Researchers (Abreu, 1999; Boysen & Vogel, 2008; Greenwald & Banaji, 1995) have argued that contemporary biases for counselors are more likely implicit, wherein unconscious thoughts and attitudes drive behaviors of favoritism and preference. Unfortunately, interventions and strategies to curb the use of implicit biases have yet to be developed, which leaves a void in the literature for training programs and supervisors. This study attempts to use the priming of positive and negative feedback about prejudicial and social attitudes to influence implicit racial biases within counselors-in-training.

Participants comprised of 193 master’s-level counselors-in-training, who were asked to give their clinical impressions of vignettes that differed in diagnostic clarity and race, and to create a setting wherein implicit biases would most likely be exhibited. Three hypotheses guided the study. The first hypothesis focused on the influence of priming positive and negative feedback about cultural attitudes on a clinical case, regardless of the race or clarity of the case. The second and third hypotheses both focused on racial bias by examining the interaction between type of feedback, race, and ambiguity of diagnosis on participants’ clinical impressions of a client. A multivariate analysis of variance was conducted to evaluate the influence of feedback. While none of the above hypotheses were supported, a salient finding, however, was uncovered, as the type of feedback participants received had an influence on the ratings of severity and prognosis.
of a clinical case. Participants who received positive feedback rated their vignette less severe and healthier, in comparison to participants who received negative feedback and rated their clinical cases more severely, with a worse prognosis. Limitations of this study and directions for future research are provided.