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Abstract

Professional counselors must act as anti-racist social justice advocates throughout the counseling relationship, including assessment, diagnosis, and treatment planning. Due to internalized racism and inappropriate instruments, assessment and diagnosis are two critical areas where marginalized populations have historically experienced misdiagnosis and pathologizing impacting overall client care and well-being. Inappropriate instruments, inadequate training, and counselor bias have profound impacts on access to treatment and resources for individuals holding marginalized racial identities. Although the call for anti-racist counseling is clear, the profession is still unclear about how to teach these concepts to counselor trainees. Counselor educators must be intentional about incorporating anti-racist concepts into all counseling courses including assessment and diagnosis. Situated by the historical context of racism within helping professions, we aim to provide practical teaching implications for infusing anti-racist content into assessment and diagnosis courses in counselor education.

Significance to the Public

This conceptual article advances counselor education by introducing practical teaching implications for infusing anti-racist content into assessment and diagnosis courses. The need for this article is situated by both documented racism throughout assessment and diagnostic practice and more recent calls for anti-racist practices through counselor education.

The counseling profession has indicated a clear emphasis on centering multicultural and social justice counseling competencies (MSJCCs) at the core of counseling practice across the profession's foundational standards and competencies (e.g., American Counseling Association [ACA], 2014; Council for the Accreditation of Counseling and Related Educational Programs [CACREP], 2016; Ratts et al., 2016). Given this emphasis, research on social and cultural diversity within the counseling profession has been extensive. Approximately one-fourth of research articles published in counseling journals from 2014–2018 focused on social and cultural diversity (Barrio Minton et al., 2022), and one-third of research on teaching within counselor education also focused on this topic (Barrio Minton

et al., 2014, 2018). This research has primarily focused on teaching CACREP social and cultural diversity standards in one multicultural course (e.g., Brooks et al., 2015; Celinska & Swazo, 2016; Hilert & Tirado, 2018) or describing marginalizing experiences of underrepresented graduate counseling students (e.g., Pieterse et al., 2016; Smith & Okech, 2016). Still, more specific resources are needed to help counselor educators integrate anti-racist content beyond the single multicultural course (Williams et al., 2021).

Anticipated revisions of the CACREP *2024 Standards* assert that counselors must develop an understanding of "culturally sustaining" strategies across clinical practice (CACREP, 2022). Further,

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assessment and diagnostic processes is designated as a core curricular area where students must dedicate careful attention to cultural and developmental issues (CACREP, 2022), consistent with current professional statements about attending to cultural biases within assessment and diagnosis (ACA, 2014; Association for Assessment and Research in Counseling [AARC], 2018; Lenz et al., 2022). Documented racism against Black, Indigenous, People of Color (BIPOC) in diagnosis and treatment planning signify a critical need for dedicated attention to anti-racist content in assessment and diagnosis coursework (Ballentine, 2019, Liang et al., 2016; Riquino et al., 2021) consistent with the MSJCC framework.

With continued social unrest and increased awareness of racial injustice, there have been numerous calls to center anti-racism across counselor education (e.g., ACA, 2020; Harris et al., 2021). Kendi (2019) described anti-racism as acknowledging how racism permeates throughout individuals and institutions and how policies are supported to maintain systems of power and oppression. Anti-racism is not just the absence of overt racism but involves active engagement in reducing racial inequity and dismantling systems of oppression (Kendi, 2019). The CACREP *Standards* acknowledge the importance of identifying and eliminating systemic oppression and discrimination (CACREP, 2016, 2.F.2.h), but fails to explicitly mention racism or anti-racism within the standards. The term "multicultural" competence is regularly used throughout counseling literature and CACREP standards; however, this umbrella term does not provide adequate attention to the impacts of racism (Gonzalez & Cokley, 2021).

In order for counselor educators to promote anti-racism within counseling courses, they must dedicate specific attention to dismantling racism during course design. Gonzalez and Cokley (2021) outlined a promising framework for reinventing the traditional multicultural counseling course to center an anti-racist counseling identity. The authors described using a critical race theoretical orientation, implementing pedagogical practices to encourage vulnerability, and designing learning goals that explicitly focus on race and racism (Gonzalez & Cokley, 2021). Anti-racist learning goals include: (1) increasing students' racial awareness through critical self-reflection of biases and assumptions, (2) acknowledging how counselors' and clients' racial identities impact the counseling relationship, and (3) recognizing and responding to racism within institutions and organizations. Using Gonzalez and Cokley's anti-racist course framework (2021), the purpose of this article is to provide context regarding racism in assessment and diagnosis, outline anti-racist teaching priorities for assessment and diagnosis course content, and propose strategies for explicitly incorporating anti-racist content into assessment and diagnosis courses.

Racism in Assessment and Diagnosis

In 2020, numerous instances of violence against Black communities amplified conversations regarding deeply rooted issues of prejudice, social injustice, and systemic racism in the United States. Unfortunately, these issues are also historically documented throughout the helping professions (American Psychological Association, 2021). Assessment and diagnosis have significant potential to impact clients' lives and well-being because of their role in decisions regarding access to education, treatment, resources, and opportunities.

Assessment

Counselors often use instruments to measure concepts that are not directly observed, such as mood, personality, intelligence, and interests (Peterson et al., 2014). To be "ethical and culturally relevant" (CACREP, 2016, 2.F.7.m), counselors need to determine whether instruments assess constructs appropriately when used across diverse groups. However, most widely used instruments were normed on samples of primarily white, middle-class individuals (Balkin et al., 2014). Validity studies can provide evidence on whether instruments adequately assess constructs, yet a review of quantitative research in the counseling

profession revealed that fewer than one-half of instruments included validity measures related to the constructs assessed (Wester et al., 2013). The lack of diversity within norming groups raises additional concerns regarding the validity of such instruments for measuring constructs in underrepresented populations.

Assessment scholars have provided models for counselors to assess instruments' generalizability and validity across cultural groups when clients' identities differ from the normed sample (Balkin et al., 2014; Hays & Wood, 2017). In these models, counselors consider factors such as the theoretical approach on which the instrument was founded (Balkin et al., 2014), groups on which the instrument was normed, and consistency of assessed factors across various groups (Hays & Wood, 2017). Although comprehensive in nature, more academic suggestions to perform norming procedures or develop new instruments may not be feasible for practicing counselors. Thus, counselors may continue to use problematic instruments.

If counselors do not consider issues of test bias and instrument validity, assessment results can have long-lasting impacts on treatment and access for underrepresented groups (Olbert et al., 2018). For example, in school settings, BIPOC students are placed in special education programs at higher rates than their white peers, often resulting from biased teacher observation assessments (Raines et al., 2012). Further, school psychologists complete diagnostic testing through the administration of cognitive and intelligence tests, yet many school psychologists report insufficient levels of multicultural training in assessment, intervention, and consultation (Newell & Looser, 2018). As members of educational support teams, school counselors need critical anti-racist knowledge to advocate for appropriate placement and opportunities for all students. In all, the lack of representation of BIPOC folx in instrument norming and validity research, inadequate training among mental health professionals, and use of inappropriate assessments represent some of many factors contributing to misdiagnosis within counseling practice (Balkin et al., 2014; Liang et al., 2016).

Diagnosis

Counselors must have a comprehensive knowledge of diagnosis, the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5-TR, American Psychiatric Association [APA], 2022), and treatment planning. They hold significant power in the treatment process through diagnostic practice that potentially impacts and withholds access to care (Hays et al., 2010; Liang et al., 2016; Miller & Prosek, 2013; Riquino et al., 2021). Counselors are often responsible for rendering DSM-5 diagnoses to ensure best practice, navigate insurance access, and meet workplace requirements (Bredstrom, 2017; Eriksen & Kress, 2006; Miller & Prosek, 2013). Still, the DSM-5 has been repeatedly criticized for flaws in cultural sensitivity, including a lack of attention to context and symptomology of marginalized individuals (Bredstrom, 2017; Liang et al., 2016; Miller & Prosek, 2013). The new publication of the DSM-5-TR aims to amend these critiques (APA, 2022a), but it is still unknown how the revised text will influence clinical practice.

In an attempt to address culture within the diagnostic process, the DSM-5 (APA, 2013) included the cultural formation interview (CFI) as an optional companion tool. It is a semi-structured interview protocol designed to provide cultural context that assists counselors in diagnosis and treatment planning (DeSilva et al., 2015). The questionnaire covers four domains: cultural definition of the problem; cultural perceptions of cause, context, and support; cultural factors that affect self-coping and past help-seeking; and cultural factors that affect current help-seeking (DeSilva et al., 2015). Although the CFI has shown promising advances toward a more comprehensive, cultural assessment, additional research is needed to understand whether and how the assessment is used within counseling settings (Aggarwal et al., 2020) and experienced by BIPOC people.

The lack of cultural sensitivity in the DSM and its use to pathologize people of color is well-

documented (Akinhanmi et al., 2018; Ballentine et al., 2019; Miller & Prosek, 2013; Olbert et al., 2018). Revisions to the DSM-5 included strategic attempts to be more culturally sensitive including "culture bound" symptoms within diagnostic narratives and the introduction of the CFI (Bredstrom, 2017, p. 352). Still, distinction of "universal" vs. "cultural" symptoms, greater influence of the medical model, attention to nosology, and lower thresholds risk further pathologizing vulnerable populations. These amendments resulted in less focus on context and more focus on biological foundations, increasing the likelihood of being diagnosed and creating greater concerns alongside comorbidity. For example, the amendments did not acknowledge the impacts of oppression as context for the manifestation of symptoms, and the criterion added further displaces people of marginalized groups rather than integrating their experiences and symptomology into the DSM (Akinhanmi et al., 2018; Bredstrom, 2017; Miller & Prosek, 2013). As counselors begin utilizing the DSM-5-TR (APA, 2022b), researchers must explore how the revisions toward cultural sensitivity influence diagnostic practice with BIPOC populations.

In addition to flaws of the DSM-5, practitioners' diagnostic bias also leads to inaccurate diagnoses for racially marginalized individuals (Liang et al., 2016; Miller & Prosek, 2013; Olbert et al., 2018). Diagnostic bias often occurs when counselors lack awareness of cultural differences or fail to meet culturally specific needs of clients (Hays et al., 2010). Counselors' internalized racism has led to significant disproportionate diagnostic rates for vulnerable populations including children and people of color (Akinhanmi et al., 2018; Ballentine, 2019; Liang et al., 2016). For example, counselors may be more likely to diagnose Black youth with disruptive behavior or conduct-related disorders than their white counterparts (Ballentine, 2019; Liang et al., 2016). Comparatively, white youth are more likely to receive a diagnosis of a mood disorder than a conduct-related disorder (Liang et al., 2016). Native American youth were more often represented as having higher rates of substance abuse than white youth (Liang et al., 2016).

In adulthood, Black clients are more frequently diagnosed with psychotic disorders while white clients tend to be diagnosed with less severe mood disorders even when displaying similar symptomology (Feisthamel & Schwartz, 2009). Likewise, Black adults are more likely to be diagnosed with bipolar disorder than white adults (Akinhanmi et al., 2018). Mental health professionals are also more likely to diagnose Latinx and Black clients with schizophrenia than white clients (Miller & Prosek, 2013; Olbert et al., 2018). Although the discrepancies are evident, it raises the question whether diagnosis rates are accurate for the population, the DSM-5 criteria are relevant, or counselors are applying criteria accurately. As with assessment practice, inconsistencies in diagnosis impacts access to mental healthcare. For example, a diagnosis of a mood disorder may open access to mental health services whereas a diagnosis of conduct disorder may lead to placements that are more disciplinary or punitive in nature (Raines et al., 2012).

Due to consistent evidence of assessment and diagnostic bias, counselor educators have a call to action to incorporate anti-racist strategies into master's-level counseling coursework (ACA, 2020; ACES, 2021; Williams et al., 2021). All master's and doctoral students who intend to utilize assessment and diagnosis in their counseling practice can benefit from anti-racist training specific to assessment and diagnosis concepts. Research is limited on strategies for teaching assessment and diagnosis in counseling programs in general, and even less is known about how faculty members incorporate anti-racist practices into these areas (Barrio Minton et al., 2014, 2018). In the next section, we hope to begin closing this literature gap by proposing anti-racist teaching implications for assessment and diagnosis.

Anti-Racist Teaching Implications

As instructors prepare to teach these courses, it is of utmost importance to attend to the representation of diverse voices in videos, readings, and class

materials. Counselor educators must include the perspectives and contributions of BIPOC people within the course to highlight their strengths rather than only their oppression (Williams et al., 2021). Although it is important to include BIPOC folx in case studies, counselor educators should carefully consider how doing so may further pathologize people of color. When developing case studies, instructors must avoid using language and diagnoses to describe BIPOC individuals that reinforce racist stereotypes and discriminatory assessment and diagnosis practice.

Both content and learning experiences are important considerations for counselor educators. In the next section, we outline content-specific examples grounded in best teaching practices (ACES, 2016; Malott et al., 2014). These include specific learning objectives, case study examples, role-play demonstrations, personal reflections, and team-based learning projects.

Course Content for Anti-Racist Assessment

In contrast to other CACREP areas, only four articles were published on teaching assessment and testing between 2001–2015 (Barrio Minton et al., 2014, 2018). In our review of published research, we did not find any literature dedicated to best practices for counselor educators attending to the MSJCCs in assessment. Based on documented issues of racism in assessment practices, content for an anti-racist assessment course must center on professional counselors' ability to ethically and holistically use assessment to support counseling services for stakeholders. The recently revised *Responsibilities for Users of Standardized Tests* (Fourth Edition) outlines assessment practices that center culturally responsive test administration and interpretation (Lenz et al., 2022). This document provides an initial look at what course content may be included in an anti-racist assessment course.

Potential anti-racist learning outcomes for the course may include: (1) consider how the counselor's and client's social and cultural privileged and marginalized identities may influence the assessment process, (2) understand the foundational concepts of counseling assessment including historical context and ethical issues impacting individuals holding marginalized identities, (3) locate and evaluate instruments based on psychometrics, accessibility, and cultural appropriateness, (4) administer instruments with a critical awareness of ethical and cultural considerations, and (5) report results to stakeholders holistically within a cultural and contextual frame.

Within assessment courses, counselor educators must develop assignments and activities that assist students with mastering these priorities. A potential class assignment could be a comprehensive assessment toolkit. Students would self-identify or be assigned a population that is not historically represented in instrument norming (e.g., Black adolescents in rural Appalachia; Latinx older adults) and aligns with students' counseling setting (e.g., school, clinical mental health). Students must first conduct a critical self-reflection regarding the explicit and implicit biases they may hold toward their chosen population. Additionally, students would research the needs and presenting concerns of the population and acknowledge how their identities may influence the assessment process (Gonzalez & Cokley, 2021). Then, students would search for instruments that are culturally relevant for the population in their specific setting and provide critical strengths and limitations for using each of the identified tools. This activity introduces students to diverse assessment tools, gives them practice evaluating technical aspects of instruments, and demonstrates challenges with finding appropriately translated and adapted versions for diverse populations.

Counselor educators must give attention to dynamics of power and privilege in the counselor's role in assessment and diagnosis utilizing the MSJCCs (Gonzalez & Cokley, 2021; Ratts et al., 2016). This includes giving students opportunities to practice framing assessment results within the limitations of cultural bias, especially when they lack authority to select their own assessment tools. Role-plays are valuable for integrating coursework into realistic counseling situations where cultural

and statistical bias must be considered (Rapisarda et al., 2011). Integrating reflection within the classroom context allows students to explore their own biases, utilize critical thinking skills, and examine the impact of assessment interpretation on clients. This simulation may develop self-awareness of racial bias and empathy for underrepresented clients like guided imagery activities Kress and colleagues (2014) proposed for deepening awareness of the impact of the counselor's bias and power.

Counselor educators may also attend to anti-racist concepts within an initial intake role-play. For example, the CFI (APA, 2013) has potential for increasing cultural competence and serving as a helpful information gathering tool (Aggarwal et al., 2020). After discussion of perceived strengths and limitations of the CFI, instructors could provide a client description and guide students through a role-play using a client history form commonly used in clinical mental health agencies and a role-play utilizing the CFI. Following both assessments, the class could discuss items in the interview that may have been marginalizing for some clients (e.g., culturally inappropriate or confusing language, categorical questions that exclude cultural groups). Additionally, the class might discuss how understanding the cultural experiences of a client may be more beneficial than understanding demographic data alone. Without an exploration of cultural experiences through the CFI, the intake assessment may capture cultural group identifiers without considering the intersection of all the client's identities.

Instructors could also help students understand how to advocate for anti-racist assessment practice within institutions (Gonzalez & Cokley, 2021). The class could be given the scenario of formulating a counseling group for BIPOC adolescents whose parents recently divorced. For example, students could identify a school or agency where this group is being facilitated that has received funding for the group and must show that the project was successful. Counseling students would develop an evaluation plan to demonstrate the group's effectiveness by considering the types of progress

they would like to measure, researching assessments that align with the racial identities of the students or clients, and presenting the proposed plan with strengths and limitations as they would to a supervisor.

When counselor educators introduce specific instruments to students, students should take time to assess and critique for bias and racism. Students might consider the multicultural strengths and limitations of common assessments through critical reflection questions. Key questions might include: What do I hope to understand by administering this instrument? Do items in translated and cross-cultural adaptations demonstrate the same meaning? Does the context of the instrument's items match the client's age, gender, ability, race, ethnic group, national origin, religion/spirituality, socioeconomic background, sexual orientation, linguistic background, and other personal characteristics? Instructors must encourage counselors to use multiple culturally sensitive assessments to create a comprehensive depiction of a client's cultural context in the present moment. As students work through these considerations during their counseling preparation program, they will be more prepared to enter practice with a battery of culturally appropriate assessments.

Although school counselors do not typically conduct cognitive and intelligence testing, anti-racist school counselors advocate for students by preventing other educators from misusing assessment results and making decisions about students using culturally inappropriate instruments (American School Counselor Association, 2022). Experiential activities, such as role-plays, are frequently used for developing multicultural competence in counselors and other mental health professionals (Seto et al., 2006). In an assessment course, role-plays can include how school counselors approach team meetings with an anti-racist perspective to prevent misplacement of students of color into special education programming or disciplinary settings. The instructor can provide sample assessment results along with hypothetical recommended educational placements. Students can take both the role of a school

counselor and other school professionals. Taking turns, students could practice communicating an advocacy response as to why this placement may be (in)appropriate for the hypothetical student. Observing students could provide feedback. Realistic practice for identifying racism and advocating for appropriate treatment and resources can be critical for populations who have been historically misdiagnosed.

Course Content for Anti-Racist Diagnosis

Despite the significant impact of culture in the clinical decision-making process, research on specific strategies for teaching anti-racism and cultural sensitivity to student counselors specific to diagnosis is limited. To date, recommended teaching strategies include attention to ethics in the clinical decision-making process (Eriksen & Kress, 2006; Mitchell & Binkley, 2021), use of guided imagery to teach empathy (Kress et al., 2014), and encouragement to use the CFI (Tomlinson-Clarke & Georges, 2014). Researchers have not yet provided clear, comprehensive, and empirically supported strategies for teaching proactive and responsive cultural considerations in diagnosis. Counselor educators may benefit from defined course content suggestions and specific strategies to ensure attention to race and culture in clients' holistic context.

Intentional anti-racist course content and learning outcomes will help ensure its integration into the diagnostic course requirements. Learning outcomes for the course may be as follows: (1) obtain a comprehensive understanding of the history and current cultural implications of the DSM, (2) integrate cultural and contextual factors into diagnostic assessment, (3) identify and deconstruct counselors' own privileged and marginalized identities impacting diagnostic bias, and (4) demonstrate a comprehensive understanding of the use of diagnosis, referral, and treatment planning with diverse clients.

Strategies for teaching the history of diagnosis can help to further this acknowledgement of importance and ensure that students are well-informed on the racist history of diagnosis. A historical overview should include a history of racism in diagnosis and documentation of how diagnosis may pathologize people of color (Miller & Prosek, 2013; Riquino et al., 2021). The overview should include amendments to the DSM to acknowledge attempts made to be more culturally sensitive and their limitations. Counselor educators can also provide readings to explore limitations and oppressive roots in diagnosis (e.g., Bredstrom, 2017; Liang et al., 2016; Miller & Prosek, 2013). This intensive exploration may help developing counselors use discretion when using the DSM and engaging in the diagnostic process.

Counselor educators can invite students to process their reactions to the course content. Prompts for verbal or written reflection could be as follows: "How do counselors hold power in the diagnostic process? How do your racial identities (privileged and marginalized) take shape in the diagnostic process? How can you adapt your diagnostic process to working with clients with diverse cultural identities? What limitations do you notice in the DSM? What are the strengths? How do power and privilege influence the diagnosis?" This intentional time for self-reflection allows students to acknowledge the role of racial identity in the diagnostic process and reconcile with the reality of institutional racism (Gonzalez & Cokley, 2021).

Because of the potential harm and impact of diagnostic bias and misdiagnosis, Eriksen and Kress (2006) recommended using an ethics-based strategy for encouraging student counselors to make accurate diagnoses utilizing case study examples. The ACA *Code of Ethics* (2014) states that counselors must "honor diversity and promote a multicultural approach" (p. 3) and "actively attempt to understand a client's cultural background" (p. 4). Ethics help situate the importance of culturally sensitive practices and can help provide a framework for striving for cultural competence (Eriksen & Kress, 2006; Mitchell & Binkley, 2021). Integrating ethics into diagnosis content may include potential for diagnostic bias, the counselors'

power within diagnosis, and the impacts of misdiagnosis and overdiagnosis.

Additionally, routine positionality and reflexivity is necessary for counselors striving for anti-racism (Gonzalez & Cokley, 2021; Williams et al., 2021). Counselor educators must aid counselors in developing awareness of their own assumptions and reducing diagnostic bias (Kress et al., 2014). Scholars recommended using a constructivist approach including guided imagery to help counselors to increase empathy and reduce stereotypes for marginalized clients (Kress et al., 2014). These authors provided several scripts for counselor educators to use in various exercises that called for grounding, putting the counselor in the clients' shoes, and drawing out the counselor's stereotypes and implicit biases. To utilize this guided imagery activity, counselor educators should follow the scripts created by Kress and colleagues (2014).

Counselor educators can utilize team-based activities to promote active learning of anti-racist diagnostic practice (Malott et al., 2014). Practice must include holistic case studies that include race alongside other cultural identities (e.g., social class, sex, gender identity, ability, spirituality, or religion), crisis, trauma, and situational factors. Students could work with peers to gather culturally relevant context using the CFI, consider systems of oppression and impacts on client functioning, and conceptualize clients using an ethical, holistic framework.

In the Appendix, we outline an example case study for use in a lesson on bipolar and depressive disorders. The Case of Bre can be utilized for critical discussion, client conceptualization, and mock treatment planning. Student exploration of this case study may help to determine how systems of oppression intersect with symptoms of diagnosis or pathology. As counselor educators are evaluating student success with this case study, they may assess students' ability to use appropriate means of assessment, account for cultural values and norms, incorporate attention to baseline functioning, and consider the role of oppression including financial hardship, racism, discrimination, environmental

pressures, grief, trauma, and adverse childhood experiences.

Future Research

The strategies discussed in this article seek to bridge this gap in research, but there is still a dearth of empirically supported strategies for assessment and diagnosis in both practice and counselor education. Future research is needed to develop instruments addressing culturally specific factors and exploring appropriateness of existing instruments for BIPOC people. Researchers have identified many problems and outcomes of racism in diagnosis; however, there are few strategies for reducing diagnostic bias and misdiagnosis. Researchers need to look specifically at diagnostic racism to ensure the needs of BIPOC people are addressed. Training with the CFI has been associated with increased cultural competence in psychiatric residents (Aggarwal et al., 2020), however, more research on how the CFI and the new DSM-5-TR impact counseling practice would be beneficial. Research might include strategies for incorporating the CFI into counseling course content as well as exploring the impact of CFI use on diagnostic decisions within counseling relationships. Counseling students need more strategies that align with future work behaviors and can directly be applied to their professional counseling practice.

In addition to teaching and research implications, the established standards that serve as foundational to the counseling profession (e.g., ACA, 2014; CACREP, 2016) could more clearly define "cultural sensitivity" and how it pertains to an intentional definition of anti-racism. Professional organizations, such as ACA, CACREP, and AARC, could provide more specific guidance for counselors to engage anti-racist and culturally sustaining practices. Attention to anti-racism within the standards would define this matter as a core value to the counseling profession. Although this article focused explicitly on the core counseling area of assessment and diagnosis, similar research must

also be conducted to explore racist implications and anti-racist practice for all counseling core areas.

Conclusion

The counseling profession is clear about the need to prepare culturally sensitive counselors who act as social justice advocates for their clients (CACREP, 2016). As a core work behavior, assessment and diagnostic services are critical areas where counselors can have large impacts on their clients. Due to internalized racism and inappropriate instruments, BIPOC populations have historically experienced misdiagnosis and pathologizing. It is critical that professional counselors are aware of biases that exist within diagnostic practices. For counselors to promote social justice in their work with clients, anti-racist considerations must be included in delivering assessment and diagnosis course content, developing evaluative assignments, and application exercises.

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Appendix

Imagine you are a clinical mental health counselor at a community agency seeing a new client, Bre. This biopsychosocial evaluation was reported after the intake session. Bre's managed care provider will not reimburse without a diagnosis. Consider the assessments you might use with Bre, additional information needed to obtain the most accurate diagnosis, and institutional or ethical challenges that impact the assessment and diagnosis process. Include how oppression and culture might impact Bre's symptomology and diagnosis. Identify the most accurate diagnosis to match Bre's suffering while maintaining humanity and dignity.

The Case of Bre

Identifying Information and Presenting Problem

Bre is a 19-year-old biracial female. Bre shared that she is seeking counseling services because she "hasn't been herself in a long time" and is "worried that she's not a good mother."

Mental Status Examination

Bre's mood seemed euthymic, however her affect appeared constricted. Bre's thought process seemed linear and her insight was good. Bre denied any current suicidal ideation, homicidal ideations, or hallucinations and delusions during the day of the clinical interview. However, Bre shared that she has a history of "wanting to be dead." In high school, she would spend a lot of time in her room wishing she could "go to sleep and never wake up." She said she hasn't felt that way since she had her daughter, but that she had felt like it was "almost impossible to do anything." Upon inquiry of substance use, Bre reported that she only drinks alcohol occasionally and smokes marijuana "once or twice a month." Bre said she has never seen a counselor or received medication for mental health concerns.

Present Life Situation and Current Difficulties

Bre currently lives with her mother, younger sister (15), and daughter (2). Bre works as a "tech" at the local hospital and just started taking nursing classes at a local community college. Bre shared that sometimes she is awake for more than 24 hours because she is working, going to class, and taking care of her daughter. Bre missed a shift last week, and her boss threatened to terminate her employment. Bre stated that she "used to go to church every Sunday and sang in the choir" but she doesn't attend anymore. Bre stated that she does pray every night and her Christian faith is important to her. Bre shared that she feels down "quite often." Although she loves her daughter and family a lot, Bre shared that sometimes when she is with her daughter she feels like "she's not really there" and that she will have spent a whole day with her daughter and not remember what they did. Bre shared that she "doesn't do much" other than work, go to class, or watch her daughter.

Family and Developmental History

Bre shared that her mother has lupus but denied any other family medical issues. Bre shared that she was hospitalized for the flu in 2019 for a week and that she broke both of her feet playing basketball in 2016. Bre denied any history of mental illness in the family except that her sister "is bipolar" and "has a lot of mental health issues." Bre shared that she had a "normal childhood." She reports that she did well in school and mostly made "A's, B's, and a few C's." Bre admitted that there was one incident where her uncle had "gotten in a fight" at her grandmother's house. She remembered he was "very bloody" and was taken away in an ambulance. She said that she had "nightmares" for "about a year after that."

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