5-1-2019

Model Minority Myth: Minority Status Intersectionality

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Submitted in Partial Completion of the Requirements for
Departmental Honors in Psychology

Bridgewater State University

May 1, 2019

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Abstract

This study investigated the priming effects of the model minority stereotype on 52 clinicians in training regarding their diagnostic accuracy of a transgender Japanese American male (female to male) compared to a cisgender Japanese American male patient with identical symptoms qualifying for persistent depressive disorder (PDD). It was hypothesized that clinicians in training would be more likely to perceive the primed transgender vignette as low functioning with more time needed for recovery compared to perceiving the cisgender vignette as high functioning with less time needed for recovery. The results showed a main effect for gender for the symptom inattention to details; there was also a main effect for stereotype priming regarding signs of hypersomnia or insomnia and there was an interaction effect for gender and stereotype priming for symptoms of delusion. The level of experience with diverse ethnic groups, diverse socioeconomic classes and LGBT competency were significant for predicting prognosis. Implications regarding cultural competence and further education on transgender mental healthcare will be discussed, as well as how multiple minority statuses may influence healthcare decisions.

Keywords: Asian American, model minority stereotype, transgender, cisgender, gender nonconformity, intersectionality of minority statuses, ethnic minority, sexual minority, diagnostic bias, persistent depressive disorder, mental health

Model Minority Myth: Minority Status Intersectionality

It is regrettable that mental health counselors are not exempt from bias. Studies have shown that diagnostic bias has influenced psychiatric diagnosis and treatment for multiple populations (Mizock & Harkins, 2011; Potts, Burnam, & Wells, 1991). Further research into diagnostic bias is important to understand because it is particularly harmful for underrepresented individuals, such as ethnic and sexual minorities. Intersectionality is a concept popularized by Kimberle Crenshaw that is well known in the field of gender studies but relatively unexplored in psychology. When examining issues of bias, it is especially important to consider individuals who embody multiple marginalized identity statuses (Crenshaw, 1991). Although the availability of knowledge on ethnic and sexual minorities has somewhat improved in the field of psychology, there is still gap in knowledge regarding diagnostic bias on people who have intersecting (two or more) minority statuses. Currently, there are no studies that focus on the influence of stereotypes on diagnostic decisions in the context of intersecting minority statuses. Investigating this is especially important because individuals with intersecting minority statuses have been shown to be at increased risk for psychological distress (Hayes, Chun, Edens, & Locke, 2011) and health disparities (Hsieh & Ruther, 2016), therefore their mental health needs are inflated. Specifically, there is a lack of knowledge on the Asian American transgender population. It is important to investigate how stereotypes regarding Asian Americans and attitudes toward transgender people effect the diagnosis of a person who possesses both identities. In the past, there has been research conducted on how ethnicity and gender have separately influenced the perceptions of mental health practitioners (Begeer, Bouk, Boussaid, Terwogt, & Koot, 2009; Bertakis, Helms, Callahan, Azari, Leigh, & Robbins, 2001; Cheng, Chang, O'Brien, Budgazad, & Tsia, 2017; Cheng, Iwamoto, & McMullen, 2016; Mizock &

Harkins, 2011; Potts, Burnam, & Wells, 1991). However, studying the effects of ethnicity and gender separately is not enough to fully understand how our biases would affect a person that possesses both identities. Therefore, the aim of the present study is to investigate the influence of the model minority stereotype and transgender attitudes of clinicians in-training when diagnosing an Asian American transgender male (female to male) with persistent depressive disorder.

Asian American Transgender Mental Health

Information about Asian American transgender mental health is limited. Studies that are published about this population often incorporate the Asian American transgender population and the Asian American sexual minority subgroups such as gay, lesbian or bisexual individuals, together within one sample (Ching, Lee, Chen, So & Williams, 2018; Choi & Israel, 2016; Szymanski & Sung, 2010). When searching for peer reviewed literature that exclusively focuses on Asian American transgender persons, few results emerge.

One of the few, (Bith-Melander et al., 2010) focused their subject pool exclusively on an ethnic minority transgender population in San Francisco. The research team conducted twenty interviews (N=20) and four focus groups with transgender individuals (N=23) who identified as either African American (n=14), Latino/a (n=7), Asian American/Pacific Islander (n=12) and mixed ethnicities (n=9). The goal of their study was to explore mental health and other health issues related to identifying as an ethnic minority transgender person. The researchers found that most young A/PI transgender youth were depressed and disconnected from the mainstream transgender community. Due in part to this isolation, it was reported that substance and alcohol-use was a common means for escape from issues related to gender identity and poverty. Many expressed discomforts coming out to family as there was risk of rejection in the forms of being

kicked out of the home, as well as verbal and/or physical abuse. When healthcare services were discussed, many A/PI participants expressed concerns that most practitioners were not culturally competent or sensitive to their unique needs. They explained that it was common to be faced with institutional barriers, such as lacking health insurance. Participants also stated that it was common not to be aware of support services that specialized in transgender issues.

Szymanski and Sung (2010) examined the psychological distress of 144 Asian American LGBTQ persons. The participants were told that the study's purpose was to examine how their identity as Asian American sexual minorities may contribute to their experiences, feelings and attitudes. Measures were based on the frequency of heterosexist events, subtle and blatant racist experiences, minority stressors, internalized heterosexism, feelings of general distress, somatic distress and difficulty performing tasks. The results showed that depression and anxiety increased in relation to heterosexism from the Asian American community, internalized heterosexism, racism when dating, and coming out to family. Although this study greatly contributed to Asian American LGBTQ literature by providing insight into the causes of psychological distress for Asian American sexual minorities, participants who self-identified as transgender consisted of only 4% of the sample size. Additionally, the sexual identities of the participants were not separately analyzed to determine if there were differences in psychological distresses between them.

Szymanski and Sung (2010) and Bith-Melander et al., (2010) added greatly to the knowledge of Asian American transgender populations in the form of quantative and qualitative studies. However, there remains much more to be explored when it comes to mental healthcare knowledge for this population. Both studies have highlighted psychological distresses experienced by Asian American transgender persons or Asian American sexual minorities,

however more research into this population should be conducted to gain a deeper understanding of this population for the purpose of implementing solutions within the healthcare system.

Intersectionality of Identity Theory

The intersectionality was proposed by Kimberle Crenshaw who argued that because race, sex and class are often analyzed separately, a real-world element is taken away from the discourse of identity politics due to the possibility of some people having multiple minority statuses that effect their daily lives (Crenshaw, 1991). Crenshaw (1991) particularly highlighted how intersectionality of minority status effects women of color. She explained that the discrimination experienced by women of color is different from White women, because women of color are not only marginalized for being a woman but also marginalized for being a racial minority. Crenshaw's concept was that identity is fluid and cannot be separated. Her theory has partially caught onto the psychology field and in recent years, has been discussed within literature regarding counseling practices (Ecklund, 2012; Watts-Jones, 2010).

Ecklund (2012) discussed the implications of counseling children with multicultural backgrounds and explained how intersectionality contributes to a person's identity development because multiple identities overlap. She used a case study of an ethnic minority-gender variant child named Max who was referred to her at the age of 7 to undergo psychotherapy for anxiety, behavioral problems and gender identity issues. Max was first-generation Korean American and was raised Christian. Over the course of therapy, Ecklund discovered that much of Max's distressed came from his intersecting identities of Korean culture, Christian affiliation and gender variance. She proposed approaching treatment from what she describes as a non-hierarchal method, in which the therapist acknowledges and respects all present identities within a patient while recognizing the intersecting identities in oneself. She also proposed that the

therapist should acknowledge both the challenges and strengths of the client's intersecting identities. Lastly, Ecklund stated that the therapist should be aware of the mainstream culture's strong influence on identity development. She stated that the influence from mainstream culture on an individual's identity development can affect relationships within the immediate family, especially when family values and culture do not align with mainstream culture. Her solution was to guide her patients in finding ways of expressing this part of their identity outside of the home in activities such as school or community involvement.

Ching et al., (2018) proposed that future research should focus on an intersectionality model based upon results from a metanalysis that highlight the increased risk of psychological distress among gender fluid Asian Americans. Higher rates of depression and anxiety were found among Asian Americans when compared to their white counterparts, and almost half of the Asian American respondents reported that their depression came from their sexual identities and were more likely to induce self-harm and suicide attempts. The researchers concluded that culturally sensitive treatments should be utilized by therapists, such as acupressure, qi gong and yoga.

Hsieh and Ruther (2016) analyzed data from a sample of 62,302 people from the 2013/2014 National Health Interview Survey and found that ethnic, gender and sexual identities interact to predict the status of overall health. Their results indicated that being female and non-white attributed to poorer health compared to heterosexual White males. They concluded that gender, sexual and ethnic identity statuses interact to affect health outcomes, which greatly varies depending on the combination of identities present. Hayes et al., (2011) used data from the Collegiate Mental Health (CCMH) and the CCMH-Student Affairs Administrators in Higher Education (NASPA) survey and only included participants who reported their ethnicity and

sexual orientation. They reported that when a sexual minority status was paired along with being an ethnic minority status, psychological distress increased in forms of depression, substance use, generalized anxiety and issues stemming from their family. These studies have provided the framework of exploring the mental health of individuals from an intersectional perspective. Research such as the ones described add depth to future research and may explain some of the questions that remain regarding minority groups and their mental healthcare needs.

Transgender Mental Health

Transgender mental health is a growing topic in psychology. Transgender is defined as a person who does not identify with their assigned gender at birth. Cisgender on the other hand, is when the gender identity of the individual matches their birth sex (Nagoshi, Brzuzy & Terrell, 2012). The fifth edition of the Diagnostic and Statistical Manual of Mental Health Disorders (American Psychiatric Association, 2013) diagnoses transgender people as qualifying for gender dysphoria when they experience significant distress and/or functioning impairment due to their gender identity. The previous edition of the diagnostic manual, the DSM-IV-TR (American Psychiatric Association, 2000) had a diagnosis called gender identity disorder (GID). Gender identity disorder labeled people who identified with their opposite gender, as experiencing a disorder. Gender identity disorder was listed under sexual disorders and sexual dysfunctions within the DSM-IV-TR, which essentially added to the stigma of gender nonconformity. The DSM-5 changed the name of GID to gender dysphoria along with the diagnostic criteria, to lessen the stigma associated with gender nonconformity (APA, 2013). However, despite the progress made, transgender individuals still experience the negative residual effects associated with a diagnostic label.

It has been found through research that transgender people experience greater health disparities and poorer health outcomes when compared to cisgender people (Borgogna, McDermott, Aita & Kridel, 2019). Borgogna et al., (2019) examined data from a sample of 43,632 college students from the Health Minds Study and discovered that transgender individuals endorsed significantly higher rates of depression and anxiety than those who identified as cisgender. Similarly, researchers Bockting, Miner, Romine, Hamilton and Coleman (2013) found among an online sample of 1093 male-to-female and female-to-male transgender individuals, that almost half (44.1%) scored high on clinical depression, and 33.2% experienced anxiety. In another study, Smith et al., (2018) interviewed transgender adults and found that a significant portion of the sample experienced high levels of discrimination, lack of available mental healthcare resources and increased suicide attempts.

Understanding the general populations' attitudes toward transgender people may aid in explaining why this population is at an increased risk for poor health and discrimination. One study (Reed, Franks and Scherr, 2015) measured the perceptions of participants who were told to act as hiring managers. They reviewed hypothetical applications that explicitly reported the gender identity of the applicants. The applicants were cisgender male, cisgender female, transgender male (female to male) and transgender female (male to female). All applications were identical except for gender identity. The participants rated their willingness to hire the applicant and rated their perception of the applicant's mental health. The results showed that most participants perceived the transgender applicants as having more mental health issues than the cisgender applicants of identical symptoms and qualifications. Additionally, the male-to-female transgender vignette was perceived as the least mentally stable and was the least hired as a result. Another study (Norton & Herek, 2013) found that their participants largely associated

transgender people with gay, bisexual and lesbian people, but the participants' perceptions of transgender people were significantly more negative. The negative perceptions of transgender individuals decreased when the participant had previous regular exposure to transgender people. Additionally, Buck and Obzud (2018) surveyed 189 cisgender heterosexual individuals to access if their attitudes towards transgender persons differed between gender-separated settings such as bathrooms, and gender-integrated settings. They also measured the participants' transphobia, sexism and beliefs of the world being a dangerous place. They found that attitudes towards transgender people were more negative when they were described being present in a gender-separated setting compared to a gender-integrated setting. They concluded that these attitudes were correlated with greater belief in a dangerous world and increased endorsement of sexist attitudes.

Regarding clinician attitudes towards transgender people, Riggs and Bartholomaeus (2016) surveyed 96 mental health nurse practitioners and found that positive attitudes towards transgender people were correlated with a greater duration of training focusing on transgender mental health. In another study, Lucksted (2004) used qualitative methods and a sample of clinicians from a community mental health center to explore clinician perceptions and attitudes toward transgender patients. She discovered that transgender patients were often perceived as delusional and/or paranoid. She also discovered that the predicted recovery of transgender patients were based on whether the patient identified with their sex-at-birth. In other words, the patients that began to express their gender identity matching their sex-at-birth, were predicted to recover faster than those who were not conforming to their sex-at-birth. The results of studies such as the ones mentioned, show the necessity of further investigation into the perceptions of

transgender individuals and how these perceptions aid in perpetuating poorer mental health outcomes for transgender individuals suffering from mental illness.

Asian American Mental Health

Knowledge of Asian American mental healthcare needs is scarce as well. Abe-Kim et. al, (2007) used data from the National Latino and Asian American study to determine how often Asian Americans utilized mental health services. Their data showed that only 8.6% of the national sample used mental health services compared to White Americans. Another study (Takeuchi et al., 2007) used the same sample from the national study and found differences between men and women. Immigrant women had lower rates of mental illness compared to U.S. born women and men. Additionally, those who were fluent in English had lower rates of illness.

In a study (Nguyen, Arganza, Huang, Liao, Nguyen, & Santiago, 2004) that examined the psychiatric diagnoses of 981 Asian American adolescents, discovered that Asian American adolescents were more likely to receive a diagnosis of anxiety and adjustment disorder than non-Asian American adolescents. They were also more likely to be rated poorly on the variables: community role performance, self-harmful behavior, and thinking. The researchers discussed in their summary of their study that stereotypes of Asian Americans may have had an influence on how the adolescents were perceived by clinicians. It is possible that the model minority stereotype influenced the perceptions of the diagnosing clinicians in their study.

Model Minority Stereotype

A model minority is a positive stereotype that generalizes those of Asian descent to be high functioning, resilient, diligent and submissive (Chao, Chiu, Chan, Mendoza-Denton & Kwok, 2013). The idea of a model minority was popularized by a New York Times article

published in 1966 titled, Success Story, Japanese-American Style (Peterson, 1966). The article depicted Japanese Americans as hard-working, intelligent and able to overcome odds to increase upward mobility. Cheng et al., (2016) used the model minority stereotype as a primer to see if it would influence clinicians in-training when reviewing the vignettes of an Asian American male and a White American male with identical symptoms of alcohol-use disorder. In their study, the clinicians in-training were less likely to diagnose the Asian American male vignette with alcohol-use disorder when compared to the White American male vignette. The clinicians in-training also perceived the Asian American to have higher alcohol tolerance. Additionally, the stereotype prime had more of an effect on the diagnoses of the White vignette. When the White vignette was primed it was less likely to be diagnosed with alcohol-use disorder, however a small difference was found between the unprimed and primed Asian American conditions. Due to this finding, the researchers concluded that it was possible that clinicians in-training were already influenced by the model minority stereotype when diagnosing the Asian American vignette.

Current Study

The purpose of this study was to investigate how the model minority stereotype and gender identity affect the clinician in-trainings' perception of a person with intersecting minority statuses (Asian American Transgender male (female to male). Determining the influence of the model minority stereotype and attitudes regarding transgender identity are important variables to examine together due to the impact of intersectionality. The design of this study mirrors the design of the Cheng et al., (2016) study, however the present study focused on how transgender identity may influence perceptions of an Asian male. This study recorded items such as ethnicity, sex at birth, sexual orientation, gender identity and level of experience with diverse groups. After our clinicians in-training completed the demographics section, half of the

participants were randomly assigned to the stereotype condition. After determining treatment suggestions, diagnosing the vignette and selecting a prognosis, the clinicians in-training completed a racial attitude measure (CoBRAS) and a LGBT clinical skills competency questionnaire (LGBT-DOCSS).

The CoBRAS is used to assess colorblind racial attitudes. Higher scores indicate denial or unawareness of institutional racism and prejudice (Neville, Lilly, Duran, Lee & Browne, 2000). Due to the patient in the vignette being an ethnic-sexual minority or in some cases, just an ethnic minority, those who score high for colorblind racial attitudes may not be as culturally sensitive to the needs of an ethnic minority patient compared to someone who scores low on colorblind racial attitudes. When Penn and Post (2012) tested play therapists on their color-blind racial attitudes they found that higher scores on the denial of White privilege in the CoBRAS was related to scoring low on multicultural competency. In a separate study (Chao, Wei, Good & Flores, 2011) ethnic minority counselors' and white counselors' CoBRAS scores were compared. The results showed that higher endorsement of colorblind attitudes meant lower multicultural competency. Another researcher (Gushue, 2004) found that although the CoBRAS was connected to how participants perceived symptoms of Black patients, CoBRAS was not connected to how participants perceived White patients. Lastly, Cheng et al., (2016) used CoBRAS for their study and found that colorblindness was a significant predictor in the perception of the Asian American vignette. Clinicians in-training who scored high on colorblind attitudes perceived the Asian American vignette as high functioning compared to the White American vignette. The present study will use CoBRAS in a multiple regression to determine if scores are related to how the patient is perceived.

The LGBT-DOCSS (Bidell, 2017) was used to measure attitudes and self-reported counseling competencies regarding lesbian, gay, bisexual and transgender patients among the clinicians in-training. We included this scale because our goal was to determine if LGBT competency scores influenced the perception of the gender conditions. Higher scores indicate a higher level of clinical preparedness and competency with LGBT patients. During the creation of this scale, Bidell, (2017) used counseling trainees, clinicians and educators from the United States and the United Kingdom as participants. He established internal consistency for clinical preparedness, attitudinal awareness and basic knowledge of LGBT concerns.

Our hypothesizes are as follows:

Hypothesis 1

Clinicians-in-training will perceive the (cisgender) Asian American male as high functioning when compared to the severity of symptoms, while perceiving the (transgender) Asian American male as low functioning when compared to the severity of symptoms.

Hypothesis 2

Clinicians in-training primed with the model minority stereotype will be more likely to perceive their vignette in accordance to the severity of symptoms than those who are not primed with the stereotype.

Hypothesis 3

The clinician in-training's level of experience with diverse groups will influence their perception of the vignette's mental health functioning.

Method

Participants

Participants were comprised of master's and doctoral-level students from accredited mental health training programs in the United States. These programs included the American Psychological Association (APA), the Council on Social Work Education (CSWE), and the Council for Accreditation of Counseling and Related Educational Programs (CACREP). Graduate students enrolled in these programs were recruited for this study because they reflected the national standard of the population that will professionally treat and diagnose the general public's mental health conditions. Program and training directors of these programs were contacted through email. The level of programs selected were master's, doctoral, internship placement and postdoctoral residency. An email was sent to accredited program directors asking for their consent in forwarding the study opportunity to their students. The email contained the primary investigator and co-investigator's contact information where students could follow up and received a trackable link to the survey from the co-investigator. Out of the 234 program directors contacted, 23 responded (10%). Bridgewater State University graduate students who fit participant criteria were also recruited through BSU student announcements. They were asked to contact the co-investigator via email if interested in participating. Flyers were posted throughout BSU campus within common areas and on available bulletin boards. Out of the 61 student responses for interest in completing the study, 53 attempted the survey (87%).

Participants were told that they were participating in a study about mental illness among different group members and could proceed with the study after providing informed consent. The original sample consisted of 53 participants. However, after accounting for missing data and incomplete responses, the sample comprised of 52 participants (n=52). Thirty of the participants

(57.7%) were between the ages of 25 to 34 and fifteen (28.8%) of the participants were between the ages 18 to 24. The majority of the participants (80.8%) identified as Caucasian (non-Hispanic), 3 (5.8%) as African or African-American, 3 (5.8%) Asian/Pacific Islander, and 4 (7.7%) were of mixed heritage. Sex at birth was reported as either Male, Female or Intersex but was omitted from final analysis due to missing data, however most (90.4%) participants identified as cisgender. Regarding sexual orientation, 63.5% identified as heterosexual, 21.2% as bisexual, 9.6% as other and 5.8% as homosexual. Fifty (96.2%) participants were born in the United States while the remaining two participants (3.8%) who were born outside of the United States, reported that they lived in the country for nine or more years. In the sample, the field of study for participants was comprised of 26 (50%) psychology, 15 (28.8%) counseling (e.g. mental health counseling, school counseling), 6 (11.5%) social work, and 5 (9.6%) education graduate students. Thirty participants were enrolled in a master's level program (71.1%), followed by 9 Doctor of Psychology (17.3%) and 6 Doctor of Philosophy (11.5%). Out of the total number of participants (n=52), 36 (69.2%) reported having either completed a course on multicultural counseling or at the time of the survey, was currently enrolled in a course on multicultural counseling.

Regarding the number of completed courses on multicultural counseling, 34 participants (65.4%) reported completing at least one course on multicultural counseling and 11 participants (21.2%) reported having completed at least two courses. When participants were asked the type of license that they would pursue after completion of their program, 12 (23.1%) reported Licensed Mental Health Counselor (LMHC), 10 (19.2%) Licensed Professional Counselor (LPC), 10 (19.2%) Doctor of Psychology (PsyD), 8 (15.4%) choose 'other' as a license type, 7 (13.5%) Doctor of Philosophy (PhD), 3 (5.8%) Licensed Independent Social Worker (LICSW)

and 2 (3.8%) chose Licensed Clinical Social Worker (LCSW). Most of the participants' training programs were in Massachusetts (38.5%) and Oregon (23.1%). In terms of years of experience to clients ethnically different from themselves, 18 (34.6%) reported having less than one-year experience, 13 (25%) reported 1-2 years experience, 13 (25%) reported having 5 or more years experience and 8 (15.4%) reported having 3 to 4 years experience. Regarding exposure to clients who were socioeconomically different from themselves, 14 (26.9%%) reported having less than 1-year experience, 12 (23.1%) reported having 1 to 2 years experience, 12 (23.1%) reported 5 or more years experience and 10 (19.2%) reported having 3 to 4 years experience. Twenty-five participants (48.1%) reported having less than one-year experience with clients who identified as LGBTQ, followed by 14 (26.9%) reported 1 to 2 years experience, 9 (17.3%) with 5 years or more and 4 (7.7%) with 3 to 4 years experience. Most participants had an annual income of $7,500 or less (25%) and 13.5% reported making anywhere between $15,001-25,000 per year with a household size of one person (38.5%) or two people (32.7%).

Procedure

This study was a 2 x 2 design, the independent variables were gender identity (cisgender or transgender) and the stereotype conditions (prime or not primed). The dependent variables were the scores of the Vignette rating measure (treatment recommendations) and Mental health rating measure (diagnostic endorsement). The CoBRAS and LGBT-DOCSS were used to measure colorblind attitudes and LGBT competency attitudes. The entire study was conducted online through a web-based survey website called Qualtrics. After participants provided informed consent and their demographic information, the participants were randomly assigned to one of four conditions in the study. (1) a clinical vignette describing a 25-year-old Japanese American Transgender male (Female to Male) professional who struggles with persistent

depressive disorder according to the current DSM-5 (see appendix A); (2) a vignette with identical symptoms describing a 25-year-old Japanese American man (cisgender) (see appendix B); (3) a short video (see appendix C) perpetuating the Model Minority Stereotype followed by the Japanese American Transgender vignette; (4) the same short video followed by the cisgender Japanese American vignette. We used a video that perpetuated the model minority stereotype. The video was published on July 7, 2016 by Bloomberg Markets and had a duration of 3 minutes 18 seconds. Three female (two of Asian descent and one Caucasian) news reporters discussed data that compared median hourly earnings by ethnic group and sex in the United States for over a course of 16 years. The title of the video is called, Why Asian men make the highest hourly wage in the United States. The video presents data that suggests Asian American men out earn White American men in median hourly wage due to the statistical average that Asian American men are more likely to obtain at least a bachelor's degree (or advanced degree such as a master's degree or PhD) more so than White men and women. While the host were speaking, the video displayed a news stream at the bottom of the screen that stated, "White men still out-earn most". Despite the stream, no verbal mention of this fact was discussed in the video. The hosts continued to discuss how Asian men make more in hourly wage and then discussed data that suggested Asian women out earn White, Black and Hispanic women.

Following the video, participants completed measures on the Vignette rating scale, Mental health rating measure, Colorblind Racial Attitudes Scale and the LGBT Clinical Skills Scale. Twenty participants received an incentive through a raffle drawing. Those who wished to take part in the drawing must have completed up to the prognosis section of the survey. They were presented with an option to enter their contact information including their email address via

a separate link. The participant's IP addresses as well as other identifying information were not connected to their survey response. The study took between 15 to 25 minutes to complete.

Measures

Vignette rating measure. For this measure, participants rated their vignette on thirteen items from an adaptation of the Vignette Rating Measure (Kumar & Nevid, 2010). For the present study, each vignette described a 25-year-old Japanese American male patient named Aiko with symptoms of persistent depressive disorder corresponding with the DSM-5 (APA, 2013). Each item was rated on a 6-point Likert scale ranging from 1 (strongly disagree) to 6 (strongly agree). A higher score indicated endorsement of the patient receiving psychological or treatment from a medical doctor. Examples of items included, "I believe Aiko should seek treatment from a mental health professional, such as a psychologist or psychiatrist" and "I believe Aiko has a psychological disorder."

Mental health rating measure. Immediately after reviewing one of the four conditions of the clinical vignette depicting the patient with persistent depressive disorder, participants rated the vignette on twenty-three statements corresponding to the current diagnostic manual, the DSM-5 (APA, 2013) that listed an array of symptoms, including symptoms that were not represented in the vignettes. For each of the 23 diagnostic criteria of symptoms, participants rated the degree of absence or presence of the symptom on a 3-point scale ranging from 0 (symptom not present), 1 (unsure) and 2 (symptom is present). Examples of items include, "Aiko shows a depressed mood most of the day, nearly every day" and "Aiko shows fatigue or loss of energy." Participants also determined if there was a specific diagnosis present.

Color-Blind Racial Attitudes Scale. The Color-Blind Racial Attitudes Scale (CoBRAS; Neville et al., 2000) is a 20-item questionnaire on a 5-point Likert scale, ranging from 1 (strongly disagree) to 5 (strongly agree). Ten of these items are reverse scored. This measure is used to assess awareness of individual and structural racism within the United States. Examples of the items include, "Race plays a major role in the type of social services (such as type of health care or daycare) that people receive in the U.S." and, "Racial problems in the U.S. are rare, isolated situations." Higher scores are associated with racial prejudice. There is preliminary data suggesting that CoBRAS scores are sensitive to real world multicultural interventions and provide further validity of the CoBRAS. Previous studies have shown internal consistency ranging from .70 to .90 (Cheng et al., 2016; Neville et al., 2000).

Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale. The Lesbian, Gay, Bisexual, and Transgender Development of Clinical Skills Scale (LGBT-DOCSS; Bidell, 2017) is a modified version of the original Sexual Orientation Counselor Competency Scale (SOCCS; Bidell, 2005). It is used to assess clinical preparedness, attitudes, and basic knowledge of LGBT clientele. This measure consists of 18 items on a 7-point Likert scale ranging from 1 (strongly disagree) to 7 (strongly agree). Examples of items include, "I received adequate training and supervision to work with transgender clients" and, "I think being transgender is a mental disorder." Participants that were used when creating this scale consisted of mental health and primary care medicine trainees, practitioners, and educators in the United States and the United Kingdom. Internal consistency for this scale is >.80 and test-retest reliability is .87.

Results

Data Analysis Overview

Analyses of covariance examined whether there was a difference between the four conditions (Transgender vignette with video prime, Transgender vignette, cisgender vignette with video prime, Cisgender vignette). Independent variables included the gender identity of vignettes (cisgender or transgender) and the stereotype priming conditions (primed or not primed). Colorblindness (COBRAS), and the Lesbian, Gay, Bisexual and Transgender Development of Clinical Skills (LGBT-DOCSS) were held constant for the analysis. The dependent variables were the vignette rating measure (treatment recommendations) and the mental health rating measure (diagnosis severity rating). To determine if there was a significant difference between the four conditions, a post hoc analysis of variance was conducted. Two separate multiple regressions were conducted to determine if there was a difference in the perceptions of mental health functioning and diagnosis based on the participants diversity attitudes and experience, colorblindness and multicultural competency, as well as the clinician in-training's experience working with diverse populations were used as predictors in a multiple regression with the treatment prognosis and endorsement of diagnosis as the outcome variable (DV).

Diagnosis (Mental Health Rating Measure)

A 2 x 2 multivariate analysis of covariance controlling for COBRAS and the LGBT-DOCSS was conducted. This analysis used the patient's gender identity (cisgender or Transgender) and stereotype priming condition (prime or not primed) as independent variables (IVs) and the results of the mental health rating measure and the vignette rating measure as dependent variables (DVs). Due to the small sample size of 52 participants we anticipated lack

of power in this study, for this reason the alpha was set at 0.06. A main effect was found for the stereotype priming conditions regarding the clinicians-in-training endorsing clinical symptoms of insomnia or hypersomnia $F(1,52)= 16.39$, $p<.000$. When clinicians-in-training were primed with the model minority stereotype, the patient ($M=2.74$, $SD=.54$) was endorsed at a higher rate by the clinicians in-training as having insomnia or hypersomnia compared to the patient that was not primed with the stereotype ($M=1.92$, $SD=.78$) (see Figure 1). A main effect was found for gender $F (1,52)= 3.78$, $p=. 058$. Clinicians in-training perceived the cisgender conditions ($M=2.35$, $SD=.83$) as failing to give attention to details compared to the transgender conditions ($M=1.96$, $SD=.61$) (see Figure 2). An interaction effect was found for gender and the prime conditions $F(1,52)= 3.79$, $p=.058$. The clinicians in-training were more likely to perceive the transgender condition not primed with the model minority stereotype ($M=1.25$, $SD=.45$) as showing symptoms of delusion more so than the primed transgender condition ($M=1.00$, $SD=.00$.) (see Figure 3).

A multiple linear regression was run to determine whether the clinicians-in-training's prognosis were influenced by the ethnicity of the target, the stereotype primer, racial colorblindness, LGBT clinical competency and level of experience. The multiple linear regression calculations were consistent with hypothesis 3. For the prognosis question, "How long do you predict it will be until significant improvement is seen in Aiko's mental health?", the three variables that significantly influenced the clinician-in-trainings' estimations were: experience with racially/ethnically different clients, β -1.90, $F=-3.74$, $p=.001$; amount of experience with socioeconomically different clients, $\beta =1.61$, $F=3.45$, $p=.002$ and the LGBT clinical competency scale, $\beta =-.48$, $F=-2.76$, $p=.010$. Those who had more experience with diverse ethnic minority groups perceived the target in the vignette as needing less treatment time

than those who did not have as much experience. Also, those who had experience with diverse socioeconomic groups were more likely to perceive the target as needing more time for treatment as those who had less experience with diverse socioeconomic groups. Additionally, those who scored high on the LGBT-DOCSS perceived the target to require less time for recovery. A regression model accounted for 40% of the variance, with the dimensions of racial/ethnic diversity experience, socioeconomic diversity experience and LGBT competency as significant predictors of prognosis. The second regression model using the same predictors with the endorsement of mental health diagnosis as the outcome variable did not yield significant results.

Discussion

This study examined the influence of the model minority stereotype and gender identity on the clinicians-in-trainings' diagnostic and treatment decisions for people with intersecting minority statuses. In this case, a Japanese American transgender male and a cisgender Japanese American male, both of whom were identically described suffering from persistent depressive disorder, were compared. The results of the Mental Health Rating Measure and the Vignette Rating Measure revealed a significant relationship regarding the model minority stereotype and the vignette target's gender identity. Furthermore, the results showed that the diagnostic outcomes were influenced by the participant's level of experience with diverse populations as well as their attitude toward LGBT individuals.

Gender Effects

For our first hypothesis, we predicted that the transgender condition (without the mention of gender identity) would be over pathologized compared to the cisgender condition when severity of symptoms was compared. This hypothesis was partially supported. When the

clinicians-in-training rated the presence of certain symptoms, some differences were found. Specifically, for attention to detail (related to the symptom of inability to concentrate), the cisgender conditions were perceived as the most inattentive to detail, while the transgender conditions were perceived to be the most detail-oriented.

The outcomes in this study could be related to a gender bias that females are more detail-oriented than males. Vaquero, Cardoso, Vasquez and Gomez (2004) conducted a study that analyzed how well participants discriminated between stimuli based on sex differences. The researchers reported that females had greater ability for stimuli discrimination compared to men. Another study (Nahari & Pazuelo, 2015) observed the differences between males and females and measured their ability to relay true or false stories in rich detail. The results showed that females were more able to relay a story in greater detail than males. Also, researchers Stancey & Turner (2010) found that when comparing sex differences regarding the ability to point a laser at a target, women were more accurate when they were in close range compared to men who were more accurate when at a far distance. The researchers suggested that the women's ability to focus on details within proximity comes from our hunter-gatherer past when women tended to the details at home-territory while men were vigilant about focusing their attention on details outwardly for hunting. In the present study, perhaps the participants associated the transgender male with his original female gender while endorsing the stereotype that females pay more attention to detail than men.

Model Minority Stereotype Effects

Our second hypothesis predicted that the model minority stereotype would influence the clinicians-in-trainings' perception of their patient in accordance to the severity of presented symptoms. However, the effect of the stereotype was not significant for clinician in-trainings'

perception of Aiko's sleeping problems. This result was inconsistent with hypothesis 2 as those in the primed conditions perceived Aiko to have a more severe case of insomnia or hypersomnia than the unprimed condition.

The vignette described, "[Aiko going] straight home every evening after work to fall asleep, sometimes without eating dinner". This sentence described Aiko as oversleeping, so perhaps the clinicians in-training determined Aiko's sleeping habit was hypersomnia. It is possible that the model minority stereotype brought more attention to Aiko oversleeping because the model minority stereotype perpetuates Asian Americans to be hardworking, high achieving and self-disciplined (Chao et al., 2013; Cheryan & Monin, 2005) thus, oversleeping contradicts those traits. There are studies (Gaultney, 2010; Ramos et al., 2016) that suggest a correlation between sleep disturbances and cognitive decline. Gaultney (2010) surveyed 1,845 college students to determine if their sleeping habits were associated with grade point average (GPA). She found that students who were at risk for sleeping disturbances and poor sleeping habits were at increased risk for a lower GPA compared to students who were not at risk for a sleeping disorder. In the Ramos et al, (2016) study, researchers analyzed data from the Northern Manhattan Study (NOMAS) to observe episodic memory, language, executive functioning and processing speed. The researchers found that those with severe daytime sleepiness and long sleep duration showed a decline in executive functioning. Due to the model minority stereotype being associated with intellectual ability (Cheryan & Bodenhausen, 2000) and the relationship between intelligence and executive functioning (van Aken, Kessels, Wingbermühle, van der Veld & Egger, 2016), the mention of Aiko oversleeping may have accentuated the perception of a decline in cognitive ability, which is essentially going against the idea of a model minority.

Level of Experience

We predicted for our third hypothesis that the clinicians in-training's level of experience with diverse groups would influence their estimation on the patient's length of recovery. This hypothesis was supported regarding the level of experience with diverse ethnic groups and high competency toward LGBT individuals. In the present study, clinicians in-training who scored high in LGBT competency while having more experience with diverse ethnic groups predicted a shorter time for recovery for their vignette than those who scored low in LGBT competency and did not have experience with diverse ethnic groups. This finding is consistent with the literature as it has been shown that mental health professionals with greater clinical experience are more effective in their treatment decisions (Brammer, 2002) and that attitudes toward certain groups influence accuracy (Dispenza and O'Hara, 2016). However, we also found that clinicians in-training with greater experience with people from diverse socioeconomic groups were more likely to perceive the patient as needing more time for recovery. The present study focused on analyzing whether the ethnicity and gender identity of a patient influenced the clinician in-training's perception of mental health functioning. Although we found that more experience with ethnic diversity and more exposure to LGBT people lead to clinicians in-training estimating a shorter recovery time for Akio, our study found that having more experience with diverse socioeconomic groups did not lessen the impact of their biases related ethnicity and gender identity.

Model Minority Stereotype and Gender Intersection Effect

There was an intersection effect when clinicians in-training were presented with the transgender vignette and the stereotype prime. Those who were assigned the non-primed transgender condition, endorsed "symptom present" for delusion, while those in the non-primed

gender-not-specified condition perceived Aiko as not showing symptoms of delusion. This indicated that the intersection of gender and ethnicity—which is connected to the stereotype—influenced diagnosis significantly.

Delusions are held beliefs that have no basis in reality. Aiko as a transgender male without the model minority stereotype as a prime, was perceived as the most delusional vignette, followed by Aiko as a transgender male primed with the model minority stereotype, Aiko with no mention of gender primed with the model minority stereotype and Aiko without the mention of gender with no prime, respectively. The model minority stereotype seemed to lessen the perception of Aiko showing symptoms of delusion as a transgender male, while the opposite effect occurred with the cisgender conditions.

A transgender person can be diagnosed with a psychiatric condition called gender dysphoria within the DSM-5. The diagnostic criteria for gender dysphoria is when a person experiences distress due to an incompatibility between their gender identity and their gender at birth for a duration of 6 month or more (APA, 2013). Unlike the previous diagnosis of gender identity disorder, a person can recover and no longer be diagnosed with gender dysphoria. The controversy behind gender dysphoria remains because there is little evidence to support the biological and psychological theories for this diagnosis (Beek, Cohen-Kettenis & Kreukels, 2016). However, despite the debate behind this condition, being a transgender individual at times qualifies as a mental health condition and is stigmatized by most mainstream cultures' social and political climates (Beek, Cohen-Kettenis & Kreukels, 2016). For example, Lucksted (2011) found that labeling gender nonconformity as an illness influenced mental health professionals to perceive transgender individuals as pathological. Our findings were consistent with the findings from the Lucksted (2011) study, which found that people with gender identity

issues were often labeled as delusional by healthcare professionals. Our finding also is consistent with Riggs and Bartholomaeus (2016) study which found that clinicians over-pathologized patients who did not conform with their birth sex. Even non-mental healthcare professionals have been found to perceive transgender people as more mentally ill when compared to a cisgender person (Reed, Franks & Scherr, 2015). In the present study, the model minority stereotype seems to lessen the perception of delusional symptoms in the target. A possible explanation for the stereotype lessening the perception of delusional symptoms, is the idea that Asian Americans do not suffer from mental health disorders as much as other ethnic groups because they are perceived as high functioning (Chao et al., 2013). In a sense, the intersectionality of being transgender and Asian American counter each other in the presentation of delusion symptoms. The most interesting part about this finding within the present study is that Aiko was perceived as delusional despite there being no symptoms of delusion described within the vignettes.

Implications

The current study presented concerns for mental healthcare among Asian American transgender and gender nonconforming individuals. Most of our participants were master's level graduates and were intending to obtain a license to practice after completion of their degree program. The results based from this sample show bias regarding the model minority stereotype and transgender identity. Due to most of the participants being close to practicing professionally, show why clinician training should focus more on multicultural practices. Specifically, biases stemming from cultural stereotypes, even the positive stereotypes such as the model minority myth, should be emphasized in practicum education. Perhaps the idea of intersectionality should be implemented into multicultural courses so that future practitioners can become more aware of

how intersecting minority statues effects their perceptions of their client, as well as how their client may perceive their intersecting identities (Watts-Jones, 2010).

Limitations

Although the present study did find significant results regarding the model minority stereotype and the diagnosis of an Asian American transgender male, there were limitations. First, was the study's sample size consisted only of 52 participants and did not completely reflect the United States ethnic demographics. Most participants were White, cisgender individuals in master's level training programs with very little practical experience. A larger and more diverse sample would provide more validity to results. Also, certain regions in the United States were overrepresented such as Oregon and Massachusetts. A more diverse sample of the United States would create statistical power for analysis. Second, a different priming method can be implemented in future studies. It is possible that the video prime used in this study was not a perfect representation of the Model Minority Stereotype as it mainly discussed monetary earnings of Asian Americans compared to White, Black and Latino populations. Perhaps another video (or another priming method) can be used. Thirdly, the name Aiko may be a feminine Japanese first name, although this name has also been used for males it may be less common, which may have influenced results for gender (Erwin, 2006).

Conclusions

The current study explored the influence of the model minority stereotype on the perceptions of future mental health professionals when they were presented with a case vignette of a transgender Asian American male compared with a case vignette of a cisgender Asian American male. Our findings indicated that the model minority stereotype influenced the

perception of sleep disturbances within both the cisgender and transgender conditions. Clinicians in-training primed with the stereotype were more likely to perceive the case vignette as experiencing severe hypersomnia than those who were not primed. We also discovered that gender had an influence on the clinicians in-training's perception of attention to details. The clinicians in-training perceived the transgender conditions to be better at focusing on details more than the cisgender conditions. Thirdly, we found that when the model minority stereotype and gender conditions intersected it had an influence on how the clinicians in-training perceived symptoms of delusion within the non-primed transgender vignette. In other words, the model minority stereotype minimized the perceptions of delusion within the transgender condition. Lastly, we found that those who scored high in LGBT competency while having more experience with patients from ethnically diverse backgrounds, predicted a shorter duration time for recovery while those who endorsed more experience with diverse socioeconomic groups predicted a longer duration time for recovery.

While Asian Americans are a growing ethnic minority group in the United States, subgroups such as Asian American sexual minorities are commonly left out of the discussion. In order to serve this population properly, it would be beneficial to continue studying the influence of the model minority stereotype on gender identity for a better understanding on how the stereotype affects clinician bias. There is limited knowledge on how Asian sexual minorities are perceived and diagnosed among mental health professionals. Hopefully, this study will aide in future research related to this topic. Future directions related to this topic can explore how Asian American clinicians in-training or foreign-born Asian clinicians in-training, perceive gender nonconformity when related to the model minority stereotype within their own community. Other studies can compare how seasoned professionals view transgender or gender

nonconforming individuals in relation to the model minority stereotype when displaying persistent depressive disorder or another diagnosable mental illness. It would also be useful to follow up on an explanation for symptoms of delusion being perceived in transgender patients that have a separate diagnosable mental illness. Lastly, future studies can conduct further investigation into how the amount of experience with diverse socioeconomic statuses influences prognosis predictions.

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Appendix A

Transgender Vignette

Aiko Yamamoto is a 25-year-old Asian American transgender male. He and his two older brothers and younger sister were raised by their mother and father in Los Angeles, California. During high school Aiko shared most of his free time with a tightknit group of three other friends. He felt close to his friends and they regularly confided in each other. When he wasn't in school or with his friends he was working at a restaurant that his parents owned in Downtown LA. At 17 years old, Aiko graduated from high school and was accepted to the University of California Los Angeles. During the summer after graduating from high school, Aiko and his friends slowly grew apart. He was upset by this and was discouraged to make new friends at university. During his freshman and sophomore year at university he stayed mostly to himself. Eventually, Aiko attended social gatherings and made new connections.

Within four years, Aiko graduated with a bachelor's degree in finance. During the summer of his senior year at university, he interned at a financial firm in Manhattan, NY and upon graduation he was offered a full time payed position at their firm. Aiko was excited for this opportunity and perceived it as a new chapter in his life.

Aiko enjoyed his job and managed to get promoted to equity partner. Outside of his career he began new hobbies and regularly met new people at social gatherings within the city. However, a little over two years ago, Aiko began to feel extremely fatigued. His daily tasks at work now take more energy and time to complete than they had in the past and he began to ask for extensions. Personal errands that used to take little effort, such as making appointments and grocery shopping have become laborious.

At the firm, three of his personally managed accounts were closed due to mismanaged funds. This event caused Aiko a lot of distress and he began to doubt his abilities. He does not trust himself and is often indecisive about anything ranging from a decision at work to choosing a meal to eat from a menu. This feeling permeates throughout other facets of his life and he eventually stopped attending to his hobbies and began to decline invitations from friends and colleagues. Instead he goes straight home every evening after work to fall asleep, sometimes without eating dinner. Each morning when Aiko wakes up, he feels a sense of hopelessness. He feels guilty for his feelings and isolating himself from his friends, family and community members.

Appendix B

Cisgender Vignette

Aiko Yamamoto is a 25-year-old Asian American male. He and his two older brothers and younger sister were raised by their mother and father in Los Angeles, California. During high school Aiko shared most of his free time with a tightknit group of three other friends. He felt close to his friends and they regularly confided in each other. When he wasn't in school or with his friends he was working at a restaurant that his parents owned in Downtown LA. At 17 years old, Aiko graduated from high school and was accepted to the University of California Los Angeles. During the summer after graduating from high school, Aiko and his friends slowly grew apart. He was upset by this and was discouraged to make new friends at university. During his freshman and sophomore year at university he stayed mostly to himself. Eventually, Aiko attended social gatherings and made new connections.

Within four years, Aiko graduated with a bachelor's degree in finance. During the summer of his senior year at university, he interned at a financial firm in Manhattan, NY and upon graduation he was offered a full-time payed position at their firm. Aiko was excited for this opportunity and perceived it as a new chapter in his life.

Aiko enjoyed his job and managed to get promoted to equity partner. Outside of his career he began new hobbies and regularly met new people at social gatherings within the city. However, a little over two years ago, Aiko began to feel extremely fatigued. His daily tasks at work now take more energy and time to complete than they had in the past and he began to ask for extensions. Personal errands that used to take little effort, such as making appointments and grocery shopping have become laborious.

At the firm, three of his personally managed accounts were closed due to mismanaged funds. This event caused Aiko a lot of distress and he began to doubt his abilities. He does not trust himself and is often indecisive about anything ranging from a decision at work to choosing a meal to eat from a menu. This feeling permeates throughout other facets of his life and he eventually stopped attending to his hobbies and began to decline invitations from friends and colleagues. Instead he goes straight home every evening after work to fall asleep, sometimes without eating dinner. Each morning when Aiko wakes up, he feels a sense of hopelessness. He feels guilty for his feelings and isolating himself from his friends, family and community members.

Appendix C

Video Primer

Video description: Published July 7, 2016 on Bloomberg Markets YouTube channel with 115,046 views to date, this 3 minute 18 second video compares data regarding hourly earnings by ethnic group and sex. This data claims that Asian men out-earn white men when it comes to hourly wage in the United States. The title of this video on YouTube is named, Why Asian Men Make the Highest Hourly Wage in the U.S.

Link to video: https://www.youtube.com/watch?v=Zfq7xlnLtr8

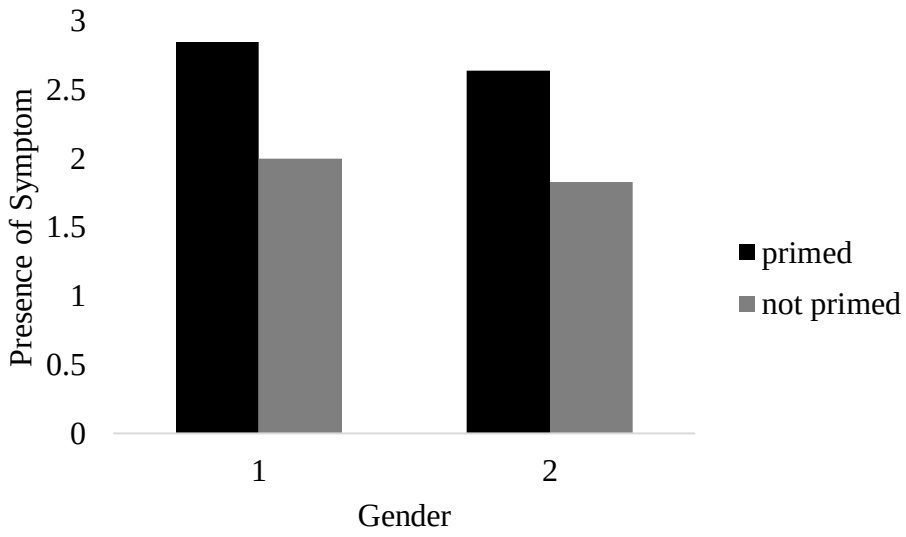

Figure 1. Mean scores for the presence of hypersomnia or insomnia. A main effect was found for the primed conditions. The number one along the horizontal axis indicates the transgender condition and number two indicates the cisgender condition.

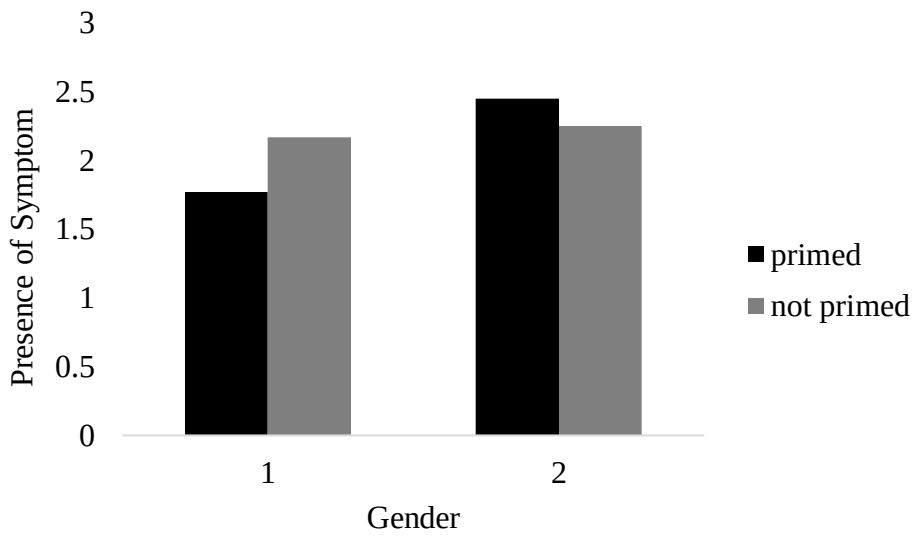

Figure 2. Mean scores for the presence of the symptom failing to give attention to detail. A main effect was found for the gender conditions. The number one along the horizontal axis indicates the transgender condition and number two indicates the cisgender condition.

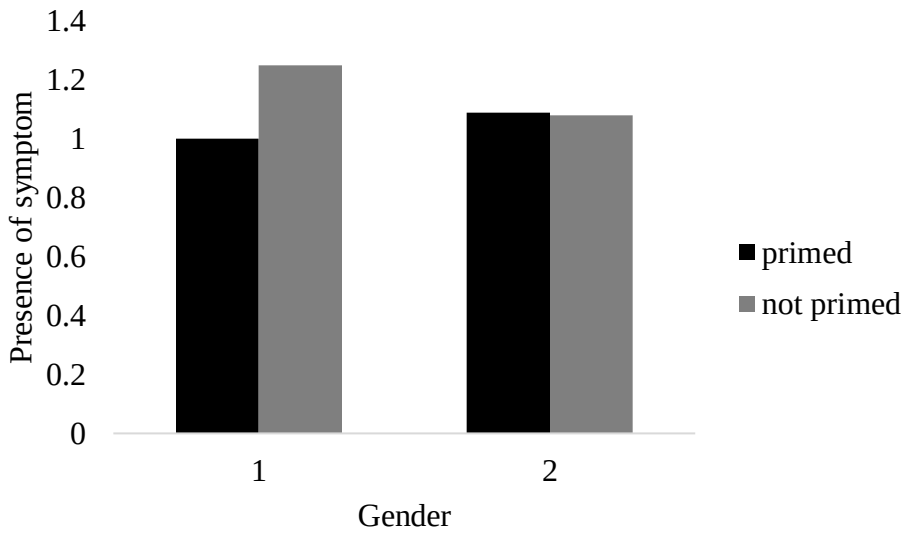

Figure 3. Means scores for the presence of delusion. An interaction effect was found for the primed and gender conditions. The number one along the horizontal axis indicates the transgender condition and number two indicates the cisgender condition.

Table 1. Summary of clinician in-training ethnicity

Ethnicity	*N*	*%*
African, African American	3	5.8
Caucasian (non-Hispanic)	42	80.8
Asian American	3	5.8
Other	4	7.7
Total	52	100.0

Table 2. Summary of completed scores in multicultural counseling

Courses	*N*	*%*
One	34	65.4
Two	11	21.2
Missing	7	13.5
Total	52	100.0