

# Therapists more likely to call back 'Allison' than 'Lakisha' promoting services

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Lance Smith, associate professor in counseling, helped conduct the first racism audit study in the field of mental health showing disparities in callback responses from therapists based on whether the caller seeking services had a stereotypically white or black-sounding name. Credit: Ian Thomas Jansen-Lonnquist

If you leave a message with a therapist seeking mental health services you have a better chance of getting a callback that promotes care if you have a white-sounding name than a black one, according to one of the first racial audit field studies set in the context of the mental health

profession.

The study, designed to assess [racial bias](#) at the entry point of counseling services, analyzed callback rates of counselors and psychologists to voicemail messages left by an actor using both a stereotypically black and white-sounding name. When the actor left a message with the name of "Allison" she received voicemails that promoted services at a 12 percent higher rate when she used the name "Lakisha." The promotion of potential services was defined as an invitation for a conversation indicative of the counselor's interest in promoting future services.

"Our study, like similar studies within the fields of housing, economics and higher education suggests that counselors and therapists also perpetuate racial bias," says Lance Smith, associate professor in counseling at the University of Vermont and co-principal investigator (PI) of the study. "There's this dominant idea in our society that one is either a good person or racist, but you can't be both. Our study underscores the notion that well-meaning, beneficent people—egalitarian people like [mental health providers](#) who are ostensibly highly trained in self-awareness and multicultural competence—may exhibit implicit bias towards black people."

Overall, 371 calls were placed to licensed counselors and psychologists from the East Coast and Mid-Atlantic states using online therapist referral databases. A total of 198 calls were placed for Allison and 173 calls for Lakisha. Allison was invited to participate in a phone conversation (promotion of services) with a therapist 63 percent of the time (126 voice messages), while Lakisha was invited to participate in a phone conversation 51 percent of the time (89 voice messages).

Authors of the forthcoming study in *The Counseling Psychologist* used audio clips recorded by the same actor to ensure they would be nearly identical in vocal cadence, tone and manner of speaking. Only the names

were different. The names Allison and Lakisha were selected based on data showing that within the U.S. population, the likelihood that Allison represents a white individual is at .925 while the likelihood that Lakisha represents a black individual is .967.

Initially, researchers were interested primarily in callback rates, but after finding no statistically significant difference (Allison received a few more callbacks than Lakisha), they decided to probe deeper. Smith says it was encouraging that counselors and psychologists met their mandated ethical responsibility of returning a potential client's phone call, but that further examination showed that Allison received more invitations for "follow-up phone calls or outright offers for services than Lakisha." For example, Lakisha received more messages from therapists who stated things like, "I'm afraid that my case load is full. I'm sorry that I won't be able to see you."

"We asked ourselves, what is a response from counselors and therapists that promote future services and what are responses that impede future services?" says Smith. "Not receiving a call back at all, or receiving a message that stated one's case was full fell into the impede services category. Receiving a callback that invited future conversation or an appointment fell into the promote future services category. When we looked at the data this way, we found a statistically significant difference."

Prior studies attempting to explain inequitable patterns of mental health service delivery between non-Latino white and black individuals have focused primarily on cultural and behavioral factors within the black community such as negative attitudes toward mental health care or difficulty admitting help is needed. "The purpose of this study was to shift away from the emphasis on why black individuals 'fail' to seek [mental health services](#) to a focus on what counseling professionals may be doing to block the provision of services to potential black clients,"

write the authors.

As a consequence of using an audit design, study authors could not pinpoint the exact nature of the discrimination underlying the observed differences in responses that prompted the potential for services between Allison and Lakisha. "The inequitable access to [mental health](#) treatment experienced by our fictitious black and white consumers may simply be a by-product of the social, political, economic, and historical forces that contribute to the oppression of black populations living in the United States," write the authors.

However, the study's findings support a growing body of empirical evidence documenting that many people in varying professions are not immune from internalizing racial biases even though they may genuinely hold egalitarian values and view themselves as low in prejudice.

"Although a counselor or psychologist consciously possesses an overt and strong attachment to values such as fairness and egalitarianism, they may be simultaneously in denial of subconscious biases that can be activated by a racialized name," according to the study.

Authors of the study suggest a "doubling down" on the current approach by counseling and psychology programs to infuse social justice issues into curricula and training, and to encourage practitioners, students and trainees to do what Smith calls the "uncomfortable work of interrogating one's subconscious biases and stereotypes of traditionally marginalized groups."

Provided by University of Vermont

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