PRACTICE BRIEFS

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Racial Microaggressions

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ABSTRACT: Racial microaggressions are subtle forms of racial discrimination that negatively affect the psychological well-being, physical health, and counseling experiences of racially and ethnically marginalized groups (REMGs). This practice brief synthesizes contemporary research on the prevalence and impact of racial microaggressions in counseling contexts and reviews current approaches to their identification and assessment. This brief highlights culturally responsive and empirically informed intervention strategies, including broaching, rupture repair, microinterventions, trauma-informed care, and cultural humility. Ethical and advocacy considerations are also discussed, emphasizing counselors' responsibilities to address both interpersonal and systemic forms of racial harm. Collectively, this brief provides counselors with practical guidance for recognizing, assessing, and responding to racial microaggressions while promoting equitable and affirming mental health care.

Introduction

Over the past two decades, research on racial microaggressions has become increasingly relevant to counseling practice. The construct was first introduced by Pierce (1970) and later expanded by Sue and colleagues (2007), who defined *racial microaggressions* as subtle, everyday verbal or nonverbal exchanges that convey negative or demeaning messages toward racially and ethnically marginalized groups (REMGs), often occurring automatically or unintentionally. These experiences commonly arise within interpersonal interactions and broader social environments. Sue et al. (2007) further conceptualized racial microaggressions as microassaults (intentional or overt discriminatory acts), microinsults (often unconscious communications that demean a person's racial identity), and microinvalidations (communications that dismiss or negate the lived experiences of people of color).

A growing body of research demonstrates that racial microaggressions exert a cumulative and detrimental effect on psychological and physical well-being. Repeated exposure has been associated with increased distress, maladaptive coping, and adverse health outcomes, with some studies indicating effects comparable to trauma-related symptoms (Costa et al., 2023; Nadal et al., 2019). Within counseling contexts, experiences of racial microaggressions have also been linked to ruptures in the therapeutic alliance and diminished treatment engagement among racially marginalized clients (Owen et al., 2018). The continued relevance of racial microaggressions must be understood within the broader sociopolitical climate of the United States. National data indicate that perceptions of racial tension and expressions of racism have increased in recent years (Horowitz et al., 2019). Correspondingly, REMGs experience disproportionate rates of chronic health conditions, including cardiometabolic disease, chronic pain, and stress-related mental health concerns, which contribute to higher utilization of emergency and mental health services (Cobb et al., 2023; Flynn et al., 2025). Compounding these disparities, limited cultural responsiveness in health-care settings has been associated with misdiagnosis, mistrust, and reduced engagement in mental health services (Marshall-Lee et al., 2025; Thompson et al., 2021). When clinicians

minimize or fail to contextualize clients' racialized experiences, therapeutic harm may occur, and barriers to care may be reinforced (Brown et al., 2024; Freeman & Stewart, 2018; Williams, 2019).

Given the continued prevalence and clinical impact of racial microaggressions, this practice brief updates the original Racial Microaggressions practice brief (DeBlaere et al., 2016). The sections that follow review current evidence on the prevalence of racial microaggressions, outline best practices for identification and assessment, summarize empirically supported intervention strategies, and discuss cultural, ethical, and advocacy considerations relevant to contemporary counseling practice

Prevalence

Researchers continue to note that determining the precise prevalence of racial microaggressions is challenging, as these experiences are often subtle, normalized, or dismissed, and may not be readily labeled as discriminatory by those who experience them (Spanierman et al., 2021; Williams, 2021). Dominant cultural frameworks that center Whiteness further contribute to this ambiguity by reinforcing expectations of assimilation and minimizing the racialized nature of everyday interactions (Sue et al., 2007). Differences in cultural values, communication styles, and sociocultural context may also influence how distress is expressed and interpreted among REMGs (Clark et al., 2011; Jones & Galliher, 2015; Lewis et al., 2016; Ma & Lan, 2022).

Despite these challenges, population-level data examining everyday discrimination experiences conceptually aligned with racial microaggressions demonstrate that such encounters are widespread in the United States. A nationally representative study found that more than half of U.S. adults (55.8%) reported experiencing some form of everyday discrimination, with non-Hispanic Black adults significantly more likely than White adults to report these experiences (Mattingly et al., 2025). Similarly, national survey data indicate that 31% of U.S. adults report at least one major discriminatory event across the lifespan, and approximately 63% report ongoing exposure to everyday discrimination, with these experiences linked to adverse mental health outcomes (Wang & Narcisse, 2025). Findings from the Kaiser Family Foundation's 2023 *Survey on Racism, Discrimination, and Health* further indicate that Black, American Indian/Alaska Native, and Hispanic adults report the highest frequency of discriminatory experiences, with many endorsing multiple incidents within a single year (Artiga et al., 2023). Among Asian American adults, 58% report having experienced racial discrimination, including subtle and recurrent forms of discrimination, such as assumptions about language ability or foreignness (Ruiz et al., 2023).Emerging scholarship also suggests that Middle Eastern and North African (MENA) Americans experience pervasive discrimination and identity invalidation consistent with microaggressive processes; however, these experiences remain underexamined due to limitations in racial classification systems (Awad et al., 2025). Collectively, these findings underscore that routine, subtle racialized interactions remain common for REMGs in the United States, particularly for individuals with intersecting marginalized identities (Williams et al., 2021).

Empirical research further demonstrates that racial microaggressions are prevalent within counseling contexts. In a sample of racially and ethnically diverse clients, a majority reported experiencing at least one racial microaggression in therapy, with common themes including the minimization of cultural concerns and avoidance of race-related dialogue, both of which were associated with a weaker therapeutic alliance (Hook et al., 2016). In group therapy settings, more than 70% of participants of color reported experiencing racial microaggressions, with negative implications for group cohesion when cultural safety was low (Kivlighan et al., 2021). Additional research indicates that therapist-perceived microaggressions are inversely related to the quality of the working alliance and may undermine treatment engagement when not adequately addressed (DeBlaere et al., 2023; Owen et al., 2014; Yeo & Torres-Harding, 2021). Taken together, these findings highlight the pervasiveness of racial microaggressions across both societal and clinical contexts and underscore the importance of equipping counselors with the skills necessary to accurately identify and respond to these experiences in practice.

Assessment Strategies

This section outlines key considerations for identifying and assessing racial microaggressions in counseling, with attention to their subtle presentation and cumulative impact on client well-being. Research on racial microaggressions has continued to expand, with increasing attention to how these experiences can be identified and understood within clinical contexts. In their review of the state of the science, Osman et al. (2024) synthesized more than a decade of research and concluded that self-report measures of racial microaggressions were consistently associated with poorer mental health outcomes, including increased psychological distress, anxiety, depressive symptoms, and trauma-related responses, with greater exposure predicting greater symptom severity. Similarly, Spanierman et al. (2021) identified racial microaggressions as pervasive and cumulative stressors positively linked to psychological distress, including anxiety, depressive symptoms, and trauma-related responses. The ambiguous and recurring nature of these experiences often complicates identification, contributing to heightened vigilance and emotional burden for people of color who experience racial microaggressions. Taken together, these findings highlight the importance of systematic assessment approaches that attend to both the frequency and psychological impact of racial microaggressions in counseling settings.

Although no single instrument can fully capture the complexity of racial microaggressions, several well-established measures provide clinically useful information when interpreted within clients' sociocultural and systemic contexts. Foundational tools that re widely used include the Racial Microaggressions in Counseling Scale (RMC; Constantine, 2007), the Inventory of Microaggressions Against Black Individuals (IMABI; Mercer et al., 2011), the Racial Microaggressions Scale (RMS; Torres-Harding et al., 2012), and the Racial and Ethnic Microaggressions Scale (REMS; Nadal, 2011). These measures assess the frequency and perceived impact of racial microaggressions across interpersonal and therapeutic contexts and demonstrate acceptable to strong psychometric properties with racially marginalized samples. Although early critiques questioned the subjectivity of microaggression measurement, more recent research supports the clinical utility of these instruments. Contemporary studies indicate that self-report measures capture meaningful aspects of lived experience that are systematically associated with mental health outcomes and broader indicators of racism-related stress (Osman et al., 2024; Williams, 2020).

In response to earlier limitations, newer measures have expanded beyond race-only frameworks to assess intersecting identities and clinical presentations, including gender-based microaggressions, racial trauma symptoms, and stress responses associated with chronic discrimination (Matsuzaka et al., 2022; Osman et al., 2024; Velez et al., 2024; Williams et al., 2022b). For example, the Gendered Racial Microaggressions Scale has demonstrated validity across sexual orientation groups, supporting its use with diverse samples of Black women (Matsuzaka et al., 2022). Trauma-informed tools such as the Racial Trauma Scale further extend assessment by linking exposure to racism with symptoms including hypervigilance, avoidance, emotional distress, and threat appraisal (Williams et al., 2022b). Similarly, measures explicitly designed for counseling contexts, such as the Gender Identity and Expression Microaggressions in Therapy Scale, evaluate how microaggressions affect safety, trust, and engagement within the therapeutic relationship (Velez et al., 2024).

Despite these advances, no single measure fully captures the multifaceted nature of racial microaggressions, including power dynamics, cumulative exposure, or intersecting identities. As such, assessment tools should be used to inform clinical dialogue, case conceptualization, and culturally responsive intervention planning rather than as standalone indicators of harm or counselor intent. Osman et al. (2024) concluded that self-report measures of racial microaggressions provide clinically meaningful information by identifying experiences associated with psychological distress, anxiety, depressive symptoms, trauma-related responses, and racism-related stress, thereby helping counselors better understand clients' presenting concerns and treatment needs. Similarly, the Racial Trauma Scale (RTS) was developed to help clinicians identify trauma-related symptoms associated with racism and discrimination and guide treatment planning for clients experiencing racial stress and trauma (Williams et al., 2022b). More recently, Osman et al. (2025) incorporated racial trauma assessments into the Healing Racial Trauma

Protocol, demonstrating how assessment findings can be used to identify treatment targets, inform case conceptualization, and guide interventions focused on psychoeducation, coping, social support, trauma processing, and empowerment. More broadly, assessment of racial microaggressions and race-based traumatic stress can assist counselors in understanding symptom presentation, identifying sociocultural contributors to distress, and selecting interventions that address both individual symptoms and systemic sources of harm (Pieterse et al., 2023; Wright, 2023). Accurate identification and assessment are, therefore, necessary but insufficient on their own; they must be followed by culturally responsive and ethically grounded interventions that address both the interpersonal and systemic dimensions of racial microaggressions.

Treatment Approaches

Although racism remains pervasive, racial microaggressions within counseling relationships are preventable through intentional clinical practice. One foundational strategy is *broaching*, which involves proactively addressing race, culture, and difference within the therapeutic relationship (Day-Vines et al., 2007 as cited in Steele & Lee, 2022). Broaching can occur at multiple points throughout counseling and may range from inviting discussions of cultural identity during intake (e.g., "Are there aspects of your racial, cultural, or ethnic identity that you would like me to understand as we work together?") to exploring how race and discrimination may influence presenting concerns, treatment experiences, or the counseling relationship itself (Day-Vines et al., 2021). As the therapeutic relationship develops, broaching may also involve checking in about cultural differences between counselor and client, inviting feedback regarding cultural misunderstandings, or exploring whether experiences of racism or microaggressions contribute to current distress. When counselors fail to establish safety around these discussions, clients may engage in cultural concealment or avoid disclosing experiences of racism, thereby limiting therapeutic depth and effectiveness (Brawner et al., 2025). Accordingly, counselors are encouraged to integrate broaching into their clinical approach and to embody curiosity, openness, and cultural humility (Brawner et al., 2025; Day-Vines et al., 2021).

When racial microaggressions occur in therapy, counselors bear responsibility for initiating repair. Effective rupture resolution involves acknowledging harm, taking accountability, and engaging in open dialogue about the impact of the microaggression (Yeo & Torres-Harding, 2021). Chang et al. (2021) further recommend a critical cultural relational approach to rupture resolution, emphasizing collaborative meaning-making, attention to power dynamics, and shared understanding within cross-cultural counseling relationships. Sue et al. (2019) introduced the concept of microinterventions to describe intentional actions that counteract the harmful effects of microaggressions. These strategies, later categorized as microaffirmations, microprotections, and microchallenges, are designed to validate lived experiences, affirm identity, and confront systemic bias (Sue et al., 2021; Steele & Lee, 2022).

When implemented effectively, microinterventions strengthen the therapeutic alliance and support client healing by ensuring clients feel seen, heard, and respected (Skinta & Torres-Harding, 2022). Finally, research highlights the importance of supporting clients' own resistance and coping strategies in response to racial microaggressions. Spanierman et al. (2021) identified strategies such as seeking social support, engaging in meaning-making, confronting perpetrators, disengaging from harmful environments, and participating in collective or advocacy-oriented action. Counseling approaches that center cultural identity, empowerment, and relational connection have been shown to foster resilience and promote psychological well-being. Clinically, this may include supporting access to community resources, strengthening self-protective coping strategies, or, when appropriate and safe, addressing perpetrators directly to reaffirm agency and mitigate harm (Skinta & Torres-Harding, 2022). Given the cumulative and potentially traumatic nature of racialized experiences, counselors are encouraged to integrate trauma-informed principles into their work with clients from REMGs (Ranjbar et al., 2020). Trauma-informed care emphasizes safety, trustworthiness, collaboration, empowerment, cultural responsiveness, and seeks to recognize the pervasive impact of trauma while avoiding practices that may inadvertently retraumatize clients (Berring et al., 2024). Although culturally responsive interventions within the

counseling relationship are essential, advocacy efforts that extend beyond the therapy room are also essential.

Cultural and Ethical Considerations

Building on assessment practices, this section highlights culturally and ethically informed treatment approaches for addressing the impact of racial microaggressions in counseling. When left unaddressed, racial microaggressions can disrupt the therapeutic alliance and interfere with treatment processes and outcomes (Rudecindo et al., 2024; Brawner et al., 2025). Effective clinical work with REMGs, therefore, requires ongoing self-exploration, reflexivity, and professional development related to culture, power, and positionality. Counselors have an ethical responsibility to examine how historical and social biases influence diagnosis, conceptualization, and treatment planning (American Counseling Association [ACA], 2014).

The Multicultural and Social Justice Counseling Competencies (MSJCCs; Ratts et al., 2016) provide a foundational framework for this work by emphasizing multicultural awareness, social justice advocacy, and an understanding of systemic oppression as core components of ethical practice. Extending earlier multicultural competency models, the MSJCCs explicitly center power, privilege, and sociopolitical context as key determinants of client well-being. Accordingly, counselors working with REMGs are ethically obligated to provide culturally responsive and affirming care and seek supervision or consultation when needed rather than avoiding or prematurely referring clients due to discomfort or perceived lack of competence (ACA, 2014; Brawner et al., 2025; Jones & Branco, 2023).

Research further supports the importance of clinician self-awareness and cultural responsiveness in mitigating the effects of racial microaggressions. Studies examining the Multicultural Orientation (MCO) framework demonstrate that cultural humility, cultural comfort, and responsiveness to cultural opportunities are associated with stronger therapeutic relationships and more positive client outcomes in the context of racial microaggressions (Hook et al., 2025). Central to this work is the development of critical consciousness, an awareness of the historical, sociopolitical, and systemic forces shaping clients' lived experiences, which remains a foundational component of ethical and effective counseling practice (Rapa & Godfrey, 2023). Ongoing engagement in cultural humility, reflective practice, and skills-based learning serves as a key preventive strategy to reduce the occurrence of racial microaggressions in therapy and mitigate their impact (Steele & Lee, 2022). Counselor education programs also play a critical role in preparing future counselors to recognize and respond to racial microaggressions. Experiential learning activities, such as case conceptualization, role-plays, reflective exercises, and supervision discussions, can help counseling students develop the self-awareness, knowledge, and skills necessary to identify racial microaggressions and engage in culturally responsive and ethically grounded practice (Singh et al., 2020; Steele & Lee, 2022).

In relation to skills-based learning, counselors are also encouraged to pursue continued education and training that strengthens their ability to recognize, understand, and respond effectively to racial microaggressions in clinical settings (Rudecindo et al., 2024; Skinta & Torres-Harding, 2022). Intervention-based training models, such as the Racial Harmony Workshop, have demonstrated promise in increasing awareness and reducing microaggressive behaviors within interracial counseling dyads (Williams et al., 2020). At the systems level, mental health organizations are encouraged to implement culturally informed training initiatives and revise screening and assessment practices to better capture race-related stressors and symptoms (Marshall-Lee et al., 2025).

Advocacy

Because racial microaggressions are embedded within broader social and institutional systems, counselors are called to engage in advocacy efforts that address the structural and systemic conditions contributing to racial microaggressions (Spanierman et al., 2021; Sue et al., 2007; Williams, 2019; William et al., 2022a). This first requires that counselors participate in sustained self-reflection and awareness of

one's own racial identity, biases, and positionality. Through this process, counselors develop the cultural humility and leadership skills necessary to confront systemic injustice and engage in sociopolitical action (Fickling et al., 2019; Lee & Rodgers, 2009). This includes remaining attentive to clients' lived experiences, honoring diverse worldviews, and developing competencies that support ethical advocacy efforts. Such practices align closely with the MSJCCs, which emphasize the counselor's responsibility to promote equity, empowerment, and social change across multiple ecological levels (Ratts et al., 2016). The ACA Advocacy Competencies (ACA-AC; Toporek & Daniels, 2018; Toporek et al., 2010) provide a comprehensive framework for guiding counselors' advocacy and social justice efforts. These competencies emphasize that effective counseling extends beyond individual-level intervention to include action at institutional, community, and policy levels. Consistent with the ACA-AC, counselors are encouraged to engage in advocacy through the development of critical consciousness, ethical decision-making, and active participation in antiracist and decolonizing practices (Green & Burton, 2021; Ratts et al., 2016; Singh et al., 2020). Counselors can therefore play a vital role in promoting organizational change, supporting inclusive policies, and challenging practices that perpetuate inequity within mental health and related service systems.

Conclusion

Racial microaggressions remain a persistent and harmful reality for many racially marginalized groups and continues to influence counseling processes and outcomes. As outlined throughout this brief, these experiences are embedded within broader sociocultural and systemic contexts that, when left unaddressed, can undermine the therapeutic relationship and contribute to client distress. Counselors, therefore, hold a professional and ethical responsibility to understand the impact of racial microaggressions and to respond with culturally responsive, trauma-informed, and affirming practices. Effective counseling requires ongoing self-reflection, cultural humility, attention to power and privilege, and a commitment to reducing harm. By integrating culturally attuned assessments and interventions and engaging in advocacy-informed practice, counselors can strengthen therapeutic alliances, promote deep healing, and contribute to equitable and responsive mental health-care systems for racially marginalized clients.

Resources

- **Addressing implicit bias and microaggressions**, The Ross Center
- **Anti-racism toolkit**, American Counseling Association
- **American Counseling Association Advocacy Competencies**, American Counseling Association
- **Addressing microaggressions and racist comments in psychotherapy**, American Psychological Association
- **Ethical considerations: Addressing & preventing microaggressions in therapy**, Crystal Rozelle-Bennett
- **How to combat microaggressions**, Derald Wing Sue
- **Microaggressions in counseling—reflections during a racial pandemic**, Rebecca Woodson, American Mental Health Counselors Association
- *Microaggressions and traumatic stress: Theory, research, and clinical treatment*, Kevin Leo Yabut Nadal
- **They said what?!?: Responding adeptly to racial comments and questions to advocate for social justice**, Sheri Atwater, American Psychological Association
- **Tools for identifying implicit bias & expanding self-awareness**, Layla Bonner, PESI

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