research approach*.
- Tummala-Narra, P. (2015). Cultural competence as a core emphasis of psychoanalytic
 psychotherapy. *Psychoanalytic Psychology*, 32(2), 275–292.
<https://doi.org/10.1037/a0034041>

- Van Wagoner, S., J., Gelso, C., & Diemer, R. (1991). Countertransference and the Reputedly Excellent Therapist. Retrieved 2020, from http://www.safranlab.net/uploads/7/6/4/6/7646935/van_wagoner_countertransference__1991.pdf
- Yi, C. (1998). Transference and race: An intersubjective conceptualization. *Psychoanalytic Psychology*, 15, 245–261. <http://dx.doi.org/10.1037/0736-9735.15.2.245>

Appendix A

IRB Forms



APPLICATION FOR IRB REVIEW OF NEW RESEARCH INVOLVING HUMAN SUBJECTS

Complete the following form and upload this document to the online IRB system in Mentor. **In addition to this application, you will also need to upload any survey/interview questions and informed consent documents for your protocol.**

1. RESEARCH PROJECT DESCRIPTION

Provide, in lay terms, a detailed summary of your proposed study by addressing each of the following items:

Clearly state the purpose of the study (Usually this will include the research hypothesis)

The purpose of this study aims to examine the experience of African-American, female, licensed-psychologists, and their clinical experiences working clients who are culturally similar and dissimilar. This is an interpretative phenomenological analysis study so therefore there is no research hypothesis.

Background (Describe past studies and any relevant experimental or clinical findings that led to the plan for this project)

Kelly and Greene (2010) describe how African-American female psychologists find themselves within a demographic intersection of cultural identity. With racial and gender identities often associated with discrimination, the intersectionality of these identities poses an even more novel experience in clinical work. Dos Santos & Dallos (2012) describe how members of two marginalized identities, the visible differences between an African-American female psychologist and a client who does not encompass those identities may evoke different meanings, processes, and reactions within the dyad

Research plan (Provide an orderly scientific description of the intended methodology and procedures as they directly affect the subjects)

This study will use Interpretative Phenomenological Analysis (IPA) for data collection and analysis. IPA will be used for systematic review of themes of African-American female therapists and their experiences in working with culturally similar and dissimilar patients. 7-8 participants will be asked a series of open-ended questions aimed at understanding their lived experiences. Interviews will be approximately 90 minutes. Interviews will be held on Zoom. Prior to the interview, the researcher will go over informed consent, briefly review the interview agenda, and answer any questions the participant might have. To be consistent with IPA methodology, the researcher has developed an interview schedule that will act as an interview guide. The interviewer will move through the interview guide and ask follow questions as needed. At the conclusion of the interview, interviewer will thank the interviewee and answer any final questions. Once this clinical dissertation research is completed, the results will be given back to the participants in the aims of furthering research on the clinical experiences of African-American female therapists.

Give the location(s) the study will take place (institution, city, state, and specific location)

This study will take place virtually using Zoom due to COVID-19 restrictions.

Duration of study project

With IRB approval proposed for March 2021, formal recruitment will commence in April and May. Interviews are planned to be scheduled throughout the Spring and Summer semester of 2021. Data collection is aimed for completion by June 2021. At this time, the researcher will begin to work on transcripts and initial analysis of data. In the Spring of 2021 researcher will be following IPA data analysis and will be beginning to write and draft dissertation. The researcher plans to defend her dissertation by September of 2021.

2. PARTICIPANTS

2(a) Participant Population and Recruitment

Describe who will be included in the study as participants and any inclusion and exclusion criteria.

The inclusion criteria for this study include all licensed psychologists in California who self-identify as African-American and female. For the context of this research the participants must have been born in and grew up in the United States. Exclusion criteria include non-English speakers and those who are not fluent in English.

What is the intended age range of participants in the study?

Participants intended age range is 25-75.

Describe how participant recruitment will be performed.

Participants will be recruited from several sites, including community mental health organizations, hospitals, and private practice. Organizations and mental health professionals will be emailed and asked to participate or to refer to a known individual who meets the inclusion criteria. Prospective participants will be contacted via email or phone for a brief screener to ensure that they meet the inclusion criteria.

Do the forms of advertisement for recruitment contain only the title, purpose of the study, protocol summary, basic eligibility criteria, study site location(s), and how to contact the study site for further information? Yes No

*If you answered "no," the forms of advertisement must be submitted to and approved by the IRB prior to their use.

2(b) Participant Risks and Benefits

What are the benefits to participants in this study?

Benefits of this study include participating in research that aims to contribute to the

What are the risks (physical, social, psychological, legal, economic) to participants in this study?

There is minimal risk associated with this study. Participants will be asked to reflect upon their personal professional experiences as African-American female psychologists.

If deception is involved, please explain.

Indicate the degree of risk (physical, social, psychological, legal, economic) you believe the research poses to human subjects (*check **the one** that applies*).

MINIMAL RISK: A risk is minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are not greater, in and of themselves, than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests.

GREATER THAN MINIMAL RISK: Greater than minimal risk is greater than minimal where the probability and magnitude of harm or discomfort anticipated in the proposed research are greater than those ordinarily encountered in daily life or during the performance of routine physical or psychological examinations or tests. **If you checked "Greater than Minimal Risk"**, provide a statement about the statistical power of the study based on intended sample size, design, etc. to test the major hypotheses)

2(c) Participant Compensation and Costs

Are participants to be financially compensated for the study? Yes No If "yes," indicate amount, type, and source of funds.

Amount:

Source:

Type (e.g., gift card, cash, etc.):

Will participants who are students be offered class credit? Yes No N/A

If you plan to offer course credit for participation, please describe what alternative assignment(s) students may complete to get an equal amount of credit should they choose not to participate in the study.

Are other inducements planned to recruit participants? Yes No If yes, please describe.

3. CONFIDENTIALITY AND DATA SECURITY

Will personal identifiers be collected (e.g., name, social security number, license number, phone number, email address, photograph)? Yes No

Will identifiers be translated to a code? Yes No

Describe how you will protect participant confidentiality and secure research documents, recordings (audio, video, photos), specimens, and other records.

Names and emails will be collected as a part of this study. Any data provided in this study will be kept confidential. A master list that will include the participant's name and a code linking the name to the date will be created and kept secure and separate from the collected data. All digital data collected will be stored in password-protected devices (e.g., iPhone, laptop) and written documents kept in a locked cabinet. Individuals who will have direct access to this information include the student researcher, faculty advisor, and two co-chairs on the dissertation committee.

4. CONSENT

4a. Informed consent

Do you plan to use a written consent form that the participant reads and signs? Yes No

***If "no," you must complete Section 4b or 4c below.**

If "yes," describe how consent will be obtained and by whom.

If the participants are minors under the age of 18 years, will assent forms be used? Yes No N/A

If "no," please explain.

Upload to the online IRB system the consent form(s) that the participants and/or parent/guardian will be required to sign, and the assent forms for children under the age of 18, if applicable.

Note: All consent forms must contain the following elements (quoted directly from Office for Human Research Protections regulations, available at: <http://www.hhs.gov/ohrp/humansubjects/guidance/45cfr46.htm#46.116>). The University of San Francisco IRB has consent templates containing all required elements, **and we strongly recommend you use these templates.**

If you believe it is important to create your own consent form, you are free to do so but please ensure that your consent form has each of the following elements and indicate you have done so by checking this box:

I have chosen to create my own consent form and have ensured that it contains the 8 essential elements listed below:

(1a) A statement that the study involves research, (1b) an explanation of the purposes of the research, (1c) the expected duration of the subject's participation, (1d) a description of the procedures to be followed, and (1e) identification of any procedures which are experimental;

(2) A description of any reasonably foreseeable risks or discomforts to the subject;

(3) A description of any benefits to the subject or to others which may reasonably be expected from the research;

(4) A disclosure of appropriate alternative procedures or courses of treatment, if any, that might be advantageous to the subject;

(5) A statement describing the extent, if any, to which confidentiality of records identifying the subject will be maintained;

(6) For research involving more than minimal risk, an explanation as to whether any compensation and an explanation as to whether any medical treatments are available if injury occurs and, if so, what they consist of, or where further information may be obtained;

(7) An explanation of whom to contact for answers to pertinent questions about the research and research subjects' rights, and whom to contact in the event of a research-related injury to the subject; and

(8) A statement that participation is voluntary, refusal to participate will involve no penalty or loss of benefits to which the subject is otherwise entitled, and the subject may discontinue participation at any time without penalty or loss of benefits to which the subject is otherwise entitled."

4b. Waiver of documentation of written informed consent (Complete only if answered "no" to 4a)

The regulations allow instances in which the IRB may waive the requirement for documentation of informed consent, that is, the collection of a signed consent form. If you are requesting a waiver of written documentation (signed) of informed consent, please answer the following questions:

Will the only record linking the participant and the research be the consent document and the principal risk to the participant would be from breach of confidentiality? Yes No

Do you consider this a minimal risk study that involves no procedures for which written consent is normally required outside of research (see 2B above for definition)? Yes No

Explain why you are requesting waiver or modification of documentation of written (signed) informed consent and how you plan to obtain consent.

4c. Waiver or modification of informed consent (Complete only if answered "no" to 4a)

The regulations also provide an opportunity for the IRB to waive the requirement for informed consent or to modify the informed consent process, provided the protocol meets the following criteria:

- (1) The research involves no more than minimal risk to subjects (see 2b above for definition);
- (2) The waiver of alteration will not adversely affect the rights and welfare of the subjects;
- (3) The research could not practicably be carried out without the waiver or alteration; and
- (4) Whenever appropriate, the subjects will be provided with additional pertinent information after participation.

If you are requesting a waiver or modification of informed consent (e.g., incomplete disclosure, deception), explain how your project meets the requirements for waiver or modification of informed consent, as outlined above.

Appendix B
Informed Consent



CONSENT TO PARTICIPATE IN A RESEARCH STUDY

Below is a description of the research procedures and an explanation of your rights as a research participant. You should read this information carefully. If you agree to participate, you will sign in the space provided to indicate that you have read and understand the information on this consent form. You are entitled to and will receive a copy of this form.

You have been asked to participate in a research study conducted by Kimiko May a graduate student in the PsyD Program at the University of San Francisco. This faculty supervisor for this study is Dr. Rick Ferm a professor in the PsyD program at the University of San Francisco.

WHAT THE STUDY IS ABOUT:

This research project aims to investigate the experiences of licensed African-American female psychologists who work with clients of similar and dissimilar cultural backgrounds. It aims to qualitatively understand the lived of experiences of African-American Female psychologists and how the intersectionality of this identity affects their experience of clinical work with diverse clients.

WHAT WE WILL ASK YOU TO DO:

You will be asked to answer a series of open-ended questions aimed at understanding your lived experience as a clinical psychologist. You will be asked to answer open and honestly about your experiences and to expand upon certain topics and ideas. Topics include culture, personal clinical experiences, and future directions in the field of psychology. Interviews will last approximately 60-90 minutes

DURATION AND LOCATION OF THE STUDY:

Your participation in this study will involve one 60–90-minute session over zoom.

POTENTIAL RISKS AND DISCOMFORTS:

We do not anticipate any risks or discomforts to you from participating in this research. If you wish, you may choose to withdraw your consent and discontinue your participation at any time during the study without penalty.

BENEFITS:

You will receive no direct benefit from your participation in this study; however, the possible benefits to others include contributing to the body of scientific knowledge that may benefit people now or in the future.

PRIVACY/CONFIDENTIALITY:

Any data you provide in this study will be kept confidential unless disclosure is required by law. In any report we publish, we will not include information that will make it possible to identify you or any

individual participant. Specifically, a master list that includes the participant's name and a code linking the name to the date will be created and kept secure and separate from the collected data. Audio recordings will be used in this study as a means to help the researcher review data obtained from interviews. All digital data collected will be stored in password-protected devices (e.g., iPhone, laptop) and written documents kept in a locked cabinet. Those who will have direct access to this sensitive information include the student researcher, faculty advisor, and two co-chairs on the dissertation committee. The IRB requires PIs to keep consent forms for 3 years. At some reasonable point, the researcher will destroy anyone's ability to link the participants' data to identifying information.

COMPENSATION/PAYMENT FOR PARTICIPATION:

There is no payment or other form of compensation for your participation in this study.

VOLUNTARY NATURE OF THE STUDY:

Your participation is voluntary, and you may refuse to participate without penalty or loss of benefits. Furthermore, you may skip any questions or tasks that make you uncomfortable and may discontinue your participation at any time without penalty or loss of benefits. In addition, the researcher has the right to withdraw you from participation in the study at any time

OFFER TO ANSWER QUESTIONS:

Please ask any questions you have now. If you have questions later, you should contact the principal investigator: Dr. Rick Ferm at 415-279-7782 or rbferm@usfca.edu. If you have questions or concerns about your rights as a participant in this study, you may contact the University of San Francisco Institutional Review Board at IRBPHS@usfca.edu.

I HAVE READ THE ABOVE INFORMATION. ANY QUESTIONS I HAVE ASKED HAVE BEEN ANSWERED. I AGREE TO PARTICIPATE IN THIS RESEARCH PROJECT AND I WILL RECEIVE A COPY OF THIS CONSENT FORM.

PARTICIPANT'S SIGNATURE

DATE

Appendix C
Interview Schedule

Interview Schedule

Brief discussion regarding information about study. Answer any questions participant may have.

Review any specific questions about informed consent.

A. Personal understanding of Culture

1. Can you please give me a brief history of your professional career?
2. What does culture within a clinical context mean to you?
3. How was the concept of culture taught to you in your graduate program?

B. Personal experiences of culture and identity in therapy

4. What role do you think cultural identity plays in the therapeutic relationship?
5. How has identifying as an African-American woman come into play in your work with clients?
6. What is it like when working with clients of a different cultural background than you?
7. What is like when working with clients of a similar cultural background than you?
8. Has your identity as an African-American woman shown up in professional relationships with colleagues? If, so how?
9. Can you give me a specific example in which your identities were made apparent in a clinical setting?

C. Future Directions in the Field

10. Do you think that there are ways in which the field can respond to cultural diversity? If so, what are those ways?
11. How do you think training programs can respond to cultural diversity?

D. Closing Questions

12. What was this interview process like for you?
13. Are there any questions that you wished that I asked you?

