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Foreword

Every great woman in leadership, in the field of psychology and beyond, started as a girl with great potential who was protected, inspired, mentored, and given the opportunity to flourish. I can attest that my development into the American Psychological Association's first African American female president began with those who emotionally, academically, and spiritually invested in me while I was still a girl. While there is much attention in our field given to children, less focus has been given to adolescents, particularly girls of color.

Preceding my career and throughout my career as a psychologist, I have held a deep commitment to improving the lives of adolescent girls. I am keenly aware of their great potential and strengths, as well as the challenges they face to their full and healthy development. Early in my career, I sought to publish a book that focused on the mental health needs of ethnic minority girls. I faced multiple roadblocks from people who did not see the value of or need for such a book. On my election to the presidency, I knew it was time to revisit my vision for this book because I now had the influence and experience to bring the vision to fruition.

A great part of my work has been dedicated to the practice of working with ethnic minority girls and women. I have seen the devastating impact of stress, trauma, and oppression. These consequences show up as panic, distrust, depression, phobias, body image dissatisfaction, eating disorders, anger, and surrendered dreams and potential. The realities of racism and sexism, as well as discrimination based on disability, sexual orientation, and migration status, negatively impact the lives of the individual girl, as well as her family and entire community. I have held onto my hope despite these realities by seeing the continued benefits of cultural strengths, spirituality,

social support, activism, education, community building, and leadership development.

As a result of my long-standing commitment to the ideals of multicultural feminist psychology, I have been especially focused on the work done by APA's Society for the Psychology of Women. Integrating multicultural feminist psychology with the provision of care for adolescent girls of color is a pathway for healing and empowerment that I would like to highlight. I have seen its effectiveness in my practice and the research of many of my colleagues and mentees.

A major element in the negligent care provided to adolescent girls of color is a lack of knowledge of their cultural context and of multicultural feminist therapy approaches. By combining both areas of knowledge in this resource, this book will benefit adolescent girls of color by providing a rich practical resource to you, their providers. Providing education on both cultural context and specific therapeutic frameworks will aid in the therapeutic engagement and effectiveness with adolescent girls of color.

As I began my presidential year and started requesting the assistance of various colleagues, I was grateful that my career-long commitment to mentorship has produced a number of emerging leaders in the field. I asked one of my mentees, Thema Bryant-Davis, whom I have mentored for the past 20 years, to take on the project of this book. I am glad she agreed and assembled great scholars in the field of multicultural feminist psychology to contribute to this text. I believe you will find this book, as I have, a welcome and much-needed resource and timely contribution to our field. Most important, I hope you will apply the knowledge within these pages to enhance your service to adolescent girls of color. They are worthy of our time, attention, and care. Their lives and their mental health matter.

Jessica Henderson Daniel

Multicultural Feminist Therapy

INTRODUCTION

An Upbeat Song for Girls of Color

THEMA BRYANT-DAVIS

Who will sing an upbeat Black girl's song?

We will sing it for ourselves and the world will marvel at how long we hold our notes.

—Thema Bryant-Davis

As a multicultural feminist psychologist and a womanist psychologist, I strive to attend to the marginalized voices in our field and the larger society. Multicultural feminist psychology centers on women of color, whom many psychologists have historically glossed over or painted in muted tones. In addition, psychologists—including feminist and multicultural psychologists—have often sidelined the voices and experiences of girls of color. Minimal work exists on the application of empirical studies for cultivating treatment approaches and strategies that centralize the concerns, strengths, and well-being of adolescent girls of color. Multicultural feminist psychology recognizes the need for the creation of practical

I gratefully acknowledge the assistance of Shavonne J. Moore-Lobban in writing this chapter.

<http://dx.doi.org/10.1037/0000140-001>

Multicultural Feminist Therapy: Helping Adolescent Girls of Color to Thrive,
T. Bryant-Davis (Editor)

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interventions that celebrate and empower girls of color while attending to historical and contemporary manifestations of oppression and injustice.

I am honored and appreciative that one of my mentors in the field, Dr. Jessica Henderson Daniel, requested that I serve as editor of this book, which was one of her initiatives as president of the American Psychological Association (APA). As scholars, practitioners, and educators, Dr. Henderson Daniel and I approached this book project with a shared commitment to multicultural feminist practice and the empowerment of racially and ethnically marginalized youth. This book is primarily for practitioners who serve adolescent girls of color and who are interested in enhancing their awareness, knowledge, and skills and in providing more effective and empowering treatment. The secondary audience for this book is students who have a desire to build a deeper foundation as they prepare to work with diverse populations, including or with a special focus on adolescent girls of color.

Adolescent girls of color have numerous emotional, cognitive, and social strengths that can be cultivated through healthy community engagement, family practices, internal reflection, and psychotherapy interventions. The needs, goals, relationships, and health of racially and ethnically diverse girls matter. APA has advocated for the protection and preservation of the rights of youth and against many forms of violence and oppression that compromise the development and well-being of children and adolescents. The APA Commission on Violence and Youth (1993) issued a report highlighting the psychological harm of violence against adolescents, the social and cultural factors that impact adolescents of color, and the multisystem-level efforts that are needed for intervening. APA's Working Group on Child Maltreatment Prevention in Community Health Centers also issued a report of multifaceted approaches to prevent child maltreatment by increasing practices that are geared toward youth's overall development and well-being (APA, 2009). APA's Violence Prevention Office (APA, 2010) also developed a national training program, "Effective Providers for Child Victims of Violence," which aims to increase mental health providers' clinical skills for working with children and adolescents who are impacted by violence and victimization. Further, psychologists have developed guidelines related to both the therapeutic treatment of racial and ethnic minorities (APA, 1993; Council of National Psychological Associations for the Advancement of Ethnic Minority Interest, 2003; Root, 1985), as well as psychological services for women and girls (APA, 1978, 2007a; Enns, Rice, & Nutt, 2015).

In late 2017, APA's Board of Professional Affairs sought guidance on an updated working draft of the *Guidelines for Psychological Practice With Girls and Women* (APA Practice Organization, 2017). According to their call for public and member comments, they intend that the guidelines provide practice recommendations that address considerations such as intersectional

identities, challenges over the life span, strengths of girls and women, and many other areas (APA Practice Organization, 2017). In addition, the National Association of Social Workers has also developed standards for the practice of social work with adolescents, which focus on important issues of adolescent development and clinician cultural competence (Bailey, 2003). There are still, however, few resources that centralize training for the provision of culturally congruent care for adolescent girls of color. *Multicultural Feminist Therapy: Helping Adolescent Girls of Color to Thrive* seeks to fill in this gap using the framework of multicultural feminist therapy.

After Dr. Henderson Daniel requested that I edit this book, I invited multicultural feminist psychologists to shape and contribute to the project. I selected these scholars on the basis of their demonstrated expertise with the particular cultural group and their lived experience of being gender- and race-conscious women of color. Through conference calls, e-mails, in-person meetings, and a peer-reviewed convention symposium, we explored the need for this book and the focus areas we would cover. The project benefits clinicians and trainees by (a) equipping them with an understanding of the sociopolitical history and contemporary context of adolescent girls of color; (b) providing them with a gendered, culturally affirming frame for assessment, diagnosis, rapport development, goal setting, and therapeutic strategy application; and (c) outlining specific intervention approaches through case studies and a multicultural feminist group model.

NEED FOR THIS RESOURCE

Cultural and social factors play a role in increased mental health concerns in communities of color (Pascoe & Smart Richman, 2009; Williams & Mohammed, 2009; Williams, Neighbors, & Jackson, 2003). The Office of the Surgeon General (U.S. Department of Health and Human Services, 2001) noted that ethnic and racial minorities are confronted with environments of racism, discrimination, inequality, poverty, and violence, all of which take a toll on their mental health. In their Conference on Children's Mental Health (U.S. Public Health Service, 2000), they noted a specific concern for issues related to mental health needs of ethnic minority youth. They discussed the higher rates of suicide for Latino youth, higher rates of referrals for conduct problems and juvenile justice interventions (vs. mental health treatment) for African American youth, and overall higher levels of unmet mental health needs for all youth of color.

All populations have a need for mental health services, yet services remain underutilized within communities of color. Communities of color are less likely to seek psychotherapy (Abe-Kim et al., 2007; Harris, Edlund, &

Larson, 2005; Neighbors et al., 2007), and those who do engage in psychotherapy are more likely to terminate prematurely (Fortuna, Alegria, & Gao, 2010; Kearney, Draper, & Barón, 2005). There are well-documented barriers prohibiting some cultural groups from engaging in treatment, such as financial, cultural, familial, and psychological (Scheppers, van Dongen, Dekker, Geertzen, & Dekker, 2006). Scheppers and colleagues (2006) conducted a literature review to better understand barriers to health services (including mental health services). They analyzed studies from different countries, with sample populations of various ethnic minority groups, and found that barriers exist at three levels: patient, provider, and system. At the patient level, they found barriers in the areas of education, knowledge of health services, socioeconomic status, health insurance, culture, acculturation, language, and values. They stated, "Although the decision to use health services is stated to be an individual choice, we imagine that these choices are mostly framed in the social context through cultural social and family ties; especially for ethnic minorities" (p. 326). Additional barriers for racial and ethnic minorities include distrust of the mental health system (Suite, LaBril, Primm, & Harrison-Ross, 2007), seeking help and support within (vs. outside) the family system (Alvidrez, 1999; Cauce et al., 2002), and concern about mental health stigma (Alvidrez, 1999; Carpenter-Song et al., 2010; Ward, Clark, & Heidrich, 2009). Limited time for therapy due to work and family demands and limited transportation or childcare are additional barriers to consider (U.S. Department of Health and Human Services, 2001). McKay, Lynn, and Bannon (2005) conducted a study to understand the mental health needs of inner-city youth, mostly youth of color, who were referred and accepted to mental health treatment. An alarming result of their findings showed that over one fourth of the youth accepted for services in their study were not seen for their initial appointment and therefore did not receive treatment even when they had significant levels of trauma exposure. McKay and her colleagues provided multiple accounts of adolescent girls who were referred for services with presenting concerns such as trauma symptoms, low self-esteem, and other complex psychological needs but for myriad reasons remained unseen in treatment and without an intentional effort to engage them on the part of the mental health clinic. Although adolescents of color and their families may at times be unaware of the mental health services that are available to them (Ward et al., 2009), they may also believe that services they are aware of do not fit their cultural needs and values. As a result, these families may be reluctant to bring their youth to mental health services (Cauce et al., 2002).

Adolescents of color and their families value wellness and holistic health and may hope that spiritual practices and determination will address mental health issues. Although these positive beliefs and values may serve to buffer

and protect youth of color (APA Commission on Violence and Youth, 1993), they also have the potential for disconnecting youth of color from seeking and participating in treatment. To better address these challenges and provide culturally congruent and effective care, psychologists have to adopt the ethical code outlined by APA (2016), which states that ethical care attends to cultural identity and context. Psychologists should also use resources such as APA's (2017) "Addressing the Mental Health Needs of Racial and Ethnic Minority Youth: A Guide for Practitioners," which highlights that mental health providers should demonstrate culturally competent practice with youth by showing respect, acceptance, sensitivity, commitment to equity, openness, humility, and flexibility. Additional resources that lay the groundwork for prioritizing the mental health and well-being of adolescent girls of color include the APA Resolution Against Racism (APA, 2001) and the Report of the APA Task Force on the Sexualization of Girls (APA, 2007b).

Although many adolescent girls of color demonstrate intrapersonal and interpersonal strengths, they also face numerous challenges and barriers to their emotional, cognitive, and social development that include (but are not limited to) discrimination, oppression, trauma, and poverty. For example, adolescent girls of color may have developed strength, resilience, and a sense of cultural pride in the wake of being confronted with prejudice and discrimination throughout their lives, but such prejudice and discrimination still have negative implications for important aspects of their growth and development. In a 3-year longitudinal study of correlates of perceived discrimination, Green, Way, and Pahl (2006) found that peer discrimination was associated with increased depression and decreased self-esteem among Black, Latino, and Asian American high school students. Although the exploration of racial identity and cultural pride can be a strength for many adolescents, it can also result in their pain being minimized and overlooked by mental health care providers. As Pahl and Way (2006) found in studying Black and Latino adolescents from low-income families, and as Goodluck and Willetto (2009) summarized from literature looking at Native American families from different tribal groups, the trajectory of ethnic identity exploration, pride, strength, and resilience can be developed in the face of challenging adversity. Lack of awareness of these factors, as well as a dearth of literature on culturally congruent paths to well-being, development, and thriving, can result in mental health professionals being ill-equipped to serve adolescent girls of color. The purpose of this book is to provide mental health care providers with the tools needed to build on the strengths of adolescent girls of color and to cultivate healthy contexts and schemas among this often-underserved population.

STRUCTURE OF THE BOOK: PROVIDING THE ROAD MAP FORWARD

This clinical resource provides thought-provoking considerations to enhance therapeutic services to adolescent girls of color. The contributors to this resource have outlined a number of both unique and overlapping recommendations to inform mental health professionals as they seek to empower adolescent girls of color to thrive. On the basis of contributors' work, this book's concluding chapter presents integrative suggestions for individual or group interventions centering on racially and ethnically marginalized adolescent girls. These suggestions are evidence informed and combine cultural modifications and culturally emergent strategies that are born out of the traditions of ethnically diverse girls of color.

Multicultural feminist psychology centralizes both theory and application, as evidenced in quantitative and qualitative research. Womanist, *mujerista*, and multicultural feminist psychologies have a great appreciation for the voices of women of color, and as a result, the chapters include the reflections of both clients and practitioners of color. From meta-analyses to case studies, this project animates the dynamics of therapeutic engagement with adolescent girls of color. Multicultural feminist psychology honors other ways of knowing, and as such, the contributors provide chapters that are rooted in theory, empirical knowledge, clinical experience, and personal wisdom. The book begins with a chapter describing the theory, tenets, and practical application of multicultural feminist psychology with girls of color. The next four chapters of the book focus on the primary racial (American Indian, Black, Asian) and ethnic (Latina) girls within the United States. Each of these four chapters provides information on the sociohistorical context of the racial or ethnic group of focus, then discusses the specific challenges and resources (both internal and external) of the girls of that community, and finally outlines multicultural feminist practice with the focus group. The practice section includes considerations for rapport building, goal setting, diagnosis, strategies, and at least one case study to illuminate the application.¹ The authors conclude by highlighting the contributions that psychologists have made and recognizing the work that remains to be done. The concluding chapter of the book presents an integrative model of multicultural feminist therapy with adolescent girls of color that builds on the knowledge provided in the prior chapters.

¹ Client descriptions have been anonymized to protect confidentiality.

WHO ARE ADOLESCENT GIRLS OF COLOR?

For the purposes of this book, adolescent girls can broadly be defined as 13 to 19 years of age. Recognizing the important role of culture in self-definition, however, the contributing authors were free to define the adolescent years in the ways that were meaningful for them. Some cultural groups may perceive adolescence as including the preteen years, and some may consider it to last until the youth has fully launched into independence or their early 20s. When working with adolescent girls, it is important for multicultural feminist psychologists to determine how the girl, her family, her community, and the larger society views her developmentally. The interplay of these varying perspectives will have some influence on the girl's daily life and well-being. In terms of gender, self-definition for girlhood and culture are important areas for therapists to explore before selecting an intervention. A component of this work is facilitating adolescent girls of color to appreciate their identity in terms of gender and culture. Being respectful of self-definition, the interventions described focus on clients who identify as girls and who are from racially and ethnically marginalized communities. Therapists for gender nonconforming adolescent clients may consider multicultural gender-queer or gender nonconforming affirmative interventions.

The current U.S. census categorizes people racially as White, Black, American Indian, and Asian and ethnically as Latino or non-Latino. The decision to focus this book on Black, American Indian, Asian, and Latina adolescent girls is due to both the U.S. census categories and the availability of research on adolescent girls of the particular race or ethnicity. Instead of having an independent chapter on biracial or multiracial adolescent girls of color, many of the chapter authors address biracial and multiracial adolescent girls within their discourse. Future editions of this book will benefit from including chapters on Alaskan Native, African immigrant, Caribbean immigrant, and Arab American and Middle Eastern adolescent girls.

It is important to note the movement to shift the categorization of Middle Easterners and Arab Americans from White people to people of color. Years ago, members of these groups in the United States advocated for being included within the White racial category; these efforts resulted from their observation that people of color were treated at a secondary level. The term *White* came with privilege, yet Middle Easterners and Arab Americans—particularly those whose features and/or names are culturally recognizable—have not fully benefited from White privilege but instead have faced stigma and stereotypes as people who are terrorists, dangerous, and un-American. Although we hope that future editions of this book will have the body of literature and possibly the U.S. categorization to have a full chapter about

Middle Eastern and Arab American adolescent girls, for now, we emphasize that culturally congruent counseling with Arab American and Middle Eastern adolescent girls should attend to religion, values, family life, socialization, gender roles, perception and manifestation of mental illness, the challenges of navigating two cultures, the impact of stigma and stereotype, and the importance of honor (Ajrouch, 2004; Ganim, 2001).

Family plays an important role in the development and well-being of Arab American and Middle Eastern American adolescent girls. For Arab American Muslim adolescent girls, quality of maternal relationship mitigates the relationship between stress and behavior (Aroian, Templin, Hough, Ramaswamy, & Katz, 2011). The gender identity of Middle Eastern Muslim girls living in the United States is shaped by identification with their culture, engagement with religious practices, and exposure to foreign cultural values (Abu-Ali & Reisen, 1999). Specifically, those who have been in the United States longer endorse more masculine traits than those who have been here for shorter durations. Those who have higher engagement with their culture and religion endorse more feminine traits and more conservative views of sexuality than those who report less engagement (Abu-Ali, 2004). Multicultural feminist therapists working with Middle Eastern and Arab American adolescent girls should explore the socializing agents in their lives as well as the messages about their identity that they receive, reject, and/or modify. Arab and Middle Eastern American adolescent girls encounter children and youth who hold assumptions about them and their families. Non-Arab American youth endorse the stereotype that Arab Muslim American boys and men are hostile and un-American and the stereotype that Arab Muslim American girls and women are culturally and religiously oppressed (Brown, Ali, Stone, & Jewell, 2017). Along with identifying stressors, multicultural feminist therapists should also attend to and celebrate strengths. In comparison to adolescents in Lebanon, Arab American adolescents endorse a higher self-concept on subscales for physical ability, physical appearance, peer relations, reading, general school performance, and general self-concept; these strengths are consistent with scholarship on the benefits of biculturalism (Alkhateeb, 2010).

CONCLUSION

Envisioned and authored by multicultural feminist psychologists, this groundbreaking book provides a needed resource for mental health professionals working with adolescent girls of color. Some of the highlights

the readers will discover in this text include the therapeutic use of crafts and scents with Native American adolescent girls, religion and music with African American adolescent girls, mindfulness and youth advocacy groups with Asian adolescent girls, and spoken word and activism with Latina adolescents. This resource equips psychologists to better serve adolescent girls of color through cultural humility, a gender-conscious knowledge of their rich and diverse cultural histories and contemporary realities, and practice strategies to heal and empower their clients to thrive.

In addition, throughout this text, readers will note the focus on healing, which is broader than but inclusive of trauma-informed work. Healing-centered engagement is broader than trauma-informed care because it (a) centers on the strengths of clients versus centering on the deficits created by trauma; (b) enthusiastically embraces the holistic, multidimensional identity of clients, including their culture, gender, and spirituality; (c) conceptualizes and addresses trauma as a collective experience and not simply an individual experience; and (d) identifies the appropriate response to family, institutional, and societal violation as not just psychological but political (Ginwright, 2018). Multicultural feminist psychology calls for the healing, celebration, and empowerment of adolescent girls of color so they may fully grow and thrive; therapeutic, healing engagement is one of the vehicles that animates this ongoing journey to wellness, fulfillment, and wholeness.

REFERENCES

- Abe-Kim, J., Takeuchi, D. T., Hong, S., Zane, N., Sue, S., Spencer, M. S., . . . Alegría, M. (2007). Use of mental health-related services among immigrant and US-born Asian Americans: Results from the National Latino and Asian American study. *American Journal of Public Health, 97*, 91–98. <http://dx.doi.org/10.2105/AJPH.2006.098541>
- Abu-Ali, A. (2004). *Ethnic identity and religiosity as predictors of sexual attitudes among Muslim adolescent girls* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (Accession Order No. AAI 3114114)
- Abu-Ali, A., & Reisen, C. A. (1999). Gender role identity among adolescent Muslim girls living in the US. *Current Psychology: A Journal for Diverse Perspectives on Diverse Psychological Issues, 18*, 185–192.
- Ajrouch, K. J. (2004). Gender, race, and symbolic boundaries: Contested spaces of identity among Arab American adolescents. *Sociological Perspectives, 47*, 371–391. <http://dx.doi.org/10.1525/sop.2004.47.4.371>
- Alkhateeb, H. M. (2010). Self-concept in Lebanese and Arab-American pre-adolescents. *Psychological Reports, 106*, 435–447. <http://dx.doi.org/10.2466/pr0.106.2.435-447>
- Alvidrez, J. (1999). Ethnic variations in mental health attitudes and service use among low-income African American, Latina, and European American young women. *Community Mental Health Journal, 35*, 515–530.
- American Psychological Association. (1978). Guidelines for therapy with women: Task Force on Sex Bias and Sex Role Stereotyping in Psychotherapeutic Practice. *American Psychologist, 33*, 1122–1123.

- American Psychological Association. (1993). Guidelines for providers of psychological services to ethnic, linguistic, and culturally diverse populations. *American Psychologist*, 48, 45–48.
- American Psychological Association. (2001). *Resolution against racism and in support of the goals of the 2001 UN World Conference Against Racism, Racial Discrimination, Xenophobia, and Related Intolerance*. Retrieved from <https://www.apa.org/about/policy/racism.aspx>
- American Psychological Association. (2007a). Guidelines for psychological practice with girls and women. *American Psychologist*, 62, 949–979. <http://dx.doi.org/10.1037/0003-066X.62.9.949>
- American Psychological Association. (2007b). *Report of the APA Task Force on the Sexualization of Girls*. Retrieved from <https://www.apa.org/pi/women/programs/girls/report.aspx>
- American Psychological Association. (2009). *Effective strategies to support positive parenting in community health centers*. Retrieved from <http://www.apa.org/pi/prevent-violence/resources/positive-parenting.pdf>
- American Psychological Association. (2016). Revision of Ethical Standard 3.04 of the “Ethical Principles of Psychologists and Code of Conduct” (2002, as amended 2010). *American Psychologist*, 71(9), 900.
- American Psychological Association. (2017). *Addressing the mental health needs of racial and ethnic minority youth: A guide for practitioners*. Retrieved from <https://www.apa.org/pi/families/resources/mental-health-needs.pdf>
- American Psychological Association’s Violence Prevention Office. (2010). *Effective providers for child victims of violence*. Retrieved from <http://www.apa.org/pi/prevent-violence/programs/child-victims.aspx>
- APA Commission on Violence and Youth. (1993). *Violence & youth*. Retrieved from <http://www.apa.org/pi/prevent-violence/resources/violence-youth.pdf>
- APA Practice Organization. (2017). Call for comments on proposed guidelines for psychological practice with girls and women. Retrieved from <http://www.apapracticentral.org/update/2017/09-21/girls-women-guidelines.aspx>
- Aroian, K. J., Templin, T. N., Hough, E. E., Ramaswamy, V., & Katz, A. (2011). A longitudinal family-level model of Arab Muslim adolescent behavior problems. *Journal of Youth and Adolescence*, 40, 996–1011. <http://dx.doi.org/10.1007/s10964-010-9615-5>
- Bailey, G. (2003). *NASW standards for the practice of social work with adolescents*. Washington, DC: National Association of Social Workers.
- Brown, C. S., Ali, H., Stone, E. A., & Jewell, J. A. (2017). US children’s stereotypes and prejudicial attitudes toward Arab Muslims. *Analyses of Social Issues and Public Policy*, 17(1), 60–83.
- Carpenter-Song, E., Chu, E., Drake, R. E., Ritsema, M., Smith, B., & Alverson, H. (2010). Ethno-cultural variations in the experience and meaning of mental illness and treatment: Implications for access and utilization. *Transcultural Psychiatry*, 47, 224–251. <http://dx.doi.org/10.1177/1363461510368906>
- Cauce, A. M., Domenech-Rodríguez, M., Paradise, M., Cochran, B. N., Shea, J. M., Srebnik, D., & Baydar, N. (2002). Cultural and contextual influences in mental health help seeking: A focus on ethnic minority youth. *Journal of Consulting and Clinical Psychology*, 70, 44–55. <http://dx.doi.org/10.1037/0022-006X.70.1.44>

- Council of National Psychological Associations for the Advancement of Ethnic Minority Interest. (2003). *Psychological treatment of ethnic minority populations*. Retrieved from <https://www.apa.org/pi/oema/resources/brochures/treatment-minority.pdf>
- Enns, C. Z., Rice, J. K., & Nutt, R. L. (Eds.). (2015). *Psychological practice with women: Guidelines, diversity, empowerment*. Washington, DC: American Psychological Association.
- Fortuna, L. R., Alegria, M., & Gao, S. (2010). Retention in depression treatment among ethnic and racial minority groups in the United States. *Depression and Anxiety*, 27, 485–494. <http://dx.doi.org/10.1002/da.20685>
- Ganim, H. E. (2001, September). *A resource for clinicians: Understanding Lebanese American adolescent girls and their families* (Doctoral dissertation). Retrieved from <https://lib.pepperdine.edu/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2001-95018-274&login.asp?custid=s8480238&site=ehost-live&scope=site>
- Ginwright, S. (2018). The future of healing: Shifting from trauma informed care to healing centered engagement. *Medium*. Retrieved from <https://medium.com/@ginwright/the-future-of-healing-shifting-from-trauma-informed-care-to-healing-centered-engagement-634f557ce69c>
- Goodluck, C., & Willetto, A. A. A. (2009). *Seeing the protective rainbow: How families survive and thrive in the Native American and Alaska Native community*. Retrieved from <https://www.aecf.org/m/resourcedoc/aecf-howfamiliesurviveindianandalaskan-2009.pdf>
- Greene, M. L., Way, N., & Pahl, K. (2006). Trajectories of perceived adult and peer discrimination among Black, Latino, and Asian American adolescents: Patterns and psychological correlates. *Developmental Psychology*, 42, 218–236. <http://dx.doi.org/10.1037/0012-1649.42.2.218>
- Harris, K. M., Edlund, M. J., & Larson, S. (2005). Racial and ethnic differences in the mental health problems and use of mental health care. *Medical Care*, 43, 775–784. <http://dx.doi.org/10.1097/01.mlr.0000170405.66264.23>
- Kearney, L. K., Draper, M., & Barón, A. (2005). Counseling utilization by ethnic minority college students. *Cultural Diversity and Ethnic Minority Psychology*, 11, 272–285. <http://dx.doi.org/10.1037/1099-9809.11.3.272>
- McKay, M. M., Lynn, C. J., & Bannon, W. M. (2005). Understanding inner city child mental health need and trauma exposure: Implications for preparing urban service providers. *American Journal of Orthopsychiatry*, 75, 201–210. <http://dx.doi.org/10.1037/0002-9432.75.2.201>
- Neighbors, H. W., Caldwell, C., Williams, D. R., Nesse, R., Taylor, . . . Jackson, J. S. (2007). Race, ethnicity, and the use of services for mental disorders: Results from the National Survey of American Life. *Archives of General Psychiatry*, 64, 485–494. <http://dx.doi.org/10.1001/archpsyc.64.4.485>
- Pahl, K., & Way, N. (2006). Longitudinal trajectories of ethnic identity among urban Black and Latino adolescents. *Child Development*, 77, 1403–1415. <http://dx.doi.org/10.1111/j.1467-8624.2006.00943.x>
- Pascoe, E. A., & Smart Richman, L. (2009). Perceived discrimination and health: A meta-analytic review. *Psychological Bulletin*, 135, 531–554. <http://dx.doi.org/10.1037/a0016059>
- Root, M. P. (1985). Guidelines for facilitating therapy with Asian-American clients. *Psychotherapy: Theory, Research, Practice, Training*, 22, 349–356. <http://dx.doi.org/10.1037/h0085514>

- Scheppers, E., van Dongen, E., Dekker, J., Geertzen, J., & Dekker, J. (2006). Potential barriers to the use of health services among ethnic minorities: A review. *Family Practice*, 23, 325–348. <http://dx.doi.org/10.1093/fampra/cmi113>
- Suite, D. H., La Bril, R., Primm, A., & Harrison-Ross, P. (2007). Beyond misdiagnosis, misunderstanding and mistrust: Relevance of the historical perspective in the medical and mental health treatment of people of color. *Journal of the National Medical Association*, 99, 879–885.
- U.S. Department of Health and Human Services. (2001). *Mental health: Culture, race and ethnicity*. Rockville, MD: U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services.
- U.S. Public Health Service. (2000). *Report of the Surgeon General's Conference on Children's Mental Health: A national action agenda* (Stock No. 017-024-01659-4). Washington, DC: Department of Health and Human Services.
- Ward, E. C., Clark, L. O., & Heidrich, S. (2009). African American women's beliefs, coping behaviors, and barriers to seeking mental health services. *Qualitative Health Research*, 19, 1589–1601. <http://dx.doi.org/10.1177/1049732309350686>
- Williams, D. R., & Mohammed, S. A. (2009). Discrimination and racial disparities in health: Evidence and needed research. *Journal of Behavioral Medicine*, 32, 20–47. <http://dx.doi.org/10.1007/s10865-008-9185-0>
- Williams, D. R., Neighbors, H. W., & Jackson, J. S. (2003). Racial/ethnic discrimination and health: Findings from community studies. *American Journal of Public Health*, 93, 200–208. <http://dx.doi.org/10.2105/AJPH.93.2.200>