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OP-ED | **Correcting Misconceptions About Social Justice in Mental Health: Response to Op-Ed by McKay and Colleagues (2024)**

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Our Concerns: Clarity and Positionalities

WE ARE very concerned about the recent op-ed by McKay and colleagues (2024) entitled “Social Justice and ABCT: The Specter of Unintended Consequences.” This paper expresses opposition to social justice–based approaches in clinical practice and at ABCT, as it frames them as a rejection of positive tenets of universalism and an endorsement of antisemitism.

In contrast to McKay and colleagues (2024), we are going to state our positionality, as recommended by the American Psychological Association (APA; 2023), to give readers some context to our response. We believe this is particularly important when writing about issues pertinent to our social identities and recent events. We are an interdisciplinary group of Black female scholars who have studied the deleterious impact of racism across multiple contexts (psychological, medical, economic, political). The first author is an African American psychologist living in Ottawa, where she is a Canadian Research Chair in Mental Health Disparities at a major bilingual urban university. The second author is a biracial Black American graduate student of Economics and Social Justice at a public university in Austria. The third author is a Black American woman living in Germany, a neuroscientist working in drug development, and adjunct faculty in the School of Epidemiology and Public Health at a Canadian university.

Our 2022 paper, “How to Be an Anti-Racist Clinician,” included a table of psychologists whose work had advanced racism under the guise of scholarship in psychology over the last century (Williams, Faber, et al., 2022). This article was written by invitation following a well-received 2021 keynote for the European ABCT conference given by the first author. Two years later, that paper prompted critical, antiscientific, and aggressive responses from four of the five authors of the McKay op-ed, specifically triggered by works of one of the psychologists listed in the table (Ammirati et al., 2024; McNally et al., 2024). We find it highly inconsistent that these same scholars who wish readers to consider the “long history of antisemitism” (p. 385) do so at the same time that they publicly reprimand three Black women for rightly pointing out an influential psychologist who was advancing racism in our own discipline (Williams, 2020). Defending racism makes all of us unsafe, no matter the source, and only creates more space for problems like antisemitism.

In their op-ed, McKay and colleagues (2024) start by addressing the history of psychology, then reference clinical practice but quickly digress into a journey across politics, civil rights, the Enlightenment, conflict in Israel, antisemitism, and DEI movements. Forming a cohesive response proved difficult, as it was often unclear what points they were trying to make and why some of their points were even relevant. The article is at best confusing and unhelpful, and at worst offensive, unscientific, and academically unsound. It would take too many pages and too much emotional labor to address every

NOTE: The opinions expressed in Op-Eds for *the Behavior Therapist (tBT)* are exclusively those of the authors and not necessarily those of the Association for Behavioral and Cognitive Therapies or *tBT*.

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Our definition of social justice condemns all hate against all people groups and ethnicities, including antisemitism. Social justice is not a new concept. In fact, it has been emphasized in many cultural and religious traditions throughout history.

one of the authors' problematic points. However, we will provide some pertinent examples of the problems, followed by our recommendations for ABCT going forward.

Unclear: Lack of Definitions

To ensure we are all talking about the same thing, we must agree on the meanings of words. However, McKay and colleagues (2024) do not define many key terms they use repeatedly. Specifically, the “social justice model of mental healthcare,” which seems to be a particular target of their article, is never defined. In their introduction they “raise concerns about potential unintended harmful consequences, specifically antisemitism, from the well-intentioned social justice model of mental healthcare, which the Association for Behavioral and Cognitive Therapies (ABCT) has recently embraced” (p. 382). The term “social justice model of mental healthcare” leaves far too much room for interpretation.

What is social justice? Hailes and colleagues (2021) describe three main components of social justice as it applies to psychology and ethics:

- **Interactional justice** emphasizes how fairly people are treated in interpersonal exchanges, with specific focus on power or relational dynamics.
- **Distributive justice** emphasizes the fairness of outcomes (salaries, criminal justice sentencing, promotion, access to health care, etc.) This is ultimately about equitable provision for all, particularly the underprivileged.
- **Procedural justice** emphasizes the fairness of the process for making decisions that impact these outcomes.

Social justice is for everyone, but it is needed most by those who are oppressed, marginalized, and disenfranchised, which is a state that can be measured. Common metrics of marginalization include income, education, mortality, and mental and physical health, as good outcomes are downstream products of living in a just society. Our definition of social justice condemns all hate against all people groups and ethnicities, including antisemitism. Social justice is not a new concept. In fact, it has been emphasized in many cultural and religious traditions throughout history.

Confusing: Disconnected Points

At no point do the op-ed authors cite, reference, or quote the parts of ABCT's mission or policies they find problematic. They mention an invited address on Liberation Psychology by Bryant (2023) and a recent two-issue special series on harms in the misapplication of CBT in this journal, but they give us no specific reasons why these were objectionable. Further, they do not directly link any ABCT activities to antisemitism nor any other negative unintended consequences, real or imagined.

At the end of their paper McKay and colleagues (2024) state that they “are confi-

dent that models of social justice-based treatment can be modified to ensure that nondiscrimination is assured for all potential clients and therapists,” but they don’t give any examples of social justice–based treatments causing harm in the first place. In fact, social justice–based treatments are focused on reducing harm to marginalized clients and therapists (e.g., Carlson et al., 2018; Pinciotti et al., 2022; Williams, 2024). So not only is it unclear to readers what the problems are with social justice–based treatments, but we do not learn why we should fix them, or what such a fix might look like.

McKay and colleagues (2024) accurately point out that antisemitic hate crimes have increased, but fail to specify the movements they believe are responsible for this, and provide only anecdotal evidence for the type of discrimination they claim has increased. It would be important for them to provide empirical support regarding the specific groups they believe are advancing antisemitism (e.g., Hersh & Royden, 2023).

Unhelpful: Mischaracterizations and Fear-Based Assertions

The authors assert the importance of universalism (which they define as the recognition of the common humanity and dignity of individuals who are all deserving of basic human rights), and then claim that social justice advocates oppose this, citing a single book by Neimann as proof. They provide no peer-reviewed empirical evidence (surveys or polls) to attest to the beliefs of social justice advocates in this regard. As social justice advocates ourselves, we reject this assertion and mischaracterization of our values.

In fact, effective psychological cultural conceptualizations must integrate the concept of universalism into the understanding of human identity. In Sue’s (2001) tripartite model, levels of personal identity can be summarized in this way:

- ▶ **Universal:** We are all human beings with key commonalities
- ▶ **Group:** We belong to different groups which help define us
- ▶ **Individual:** We are all unique like snowflakes

The dignity and worth of each human being must include an appreciation of all three levels, and none to the exclusion of the others. An ability to balance all of these is essential to operate within a social justice framework (Sue, 2001). Further, Sue describes our duty as follows: “multicultural counseling competence must be about social justice—providing equal access and opportunity, being inclusive, and removing individual and systemic barriers to fair mental health services” (p. 801).

What exactly are the feared unintended consequences of “removing individual and systemic barriers to fair mental health services”? We don’t know because this has never happened in our society. But we do know the negative consequences of failing to do so. Our own research has documented that a lack of social justice contributes to a lack of access to culturally competent and affordable care and poor treatment by providers (e.g., Faber, Osman, et al., 2023; Williams et al., 2012; Williams, Khanna Roy, et al., 2022). As such, children and adults from marginalized communities face undertreated mental health conditions, leading to worsened psychological distress, higher rates of addiction and suicide, and chronic mental illness (Berry et al., 2021; Gran-Ruaz et al., 2022; Holmes et al., 2021; Williams & Jahn, 2017). This gap in access exacerbates the impacts of racism, discrimination, and socioeconomic challenges, which are often significant contributors to mental health problems (e.g., Alang, 2019; Asad & Clair, 2018).

Unscientific and Academically Unsound

We find that McKay and colleagues (2024) take an unscientific and academically unsound approach in their op-ed because they make many broad claims without scien-

tific support. For example, the authors claim “a common perspective is the rejection of neoliberalism,” but they offer no evidence that ABCT as an organization either rejects or accepts neoliberalism, nor any data on the perspectives of its members, nor of mental health professionals as a whole. At no point do McKay and colleagues offer empirical evidence or survey data to support their contention surrounding the acceptance of these values, beliefs, and priorities.

Rather, the authors create a straw-man argument by asserting that social justice advocates oppose the tenets of universalism, and then bolster their arguments with a number of citations that are often only tangentially related or completely unrelated to their points. For example, they posit surprisingly that “(DEI) approaches, specifically excludes Jews despite the long-standing discrimination they experience and the fact that they are a clear minoritized group (discussed in Walker et al., 2025)” (p. 385). This is an extraordinary claim and as such requires extraordinary evidence, particularly given that research shows people of color tend to be more inclusive than their White counterparts (Cooley et al., 2019). We interpret McKay and colleagues' statement to mean that they believe DEI antidiscrimination efforts are excluding discrimination faced by Jews, but this is not what Walker and colleagues are actually saying. Rather, they are saying that Jews are not included in antidiscrimination efforts as a *racialized* group, which is in fact correct, given that the vast majority of American Jews classify themselves as White (Pew Research, 2021; Walker et al., 2025). This, however, does not preclude Jews who identify as White from being included in these efforts as a stigmatized *religious* or *ethnic* group, only as a *racialized* group. One can, for example, be White and LGBTQ and still be included in DEI antidiscrimination efforts. The exclusionary nature of Whiteness lies in how it defines privilege and belonging; those who appear White or approximate Whiteness often face difficult trade-offs, having to conform to its norms at significant psychological costs (Eng & Han, 2000; Rios et al., 2024). No empirical evidence, however, is provided for the alarming and inflammatory claim that Jews are actually excluded from DEI efforts — antidiscrimination or otherwise. And importantly, this statement paints stark new dividing lines that exclude all Jews from the very social justice movements in which they historically have been deeply involved; one questions if it is appropriate to wield so broad a brush.

They go on to state, “Martin Luther King, Jr., used the ideals of universalism as the foundation of his movement, whereby it was emphasized that we must recognize the worth of each individual and judge each person on the ‘content of their character and not the color of their skin’” (p. 383). Notably, MLK believed in both universalism (as the authors define it) and social justice. He never intended these to be mutually exclusive. In fact, he said in that very same speech, “we are not satisfied, and we will not be satisfied until *justice rolls down like waters, and righteousness like a mighty stream.*” He was protesting the anti-Black systemic and individual racism that endures throughout our society. We are the offspring of the Civil Rights movement, and the social justice movement is an extension of this struggle. This simplistic misuse of King is something we have witnessed time and again and is akin to using the same “content of our character” quote to assert that MLK believed in “colorblindness” (e.g., Killen et al., 2021; Lilienfeld, 2017), and then concluding we must stop education about racial problems because it perpetuates seeing color. Pulling a single quotation out of context from MLK’s overarching message misrepresents his mission, purpose, and meaning in a harmful way. The authors should consider how offensive, patronizing, and insensitive it is to use the words of Black people to make a point with which so many Black people will disagree, especially if they have failed to include Black scholars of discrimination in

their anti-social justice tome.

Although McKay and colleagues (2024) state that the “social justice model rightfully addresses the unique needs of historically oppressed groups,” they pass over the heart of the problem. To be clear, our work is not being done to right the wrongs of history. We are addressing the needs of *currently* oppressed groups, who are *currently* suffering due to discrimination. For example, our own research examining diverse adults across the country found that 48.0% of racialized Americans are currently suffering from clinically relevant symptoms of racial trauma (Williams, Osman, et al., 2022). It just so happens that these groups were historically oppressed, and understanding this helps us in our work. Social justice necessarily works to protect those who are suffering from oppression and marginalization on an ongoing basis, not just those who have historically been oppressed. Focusing only on historical oppression minimizes the extreme problems these marginalized groups continue to face, often on a daily basis.

To this point, McKay and colleagues (2024) cite Comas-Diaz and Jacobsen (2024) “for addressing historical oppression and trauma,” but this is not accurate. That paper is actually about decolonial psychotherapy. Those authors describe decolonial therapy as “a healing process, a space where wounded spirits and souls from disenfranchised racial groups recover from historical trauma, racism, and other collective social ills caused by long-term negative effects of colonization” (as cited from Del Castillo et al., 2012). Note that while historical trauma is mentioned, this is also very present-oriented, referring to current experiences of racism and other social ills. Yet McKay and colleagues do not seem to recognize the multitude of groups currently experiencing discriminatory stress and trauma, as noted by their failure to acknowledge widespread suffering, apart from the passive acknowledgement that “systematic political oppression has occurred and continues to affect marginalized groups through harmful policies.” Notably, they state that “social justice models aim to integrate a range of culturally informed psychosocial approaches to address the *historical* harms due to oppression,” which misses the more critical piece about *current* harms (e.g., Hammad & Tribe, 2020; Jacobs et al., 2023). These current harms include a range of psychopathologies, including anxiety, depression, PTSD, social anxiety disorder, and suicidal ideation (de Lange et al., 2022; MacIntyre, et al., 2023; Rudes & Fantuzzi, 2022; Williams, Khanna Roy, et al., 2022). Simply conceding that marginalized groups are “affected” by past oppression understates the harms and renders invisible the active violence that is current and ongoing.

McKay and colleagues (2024) sound an alarm over the fact that luminaries such as Sue and colleagues (2024) call for the abandonment of universalism. But what they don’t explain is that in the paper referenced, Sue is using a different definition of universalism than the one advanced by McKay and colleagues. Sue and colleagues (2024) described universalism as an approach whereby principles and practices of psychology are “assumed to be equally applicable across all groups, populations, and situations” (p. 597). Under this definition, Sue and colleagues correctly state that universalism places “Whiteness as a default standard,” “patholog[ies] differences,” and advances false “color-blindness” (p. 597). They state that an “an unenlightened universalistic approach” means that clinicians believe “similar disorders appear in all cultures and societies and that minimal changes in assessment, diagnosis, and treatment are required.” This is arguably quite different than the universalism advanced by MLK that recognizes “the common humanity and dignity of individuals who are all deserving of basic human rights” (McKay et al., 2024, p. 383). At no point do Sue and colleagues disparage this goal. Missing Sue’s critical difference in definition, and then using that

Our social justice work is not about punishment, as the authors warn. We are about identifying the issues, solving the problems, and healing the wounds. This important focus requires all of our time and energy to be sewn into research, education, and compassion—expending anything on punishment is wasted effort.

error as the basis for a key argument, is one reason we find McKay and colleagues' paper academically unsound.

Personally Offensive: Unfounded Accusations

The op-ed authors state that clinicians who embrace “the social justice model” are also “embedded in a social system that implicitly stresses retribution against groups and their individual members for real or perceived perpetrated wrongs.” To be clear, we are social justice scholars, and we do not advocate classifying human beings into binary oppressor/oppressed categories. We have never in the past, nor do we now, advocate retribution. We do advocate for fairness and integrity in our organizations and in health care. We do advocate for removing bias from systems and institutional policy. We do advocate for education about how to be good neighbors to each other in an increasingly diverse and globalized world. Indeed, some will find calls for equality threatening, as it may mean an erosion of unearned privilege, which certainly could feel like retribution. Likewise, engaging with diversity can feel punishing when it strips away the racial comfort that Whiteness typically affords (Hartmann et al., 2009; Okun, 2023).

McKay and colleagues (2024) double down, using a convenience sample of college student data from the 1970's as evidence that we (labeled as “left-leaning”) feel a natural urge to identify and punish oppressors. More recent data might have provided a more nuanced picture of the relationship between “left-leaning” and antisemitism (e.g., Hersh & Royden, 2023); nonetheless, the paragraph's characterization of retribution as a “naturally occurring” response among politically left-leaning individuals and social justice advocates is deeply problematic and inflammatory. By asserting that retribution is a “quick, intuitive, and automatic” impulse tied to “anger and the desire to punish,” the authors *dehumanize* social justice advocates, portraying them/us as governed by irrational, animalistic instincts. Referring to this as a “natural” consequence of seeking to “punish the perceived oppressor” further perpetuates racist and classist tropes, framing these movements as inherently vengeful rather than grounded in legitimate moral and ethical concerns. Additionally, the comparison of social justice advocacy to “tribalism,” with its supposed “desire for retribution” against individuals based on “misguided assumptions,” reduces complex calls for accountability and equity to baseless attacks, undermining the legitimacy of efforts to address systemic oppression. This *language of “tribalism” caricatures advocates as primitive, simplistic, and vindictive* (common stereotypes of people of color), erasing the thoughtful and principled foundations of our work. If the choice of wording was deliberate, it is both chilling and frightening they would mischaracterize us in such terms.

As healthcare professionals, we advocate for social justice because of its connec-

tion to mental health at home and globally. Our efforts are not restricted to op-eds and commentaries. We develop tools and measures to assess the impact of bias and prejudice, which have collectively been cited in over 700 publications and utilized in numerous studies (e.g., Trauma Symptoms of Discrimination Scale; Beckman, 2024; Williams et al., 2018; Williams, Osman, et al., 2023). We conduct psychometric studies to validate these tools for underserved populations (e.g., Williams, Osman, Gallo, et al., 2022). We conduct research on minoritized groups to ascertain the impact of marginalization, stigma, and oppression (e.g., Holmes et al. 2021). We develop guidelines to create healthier organizations and institutions (Faber et al., 2024), including in our professional organizations (e.g., Faber, Metzger, et al., 2023; Faber, Wu, & Bartlett, 2023). We address racism and censorship in the editorial and peer review process (Strauss et al., 2023). We consult for governments to ensure fairness for racialized federal employees (OAG, 2023). We provide expert opinions in legal contexts to enable juries and legal professionals to see past stereotypes (Faber et al., 2022; Levinson et al., 2022). We develop treatments for those suffering from the trauma of discrimination (e.g., Carlson et al., 2018; Williams, 2024). This is the face of social justice in psychology. All of these activities are our outward manifestation of our commitment to social justice for everyone.

Our social justice work is not about punishment, as the authors warn. We are about identifying the issues, solving the problems, and healing the wounds. This important focus requires all of our time and energy to be sewn into research, education, and compassion—expending anything on punishment is wasted effort.

Diversity, Equity, and Inclusion: Who Benefits?

This brings us to one final question—who are DEI efforts for? DEI efforts are for everyone. The idea that DEI only benefits people who are targeted assumes that those who reportedly benefit from discrimination and inequity are somehow outside of this dynamic. This is a fallacy. All of us have a stake in diversity, equity, inclusion, and justice. The straight White man whose Filipino wife loses her job to discrimination and provides comfort and empathy, but also allyship and financial support, is both directly and indirectly harmed by a lack of social justice. The White woman who calls the police on an African American bird watcher in Central Park from a place of bigoted and conditioned fear has much to gain from examining the cost of her racism, not just to her reputation but to her ability to be in a relationship with people in the very city where she lives. The soldier who delights in harming enemy children needs a just society as much as the marginalized child who is the target of this disturbed wrath. In this case, oppression damages both parties; while the child's suffering is direct and brutal, the perpetrator is also harmed at a deep level—dehumanization, moral injury, and perpetuation of violence that can destroy one's capacity for empathy and community. When any community allows brutality or bigotry to flourish, it weakens the collective social fabric. Hence, DEI work is about healing and liberating all of us, not just addressing the needs of those most visibly harmed. Discrimination is an everyone problem which requires the efforts of all of us to create change.

Tribalism is defined by the Cambridge dictionary as “a very strong feeling of loyalty to a political or social group, so that you support them whatever they do,” which is the very opposite of DEI. DEI is about inclusion, which means there is room for everyone. Knowing that any of us can be oppressors at times and oppressed at other times, creates humility and challenges the narrow, exclusionary mindset of tribalism.

Conclusion

Embracing social justice in mental health and our professional organizations is essential because it emphasizes equitable access to care, promotes inclusion, and addresses systemic barriers that disproportionately affect marginalized communities (Buchanan & Wiklund, 2020; Vasquez, 2012). Mental health issues often intersect with social determinants such as race, gender, and socioeconomic status, which can exacerbate disparities in care and outcomes due to systemic oppression (e.g., Holmes et al., 2021). By embedding social justice principles into policies, training, and practices, we can cultivate an environment that validates diverse lived experiences, empowers underrepresented voices, and welcomes culturally responsive care (Faber, Metzger et al., 2023; Hailes et al., 2021). This approach enhances the effectiveness of mental health services and also strengthens the integrity and accountability of ABCT in advocating for a fairer and more inclusive society for everyone. As such, we urge ABCT to further strengthen its commitment to social justice.

Problems such as racism are troubling and have been recognized as an urgent public health crisis (Andrews, 2021; Williams et al., 2019). We note there is a shortage of research on how to help people suffering from oppression-based trauma writ large, which includes historical, cultural, ethnic, and racial trauma (Holmes et al., 2016, 2024; Walker et al., 2025). We should remedy this by dedicating resources to develop and test novel treatments rather than criticizing the few who are doing this unsupported and undervalued work. We call for ABCT to advocate for more research to help people suffering the mental health sequelae of oppression-based trauma, which ultimately will aid all stigmatized groups.

The op-ed by McKay and colleagues (2024) is deeply problematic and undermines its own stated goals. They assert, without current or credible research evidence, that the “social justice model” can foster a desire for retribution against groups labeled as oppressors, and they simultaneously vilify those of us dedicated to advancing social justice. The lack of substantiation for their claims raises serious questions about whether the article should have been published at all. That said, we acknowledge and respect the efforts of the editor and reviewers who worked diligently to provide a platform for these authors' concerns, an important freedom we all deserve.

Finally, we are all involved in psychological disciplines, skilled in using words to find solutions, to bring healing and reconciliation and peace to the warring sides of our human natures and between divided peoples. There is no need to sow animosity between identities (i.e., between Jewish interests and social justice interests) as ultimately, these are overlapping circles of interests (Hersh & Royden, 2023). The rise of antisemitism, anti-Black, and anti-diverse elements globally does not need fuel—it would be better to work to get along, find common cause, and consult with a diversity of scholars before publishing this kind of public pillory.

“We are not enemies, but friends. We must not be enemies. Though passion may have strained, it must not break our bonds of affection. The mystic chords of memory will swell when again touched, as surely they will be, by the better angels of our nature.” —Abraham Lincoln

REFERENCES

Alang, S. M. (2019). Mental health care among blacks in America: Confronting racism and constructing solutions. *Health Services Research, 54*(2), 346-355.

- American Psychological Association Working Group for Journal Reporting Guidelines for Equity, Diversity, Inclusion, and Justice in Psychological Science. (2023). *Race, Ethnicity, and Culture Reporting Standards (JARS-REC): Information recommended for inclusion in all manuscripts*. American Psychological Association. <https://apastyle.apa.org/jars/race-ethnicity-culture>
- Ammirati, R. & 19 Others, (2024, November 22). *Letter commenting on Williams et al.* (2022). Online letters section of The Cognitive Behaviour Therapist. Retrieved from <https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/being-an-antiracist-clinician/29F05F9DFA520500DAD3C5A3FCBEBAF9#comments>
- Andrews, K. (2021). Racism is the public health crisis. *The Lancet*, 397(10282), 1342 - 1343.
- Asad, A. L. & Clair, M. (2018). Racialized legal status as a social determinant of health. *Social Science & Medicine*, 199, 19-28. <https://doi.org/10.1016/j.socscimed.2017.03.010>
- Beckman, J. N. (2024). *The Impact of Antisemitism on Trauma Symptoms of Discrimination in Jewish College Students* (Doctoral dissertation, Mercer University).
- Berry, O. O., Londoño Tobón, A., & Njoroge, W. F. (2021). Social determinants of health: the impact of racism on early childhood mental health. *Current Psychiatry Reports*, 23, 1-10.
- Buchanan, N. T. & Wiklund, L. O. (2020). Why clinical science must change or die: Integrating intersectionality and social justice. *Women & Therapy*, 43(3-4), 309-329. <https://doi.org/10.1080/02703149.2020.1729470>
- Carlson, M. D., Endsley, M., Motley, D., Shawahin, L. N., & Williams, M. T. (2018). Addressing the impact of racism on veterans of color: A race-based stress and trauma intervention. *Psychology of Violence*, 8(6), 748-762. <https://doi.org/10.1037/vio0000221>
- Cooley, S., Burkholder, A. R., & Killen, M. (2019). Social inclusion and exclusion in same-race and interracial peer encounters. *Developmental Psychology*, 55(11), 2440-2450. <https://doi.org/10.1037/dev0000810>
- de Lange, J., Baams, L., van Bergen, D. D., Bos, H. M., & Bosker, R. J. (2022). Minority stress and suicidal ideation and suicide attempts among LGBT adolescents and young adults: A meta-analysis. *LGBT Health*, 9(4), 222-237.
- Department of Justice. (2024, November 25). *2023 FBI Hate Crimes Statistics*. Community Relations Service. US Department of Justice. <https://www.justice.gov/crs/news/2023-hate-crime-statistics>
- Faber, S. C., Metzger, I. W., La Torre, J., Fisher, C., & Williams, M. T. (2023). The illusion of inclusion: Contextual Behavioral Science and the Black Community. *Frontiers in Psychology: Cultural Psychology*, 14(217833), 1-18. <https://doi.org/10.3389/fpsyg.2023.1217833>
- Faber, S. C., Osman, M., & Williams, M. T. (2023). Access to mental health care in Canada. *International Journal of Mental Health*, 52(3), 312-334. <https://doi.org/10.1080/00207411.2023.2218586>
- Faber, S. C., Strauss, D., Gran-Ruaz, S., La Torre, J., Bartlett, A., Faber, I., Levinson, A., & Williams, M. T. (2022). A call to use psychology for anti-racist jury selection. *Practice Innovations*, 7(3), 203-222. <https://doi.org/10.1037/pri0000172>
- Faber, S. C., Williams, M. T., & Skinta, M. D. (2024). Editorial: Power, discrimination, and privilege in individuals and institutions. *Frontiers in Psychology*, 15, 1376169. <https://doi.org/10.3389/fpsyg.2024.1376169>
- Gran-Ruaz, S., Feliciano, J., Bartlett, A., & Williams, M. T. (2022). Implicit racial bias across ethnoracial groups in Canada and the United States and Black mental health. *Canadian Psychology*, 63(4), 608-622. <https://doi.org/10.1037/cap0000323>
- Hailes, H. P., Ceccolini, C. J., Gutowski, E., Liang, B., & Borden, K. A. (2021). Ethical Guidelines for Social Justice in Psychology. *Professional Psychology, Research and Practice*, 52(1), 1-11. <https://doi.org/10.1037/pro0000291>
- Hammad, J., & Tribe, R. (2020). Social suffering and the psychological impact of structural violence and economic oppression in an ongoing conflict setting: The Gaza Strip. *Journal of Community Psychology*, 48(6), 1791-1810.
- Hartmann, D., Gerteis, J., & Croll, P. R. (2009). An empirical assessment of whiteness theory: Hidden from how many? *Social Problems*, 56(3), 403-424. <https://doi.org/10.1525/sp.2009.56.3.403>
- Hersh, E., & Royden, L. (2023). Antisemitic attitudes across the ideological spectrum. *Political Research Quarterly*, 76(2), 697-711. <https://doi.org/10.1177/10659129221111081>

- Holmes, S. C., Callinan, L., Facemire, V. C., Williams, M. T., Ciarleglio, M. M., & Smith, M. V. (2021). Material hardship is associated with posttraumatic stress disorder symptoms among low-income Black women. *Journal of Traumatic Stress, 34*(5), 905-916. <https://doi.org/10.1002/jts.22741>
- Holmes, S. C., Facemire, V. C., & DaFonseca, A. M. (2016). Expanding Criterion A for post-traumatic stress disorder: Considering the deleterious impact of oppression. *Traumatology, 22*(4), 314-321.
- Holmes, S. C., Zare, M., & Haeny, A., & Williams, M. T. (2024). Racial stress, racial trauma, and evidence-based strategies for coping and empowerment. *Annual Review of Clinical Psychology, 20*, 77-95. <https://doi.org/10.1146/annurev-clinpsy-081122-020235>
- Jacob, G., Faber, S. C., Faber, N., Bartlett, A., Ouimet, A. J., & Williams, M. T. (2023). A systematic review of Black people coping with racism: Approaches, analysis, and empowerment. *Perspectives on Psychological Science, 18*(2), 392-415. <https://doi.org/10.1177/17456916221100509>
- Killen, M., Yee, K. M., & Ruck, M. D. (2021). Social and racial justice as fundamental goals for the field of human development. *Human Development, 65*(5-6), 257-269. <https://doi.org/10.1159/000519698>
- Levinson, A., Williams, M. T., Faber, S. C., Strauss, D., Gran-Ruaz, S., La Torre, J., & Bartlett, A. (2022). Challenging jurors' racism. *Gonzaga Law Review, 57*(3), 365-424.
- Lilienfeld, S. O. (2017). Microaggressions: Strong Claims, Inadequate Evidence. *Perspectives on Psychological Science, 12*(1), 138-169.
- MacIntyre, M. M., Zare, M., & Williams, M. T. (2023). Anxiety-related disorders in the context of racism. *Current Psychiatry Reports, 25*(2), 31-43.
- McGillicuddy-De Lisi, A. V., Daly, M., & Neal, A. (2006). Children's distributive justice judgments: Aversive racism in Euro-American children? *Child Development, 77*(4), 1063-1080. <https://doi.org/10.1111/j.1467-8624.2006.00919.x>
- McKay, D., Koppelman White, E., Abramovitch, A., Abramowitz, J. S., & Behar, E. (2024). Social justice and ABCT: The specter of unintended consequences. *the Behavior Therapist, 47*(8), 382-387. <https://mydigitalpublication.com/publication/?i=837174&p=22&view=issueViewer>
- McNally, R. J., & 62 others. (2024, November 26). *Comment on "Being an Anti-racist Clinician."* Online letters section of The Cognitive Behaviour Therapist. Retrieved from <https://www.cambridge.org/core/journals/the-cognitive-behaviour-therapist/article/being-an-antiracist-clinician/29F05F9DFA520500DAD3C5A3FCBEBAF9#comments>
- Office of the Auditor General [OAG]. (2023). *Inclusion in the Workplace for Racialized Employees. Report 5.* Reports of the Auditor General of Canada to the Parliament of Canada. Cat. No. FA1-27/2023-1-5E-PDF. ISBN: 978-0-660-67803-0. Final full report Cat. No. FA1-27/2023-1-5E-PDF
- Okun, T. J. (2023). Interrogating White supremacy culture in learning: An interview with Dr. Tema. In L. M. Pipe & J. T. Stephens (Eds.), *Ignite: A Decolonial Approach to Higher Education Through Space, Place and Culture* (pp. 29-43). Vernon Press.
- Pew Research Center. (2021, May 11). *Jewish Americans in 2020*. https://www.pewresearch.org/wp-content/uploads/sites/20/2021/05/PF_05.11.21_Jewish.Americans.pdf
- Pinciotti, C. M., Smith, Z., Singh, S., Wetterneck, C. T., & Williams, M. T. (2022). Call to action: Recommendations for justice-based treatment of obsessive-compulsive disorder with sexual orientation and gender themes. *Behavior Therapy, 53*(2), 153-169. <https://doi.org/10.1016/j.beth.2021.11.001>
- Rios, K., Finkelshteyn, S., Markman, K. D., & Cohen, A. B. (2024). Jewish Americans' identity salience and effects on attitudes toward diversity. *Scientific Reports, 14*(1), 21676. <https://doi.org/10.1038/s41598-024-72753-w>
- Rudes, G., & Fantuzzi, C. (2022). The association between racism and suicidality among young minority groups: A systematic review. *Journal of Transcultural Nursing, 33*(2), 228-238.
- Strauss, D., Gran-Ruaz, S., Osman, M., Williams, M., & Faber, S. (2023). Racism and censorship in the editorial and peer review process. *Frontiers in Psychology: Cultural Psychology, 14* (1120938), 1-16.
- Sue, D. W. (2001). Multidimensional facets of cultural competence. *The Counseling Psychologist, 29*(6), 790-821.

- Vasquez, M. J. (2012). Psychology and social justice: Why we do what we do. *American Psychologist*, 67(5), 337.
- Walker, L.E.A., Cole, E., Friedman, S.L., Rom-Rymer, B., Steinberg, A., & Warshaw, S. (2025). The American Psychological Association and antisemitism: Toward equity, diversity, and inclusion. *American Psychologist*, 80(1), 106–119. <https://doi.org/10.1037/amp0001369>
- Williams, D. R., Lawrence, J. A., & Davis, B. A. (2019). Racism and health: evidence and needed research. *Annual Review of Public Health*, 40(1), 105-125.
- Williams, M. T. (2020). Microaggressions: Clarification, evidence, and impact. *Perspectives on Psychological Science*, 15(1), 3-26. <https://doi.org/10.1177/1745691619827499>
- Williams, M. T. (2024). *A Clinician's Guide to Healing the Wounds of Racial Trauma: A 12-Session CBT-Based Protocol*. Wisconsin: PESI Publishing.
- Williams, M. T., & Jahn, M. E. (2017). Obsessive-compulsive disorder in African American children and adolescents: Risks, resiliency, and barriers to treatment. *American Journal of Orthopsychiatry*, 87(3), 291-303. <https://doi.org/10.1037/ort0000188>
- Williams, M. T., Domanico, J., Marques, L., Leblanc, N., & Turkheimer, E. (2012). Barriers to treatment Among African Americans with obsessive-compulsive disorder. *Journal of Anxiety Disorders*, 26(1), 555-563. <https://doi.org/10.1016/j.janxdis.2012.02.009>
- Williams, M. T., Faber, S. C., & Duniya, C. (2022). Being an anti-racist clinician. *The Cognitive Behaviour Therapist*, 15(e19), 1-22. <https://doi.org/10.1017/S1754470X22000162>
- Williams, M. T., Faber, S. C., Nepton, A., & Ching, T. (2023). Racial justice allyship requires civil courage: Behavioral prescription for moral growth and change. *American Psychologist*, 78(1), 1–19. <https://doi.org/10.1037/amp0000940>
- Williams, M. T., Khanna Roy, A., MacIntyre, M., & Faber, S. (2022). The traumatizing impact of racism in Canadians of colour. *Current Trauma Reports*, 8, 17–34. <https://doi.org/10.1007/s40719-022-00225-5>
- Williams, M. T., Osman, M., & Hyon, C. (2023). Understanding the psychological impact of oppression using the Trauma Symptoms of Discrimination Scale (TSDS). *Chronic Stress*, 7, 1-12. <https://doi.org/10.1177/24705470221149511>
- Williams, M. T., Osman, M., Gallo, J., Pereira, D. P., Gran-Ruaz, S., Strauss, D., Lester, L., George, J., Edelman, J., & Litman, L. (2022). A clinical scale for the assessment of racial trauma. *Practice Innovations*, 7(3), 223–240. <https://doi.org/10.1037/pri0000178>
- Williams, M. T., Printz, D., & DeLapp, R. C. T. (2018). Assessing racial trauma with the Trauma Symptoms of Discrimination Scale. *Psychology of Violence*, 8(6), 735-747. <https://doi.org/10.1037/vio0000212> ■