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# Psychology's Contributions to Anti-Blackness in the United States Within Psychological Research, Criminal Justice, and Mental Health

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## Abstract

The mass incarceration of Black people in the United States is gaining attention as a public-health crisis with extreme mental-health implications. Although it is well documented that historical efforts to oppress and control Black people in the United States helped shape definitions of mental illness and crime, many psychologists are unaware of the ways the field has contributed to the conception and perpetuation of anti-Blackness and, consequently, the mass incarceration of Black people. In this article, we draw from existing theory and empirical evidence to demonstrate historical and contemporary examples of psychology's oppression of Black people through research and clinical practices and consider how this history directly contradicts the American Psychological Association's ethics code. First, we outline how anti-Blackness informed the history of psychological diagnoses and research. Next, we discuss how contemporary systems of forensic practice and police involvement in mental-health-crisis response maintain historical harm. Specific recommendations highlight strategies for interrupting the criminalization of Blackness and offer example steps psychologists can take to redefine psychology's relationship with justice. We conclude by calling on psychologists to recognize their unique power and responsibility to interrupt the criminalization and pathologizing of Blackness as researchers and mental-health providers.

> The psychiatrist is the auxiliary of the police.
>
> —Frantz Fanon (2020, p. 1153)

Mass incarceration is increasingly gaining attention as a public-health crisis (Bowleg et al., 2020). Despite representing only 5% of the world's population, the United States is responsible for 22% of the incarcerated population globally (Walmsley, 2016). Furthermore, racial disparities in sentencing are stark and have resulted in the disproportionate incarceration of Black people (Alexander, 2011). The overall rate of incarceration and the racial inequity in incarceration stem in part from the United States's long-standing punitive stance toward Black populations (Alexander, 2011). Indeed, efforts to oppress and control Black people in the

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United States played an important role in shaping definitions of and institutional responses to mental illness and crime (Fig. 1). Psychology's complicity with this oppression can be observed in the conceptual roots of psychiatry and psychology, from Carl Jung's beliefs that African peoples struggled to produce coherent ideas and were thus capable of rendering White people more primitive through extended contact (Collins, 2009; Vaughan, 2019) to G. Stanley Hall's (1905) conception that criminality was firmly rooted within the mind of African people. Unfortunately, many psychologists are unaware of the ways in which the field has contributed to the conception and perpetuation of anti-Blackness and, consequently, the contemporary mass incarceration of Black people.

In 1967, Martin Luther King, Jr. addressed the American Psychological Association (APA) and called for mental-health professionals to care for the Black communities affected by cultural, structural, and interpersonal racism (M. L. King, 1968). However, the mental-health field continued to neglect Black communities in subsequent decades, adopting and reinforcing stereotypical and deficit-based perspectives concerning Black people (Cross, 2003; White, 1970). As noted by T. O. Hilliard (1978), any clinical psychologist who seeks to serve Black communities needs to reconcile the desire to serve with the field's complicity in and perpetuation of racism. To this end, there is an urgent need for researchers and mental-health providers to have an honest reckoning with psychology's role in the perpetuation of anti-Blackness and the oppression of Black people.

The primary aims of this article are (a) to provide a critical analysis of psychology's historical and contemporary contributions to anti-Blackness in research and clinical practice and (b) to critique the intersection between the criminal legal system and contemporary research and clinical practice in psychology. To achieve these aims, we incorporate theory and empirical research from several fields, including Black mad studies, Black/African-centered psychology, liberation psychology, disability studies, and contemporary forensic psychology. We begin by outlining how anti-Blackness has informed the history of psychological diagnoses, institution building, and research. We provide historical and contemporary examples of psychological and epistemic oppression of Black people in research and clinical practice, underscoring how this history contradicts the APA's code of ethics. We then offer an analysis of how contemporary forensic practices maintain this historical harm and the role of police involvement in mental-health-crisis responses. We highlight specific case studies to exemplify the complex and challenging positions that clinical and forensic psychologists face while working in criminal legal settings. We conclude

by underscoring the field's responsibility as researchers and mental-health providers to interrupt the criminalization and pathologizing of Blackness.

## A History of Anti-Blackness in Psychiatry and Psychology

To unpack the history of anti-Blackness in the fields of mental health, Fanon's (2020) understanding of psychiatry (under which psychology was subsumed) as an extension of policing is key. Fanon intimated that in the Western world, including Europe and the Americas, the field of psychiatry historically concerned itself with surveilling and controlling the minds and bodies of people deemed "other." Mbembe (2019) posited that in the broadest sense, interventions against non-Western peoples were driven by two core assumptions: (a) Non-Western populations should be like "us," and (b) non-Western peoples are not capable of being like "us." Black people in particular bore the brunt of this surveillance and control within the United States, where the political economy relied heavily on the enslavement and dehumanization of African peoples (T. L. King, 2019). The perceived inferiority of Black people guided the development of psychology and its use on these communities, leading to the use of psychology in the acculturation of people to Western capitalism and White supremacy (Danziger, 1990; Myers, 1987). For example, Boykin and Toms (1985) articulated how early education in the United States sought to socialize Black children into norms and values consistent with Western cultural hegemony. As previously noted, these conceptions were given veneers of validity through psychological theory. Consequently, the cultures and heritage of Black youths were seen as contributing to their deficits (Akbar, 1978). Furthermore, any inability to acculturate was imagined to be evidence of innate inferiority (Akbar, 1978). From this context, one can begin to understand how and why psychology historically pathologized and incarcerated generations of racially minoritized people.

### *Anti-Blackness and the conception of psychological diagnoses*

As it pertains to pathology, psychology upheld racist beliefs that supported the United States' cultural, political, and economic structure. Indeed, the concepts of sanity and Blackness in the United States are so historically intertwined that Pickens (2019) argued "within the United States' cultural zeitgeist, there is no Blackness without madness, nor madness without Blackness" (p. 27). For instance, in 1840, the U.S. census report inaccurately reported that free Black people were 10 times
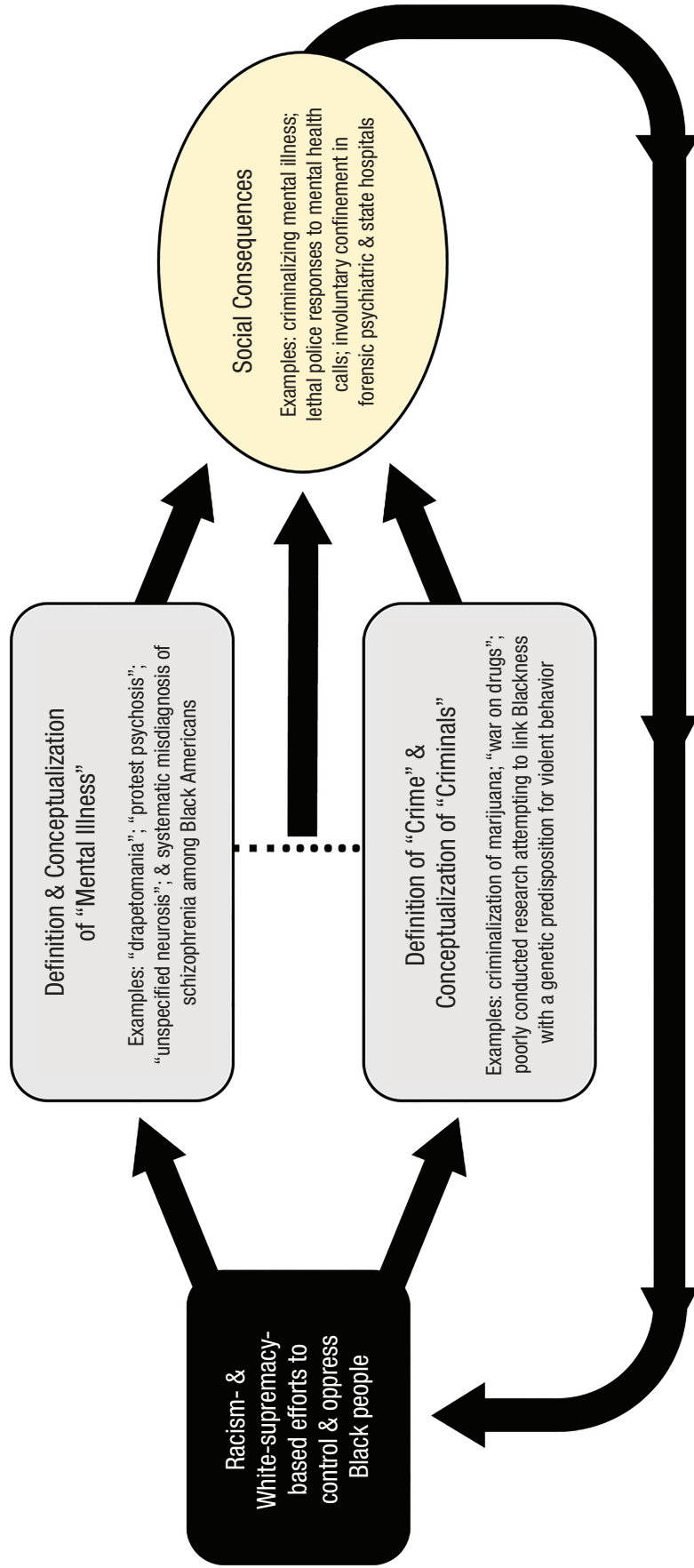
**Fig. 1.** The conception and reproduction of anti-Blackness. Racism-based efforts to oppress and control Black people have shaped and continue to shape the definitions of and institutional responses to "mental illness" and "crime." Given the long-standing intersection between mental health and mass incarceration, psychologists have a responsibility to use their unique roles as mental-health researchers and providers to redefine and reform this system.

more likely to be "insane" compared with Black people who were enslaved. These data were intentionally fabricated to argue that the psyche of Black people was incapable of handling freedom and to justify their continued enslavement (Suite et al., 2007). To further this issue, in 1851, Dr. Samuel Cartwright published an article in which he claimed to have identified a new mental-health disorder specific to Black people known as "drapetomania." Cartwright described drapetomania as a form of mania that manifested as an uncontrollable desire to run away from the White master (Suite et al., 2007). Such racism continued to guide the development and application of psychological diagnoses for nearly 2 centuries. It is within this context that American psychologists, inspired by the works of Galton and Piaget, among others, contributed to an attempted genocide through eugenics. As noted by Yakushko (2019), "A review of the official publications of American eugenic societies reveals that 31 presidents of the American Psychological Association between 1892 (Stanley G. Hall's presidency) and 1947 (Carl Roger's presidency) were publicly listed as leaders of various eugenic organizations."

These leaders in the field of psychology contributed to shifting U.S. state laws to broadly adopt eugenicist policies (e.g., forced-sterilization policies; Kaelber, 2012). Such policies, in turn, buoyed broad conceptions of Black people, among other minoritized groups, as naturally inferior and harmful to the advancement of Western civilization. Indeed, Black people were disproportionately diagnosed with ill-fitting diagnoses on the basis of tests intentionally designed to venerate White biological and cultural superiority, diagnoses that directly led to the institutional hospitalization and sterilization of Black people (Yakushko, 2019). These diagnoses continued to be wielded politically toward the end of the 20th century. Specifically, diagnoses have been consistently used to pathologize Black protest movements and Black political leaders (Metzl, 2010). For example, Bromberg and Simon (1968) conceptualized "protest psychosis" to describe Black people they were observing in their inpatient hospital who were active members of radical Black protest movements.

Racism also shifted how diagnoses were conceived, which continues to affect Black people today. For example, schizophrenia's criteria were gradually revised to more efficiently capture how Black people were presenting in hospitals in the mid- to late 1960s (Metzl, 2010). The diagnostic criteria of schizophrenia began to reference the types of "aggression" and "paranoia" that were believed to be characteristic of Black patients. Such shifts in the cultural application and conception of psychotic disorders still disproportionately affect Black people. For example, even when Black and White people present with similar symptoms, Black people are significantly more likely than White people to be diagnosed with psychotic disorders, whereas White people are more likely to be diagnosed with mood disorders (E. K. Schwartz et al., 2019; R. C. Schwartz & Blankenship, 2014). These racial biases in diagnosis are especially alarming because psychotic symptoms, even when below clinical threshold, are associated with substantially heightened rates of incarceration and involuntary hospitalization (Narita et al., 2022; Swanson et al., 2009). Furthermore, experimental evidence has demonstrated that specifically for Black people, the presence (vs. absence) of symptoms associated with psychotic disorders (e.g., talking to self loudly, "erratic behaviors") is associated with increased public support for the use of police force (Kahn et al., 2017). In contrast, for White people, the perceived presence of these same symptoms serves as a protective factor and is associated with *decreased* public support for the use of police violence (Kahn et al., 2017). The impact of these racial biases is not limited to adults with perceived psychotic disorders. For example, Black youths historically have been denied the category of adolescence, have had their mental-health needs ignored, and have been disproportionately diagnosed with oppositional defiant disorder and other conduct disorders, which increases their risk for incarceration starting from childhood and adolescence (Atkins-Loria et al., 2015; Galán et al., 2022; Goff et al., 2014; Henning, 2013). Thus, the influence of racism on the conception and application of psychological disorders has reinforced the disproportionate institutionalization and incarceration of Black people.

## Institutionalization and incarceration of Blackness

Involuntary and indefinite confinement has historically been used as a method of cultural control within the United States (Teuton, 2014). Although these methods are not solely rooted in the practice of psychology or psychiatry, as noted, these fields have often given such practices a veneer of scientific validity. Indeed, the history of psychiatric institutionalization and community control by mental-health professionals led Wright (1974) to conclude that the discipline had historically been leveraged for war against Black populations. On the basis of anti-Black construction of mental-health disorders, myriad hospitals were built to enforce social control. For instance, the Central Lunatic Asylum for Colored Insane, the first state psychiatric hospital for Black people, forcibly institutionalized thousands of Black people in Virginia beginning in 1870 (Peterson,

2021). Hospital archives reveal that Black people were taken from their communities and enslaved on the belief that freedom produced mania and forced labor was an adequate treatment (Peterson, 2021). Throughout the 20th century, these practices were common. On the basis of the eugenic laws supported and championed by psychologists, Black people, and Black women specifically, endured disproportionate and forced sterilizations and confinement (Kaelber, 2012). For instance, the Human Betterment Foundation oversaw the forced sterilization of thousands of Black patients in psychiatric institutions based on perceptions of mental defect (Kaelber, 2012). Late in the 20th century, these practices were still common. The Ionia State Hospital for the Criminally Insane in Michigan justified the lifelong confinement of Black men until it was closed in 1977 (Metzl, 2010). Specifically, the institution enacted control through disproportionate application of culturally stigmatized diagnoses, such as the aforementioned "protest psychosis" that pathologized the very act of Black political resistance. Beyond disrupting the freedom and humanity of generations of Black people, the impact of these institutions still contributes to medical mistrust among these communities. Furthermore, human-rights abuses within psychiatric institutions have received global attention (Whaley, 2004; World Health Organization, 2021). Also contributing to mistrust has been the historic role of psychologists in coordination with state social services disproportionately disrupting and breaking apart Black families. However, a full overview of the impacts of the foster-care system is beyond the scope of this review (see D. Roberts, 2022).

The field of Black/African-centered psychology was conceptualized and developed to address the rampant harm and exploitation of Black people in the United States and throughout the world (White, 1970; Wright, 1974; X [Clark] et al., 1975). While acknowledging the diversity of cultural, ethnic, and historic experiences among African-descendent peoples, Nobles (1991) noted several cultural similarities that tied distinct groups together through migration and cultural exchange. These cultural similarities, what Myers (1987) termed the "deep structure of culture," became the theoretical foundation for Black/African-centered psychology. Thus, according to Grills (2006), Black/African-centered psychology "represents an Africentric framework . . . a genre of thought and praxis rooted in the cultural image and interest of people of African ancestry." (p. 172). Furthermore, scholars such as Amos Wilson, Kobi Kambon, and Daudi Azibo formally integrated Black/African-centered psychology and liberation psychology by theorizing on the connections between political systems and collective well-being for Black people (Jamison, 2013). As noted by Jamison

(2013), the actual integration of psychology, spirit, radical politics, and liberation to counter cultural hegemony did not occur within academia. Rather, it can be seen in lives of various Black and African revolutionaries (e.g., Dutty Boukman, Cecile Fatiman, Nat Turner, Apongo, Nzingha Mbande) and the everyday men and women who survived and protected their loved ones (Hartman, 2019; Maat, 2010). Note that although there has been substantial empirical work based on theories of African-centered/Black psychology, approaches based in Afrofuturism and Afropessimism also have substantial theoretical grounding. These approaches provide alternatives for understanding the scope of the problem and imagining possible solutions (e.g., Bowleg et al., 2022; Pickens, 2019).

It is important to emphasize that historicizing the harms against Black people that we described above does not distance contemporary people from these effects. Indeed, White nationalists in the modern day continue to leverage the legacy of these works (Hemmer, 2017). Many communities continue to maintain a mistrust of the field because of legitimate experiences of harm (see Utsey, 2021). At present, the carceral history of psychology remains relevant to research, practice, and policy solutions generated from the discipline of psychology. In fact, the APA is still recovering from a recent scandal in which the organization supported the indefinite confinement and torture of international prisoners in the United States (Gómez et al., 2016).

Within that context, the APA recently released a review of psychology's historical contributions to racism in the United States (APA, 2021). Although the report expresses APA's commitment to combating racism and attempts to highlight the progression of psychology toward a more just field, such a movement cannot be authentic without acknowledging the organization's and the profession's current intersections with the criminal legal system (APA, 2021). Furthermore, as noted by A. N. Wilson (1993), the myth of recounting history as "progress" risks ignoring how people have both "integrated" and "disintegrated" throughout time (p. 8). That is to say, it risks discounting increases in societal harm that run counter to frames of progress. Thus, the Association of Black Psychologists, Inc ([ABPsi], 2021) issued a denial of the apology based on a recognition of the continued harm perpetuated by the field at large on Black people.

Ultimately, the persistent conflation of dangerousness, madness, and Blackness has continued to result in the deaths of Black people who need care and understanding, from the beating of Billy Ray Johnson to the killing of Elijah McClain (Glasrud, 2014; Hutson et al., 2022). Such moral failures reveal the need for psychology to deliberately address and reimagine its

relationship to justice if the field is to guide the nation toward practices and policies that center mental health and well-being. This begins by examining how psychological research has contributed to a century of anti-Black criminalization.

## Black Oppression and Exclusion via Psychological Research

Throughout its history, research on psychological science has (a) used active and passive discriminatory practices to advance harmful narratives about Black people and (b) systematically neglected to center the experiences of race and related psychological phenomena among Black people. These practices have resulted in the degradation of Black communities and gatekeeping of potential benefits to these communities from advances in knowledge and interventions gleaned from psychological science. Epistemic oppression is persistent, and systematic exclusion hinders advances in knowledge in a given area. We reflect on two primary examples below, while acknowledging that sadly many more examples exist, to highlight the damaging effects of discriminatory research practices and pervasive epistemic oppression in psychological science on the well-being and livelihood of Black communities (Held, 2020). We discuss how these harmful research practices have been leveraged to justify the policing and mass incarceration of Black people. Furthermore, we emphasize how the field of psychological science continues to remain complacent regarding these issues.

### *What about integrity (Principle C)? Psychology's history of pathologizing and othering Black people via research malpractice*

Principle C: Integrity, of the APA's (2016) *Ethical Principles of Psychologists and Code of Conduct*, states that "psychologists seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology." To embody this principle of integrity, one must first reflect on the sordid past and present of psychology's and psychiatry's joint roles in the oppression of Black people. Throughout the history of psychological and psychiatric research, many scientists actively attempted to link Blackness with a biological predisposition toward violence and criminality. Methodological and statistical malpractice were the most common tools used to achieve this goal. Examples of such malpractice include investigations seeking to explicitly link criminal "traits'' with Blackness and publications reporting spurious interpretations of individual-level factors as the

central cause of differences between groups to further dehumanize already "othered" groups (Held, 2020). A more extensive review of similar examples of methodological and statistical malpractice follows.

We would like to believe that these types of targeted studies are a historical artifact for the field (i.e., studies attempting to explicitly and "biologically" link Blackness with character deficits, problem behaviors, and criminal traits). However, it is important to recognize that such studies are still conducted and continue to permeate the modern literature and collective subconscious, including appearing in psychology textbooks (Dupree & Boykin, 2021). Take, for example, a study published in 2020 in the journal *Intelligence*, which reported findings linking lower intelligence quotient (IQ) scores with increases in behavioral problems among a sample of mostly minoritized racial and ethnic youths from families earning incomes below the federal poverty line (Kavish et al., 2020; for a more extensive critical analysis on this topic, see Giangrande & Turkheimer, 2022). Another study published in 2020 in the journal *Sexual Assault* used a dichotomous race/ethnicity variable (White vs. "non-White") and reported that non-White adolescents were more likely to be early-onset sexual offenders compared with White adolescents (Rosa et al., 2020). Clearly these practices are an ongoing issue that must be addressed head on. Furthermore, in lieu of actively conducting research promoting anti-Black sentiments, many psychological scientists remain complacent, continuing to perpetuate unjust practices that harm Black communities through spurious interpretations of data and (un)witting dissemination of existing harmful literature (e.g., reporting race differences in outcomes without contextualizing these health outcomes in relation to structural racism). Whether intentional or not, these practices perpetuate deterministic conceptualizations of Black people as inevitable predators or hopeless lost causes and function to justify the overpolicing and incarceration of Black communities (Cross, 2003; Potts, 1997).

***Harmful research on biologically based determinants of criminality.*** One of the most egregious examples of active research malpractice is demonstrated by attempts to link the biology of young Black people, especially males, with aggression, violence, impulsivity, callousness, and other trait-like characteristics, relegating them to criminal status. Scholars such as Harriet Washington (2006) have chronicled this history of degradation, offering detailed accounts of how psychological and psychiatric research have blatantly and vociferously perpetrated these harms. For example, she described a study conducted by psychologists at Columbia University between 1992 and 1997 that was focused on elucidating

genetic and family risk factors for antisocial behavior (Pine et al., 1997; Wasserman et al., 1996). Researchers in this study intentionally restricted their sampling to Black and Hispanic younger brothers of justice-involved youths living in underresourced neighborhoods. In fact, Washington's investigative work revealed that although the sample reported was 44% Black and 56% Hispanic, the Hispanic boys were in fact Black Dominicans, suggesting that Black youths were targeted specifically (Pine et al., 1997; Wasserman et al., 1996). In addition to assuming a genetic basis of delinquent behavior, the investigators further presumed that "bad parenting" among low-income, Black parents contributed to producing delinquent children (Washington, 2006). Note that "bad parenting" in this case was used as a catch-all term that encapsulated a range of factors that are more systemic than characterological (i.e., "parental psychopathology" and "adverse rearing environments"). Moreover, these investigators used coercive methods to recruit young Black boys into their study. For example, although it is illegal to share legal records of minors, the Department of Probation cooperated with the researchers and identified justice-involved older brothers, enabling the researchers to contact their families and recruit their younger brothers. Some parents, citing fear of retaliation that might negatively affect their justice-involved sons, felt pressure to consent to participation. These researchers demonstrated clear biases and a lack of respect for Black families as they wielded knowledge of the fears Black parents held that their children would be victimized by the justice system. Thus, this knowledge was used to coerce participation in research studies that were degrading to the families and actively harmful to their children.

In addition to these predatory recruitment strategies and biased hypotheses, the methodology employed by the investigators demonstrated a clear disregard for the safety of young Black people in the pursuit of evidence confirming biased preconceptions linking Blackness with delinquency. Specifically, the investigators administered a serotonergic drug called fenfluramine, which floods synapses with serotonin and inhibits reuptake. This increased synaptic serotonin leads to rises in prolactin levels, which are used as a proxy measure for serotonergic activity. Fenfluramine was selected because prior studies had shown that retrospective reports of chronic aggression in childhood predicted a blunted prolactin response to fenfluramine, leading the researchers to hypothesize that the association between aggression and blunted serotonergic activity may arise early in life (Pine et al., 1997). However, fenfluramine had never before been used with young children and had known side effects, including anxiety, headache, diarrhea, nausea, and irritability (Washington, 2006).

Furthermore, other studies had shown associations between fenfluramine usage and heart-valve damage and pulmonary hypertensions, and these reports and Food and Drug Administration warnings about the use of fenfluramine were already circulating during the time these studies took place (see e.g., Connolly et al., 1997) Nevertheless, the researchers felt justified in leveraging this dangerous methodology in their study with Black children. Restricting the sample to Black youths made it impossible for readership to conclude anything *other* than spurious claims about Black youths and violent traits (Pine et al., 1997; Washington, 2006; Wasserman et al., 1996).

In addition to her critique on the suite of fenfluramine studies, Washington (2006) also described prior studies that have advanced false narratives regarding the biological determinism (i.e., the belief that most human characteristics are determined objectively by hereditary factors and are thus uninfluenced by social and environmental factors; for additional examples, see Belkhir & Duyme, 1998; Guthrie, 2004) of violence in Black people. One such study examined associations between low intelligence and heightened aggression, violence, and propensity for criminality with the presence of the XYY genetic anomaly (Borgaonkar, 1978; Borgaonkar & Shah, 1974). This study was conducted among a mostly Black (≈85%) sample of adolescent boys, most of whom were wards of the state (Borgaonkar, 1978; Borgaonkar & Shah, 1974). This anomaly was assumed to reflect a type of "supermale-ness" because of the extra Y chromosome. None of the many studies conducted provided any evidence to support that the XYY genetic anomaly was more prevalent in Black men. This willingness to waste time and resources in pursuit of uncovering these associations further illustrates how these deeply held stereotypes propel malicious and misguided studies.

The aforementioned studies demonstrate a clear bias toward investigating genetic and biologically based determinants of violence among minoritized youths specifically. From the mission advanced by funding agencies (i.e., researching biological bases for psychopathy and delinquency) to the study design, recruitment tactics, hypotheses, procedures, and writing, there is a clear path for bias and vested interests to affect the research process at every turn. Furthermore, when these atrocities *have* been brought before courts, justice for these families and communities has proven elusive (Washington, 2006). This lack of justice signals to Black families and communities that they are neither valued nor protected if they participate in psychological and psychiatric research. This willful disregard for basic respect and well-being, lack of accountability, and disproportionate benefit to White populations have in

concert created a deep sense of distrust among Black communities regarding the safety and likelihood of any potential benefits that may arise from participation in psychological and psychiatric research (George et al., 2013; Scharff et al., 2010). And are such fears not warranted? Such practices are by definition at odds with the ethical standard stating that psychologists' duty is to seek to promote accuracy, honesty, and truthfulness in the science, teaching, and practice of psychology. Stated plainly, psychologists must do better.

***Case examples of recurrent passive acceptance of continued degradation of Black communities.*** Attempts to locate violence in the biology of Black people have thwarted efforts to address the system drivers of social inequities (i.e., disparities in education, employment, or access to effective and holistic health care among these communities). Indeed, such sentiments of biological determinism relating to psychological outcomes continue to be reified in modern-day popular scholarship in the fields of behavioral psychology and genetics (e.g., Plomin, 2018). Beyond the personal toll on Black individuals, yet another devastating result of this pattern is that resources and favorable policies are diverted away from Black communities, perpetuating and reinforcing cycles of poverty, racism, and, ultimately, systemic oppression (Gee & Ford, 2011). In addition to the history of psychologists and psychiatrists actively pursuing racist research agendas, psychological science has and continues to passively permit practices that similarly harm Black individuals and communities. For example, the field has largely failed to challenge persistent and common racist stereotypes that dehumanize and stigmatize Black people. Some examples of the most enduring among these stereotypes include attempts to illustrate Black people as (a) less intelligent and (b) more likely to use and deal drugs than non-Black people.

*Problematic research on intelligence, delinquency, and Blackness.* As a case example, take the highly cited study (nearly 900 citations) by Lynam and colleagues (1993), in which they examined the relation between IQ and delinquency. In their discussion, they made several harmful claims as they attempted to justify why the inverse correlation they found between IQ and delinquency was stronger among Black boys than White boys, including:

> Blacks are disproportionately represented in depressed, unstable, and socially isolated inner-city communities (W. J. Wilson, 1987) . . . we suggest that school failure plays a more important role for Black boys because school provides a source of social control that is lacking in the neighborhood. The boy who finds school so

frustrating that he rejects it and what it represents is removing himself from its control and influence. Neighborhood delinquents and pressures are free to rush in and fill the void. (p. 195)

In this example, the authors reinforced the use of racial disparities in IQ tests as a meaningful determinant of negative psychosocial outcomes and, in particular, the racist conceptualization linking lower IQ among Black youths with delinquency. In addition, they blame Black families and communities for failing to provide adequate degrees of "social control" over their Black youths. They also condemn Black boys themselves, who are depicted as personally responsible for school failure and for becoming so frustrated that they stop identifying with school values of conformity. Together, this rhetoric blames delinquency on Black families and neighborhoods as well as individual Black boys without discussing social context (Cross, 2003).

Despite segregation being ruled unconstitutional in 1954 and strides made toward equitable access to educational opportunities among Black communities, biases persist that negatively affect the experiences of Black youths in school settings (Noguera, 2003). Among many issues, pervasive beliefs that Black youths are not interested in or capable of learning engender lower expectations of Black youths that, in turn, negatively influence educational outcomes (Gershenson et al., 2016; Leath et al., 2019; Neblett et al., 2006). Furthermore, Black youths experience disproportionately harsh school punishments compared with their White peers who exhibit similar or worse behaviors (Gopalan & Nelson, 2019; Government Accountability Office, 2018; Okonofua & Eberhardt, 2015; Riddle & Sinclair, 2019). Black youths also face inequitable distribution of school resources, such as selection for talented and gifted programs, to foster their educational advancement (Grissom & Redding, 2016). Finally, a lack of racial representation among educators and cultural representation within curricula have been linked to less academic motivation and persistence for Black children (Gordon et al., 2009; Grissom et al., 2009; I. Hilliard, 1991; Lindsay & Hart, 2017). Considering this context opens a range of alternative explanations for why some Black boys may "find school so frustrating" and ultimately "reject it," if it is even fair to use that language in the first place. Still, given that this article has been cited nearly 900 times (although we hope many of these citations are from articles refuting the authors' harmful claims), it is safe to say that many psychological scientists have used these ideas to inform their own research with Black youths. This highlights the insidiousness of how racist stereotypes spread and ultimately undermine the integrity of the field's science and the well-being of Black

communities. In addition, these stereotypes manifest beyond psychologists' respective academic silos and the field at large to permeate popular culture. In this way, these sweeping generalizations and rushed judgments engender the very stereotypes and thinking that make it so easy for cops to pull their triggers a little more willingly (Plant & Peruche, 2005; Pleskac et al., 2018; Swencionis & Goff, 2017) and for judges to hand down harsher sentences more readily for Black offenders (United States Sentencing Commission, 2017).

These ideas permeate beyond public opinion and perception into public policies that have continued to undermine the well-being of Black communities for generations, unchallenged and uncorrected by psychologists for far too long. For example, early liberal-identifying social scientists, such as Daniel Moynihan, espoused ideals using terminology such as "tangle of pathology" to refer to the economic inequality and psychological impacts of racism experienced by Black Americans (Hinton, 2017). Drawing on social-science research and psychological theory, Moynihan argued that delinquency, crime, unemployment, and poverty resulted from unstable Black families, further engendering a sense of pathology specific to Black people (Hinton, 2017). Although Moynihan appropriately attempted to impart upon then President Johnson the importance of recognizing the role of the federal government in helping Black communities by examining lingering institutional racism, President Johnson ignored these pleas. Unchecked, President Johnson selectively embraced Moynihan's statements about the instability of Black families to justify the development of programs that merged the War on Crime with the War on Poverty. Specifically, he introduced new surveillance programs that eventually gave rise to the current carceral state in America (Hinton, 2017).

*Harmful research on drug use among Black people.* As another example of psychological science failing to debunk—or even actively perpetuating—racist stereotypes with harmful downstream consequences, many studies have sought to link Blackness with elevated rates of drug dealing and drug use. However, empirical evidence indicates that Black people are no more—and in many cases, less—likely to deal or use drugs compared with non-Hispanic White people, a trend that has been consistent since the late 1970s (Bachman et al., 1991; McCabe et al., 2007; Welty et al., 2016; Wu et al., 2011). For example, among previously detained youths assessed over a period of 12 years following release, substance use disorders were most prevalent among non-Hispanic White people and least prevalent among Black people at each of the five follow-up time points (Welty et al., 2016). This was true for all substances, including alcohol, marijuana,

cocaine, hallucinogens, PCP, opiates, amphetamines, inhalants, sedatives, and other unspecified drugs (Welty et al., 2016). However, the "War on Drugs" has effectively stigmatized Black people who use substances as "dangerous others" who are either unable to be or unworthy of being helped. Simultaneously, it has garnered public sympathy around the disproportionately elevated rates of heroin and prescription opioid use among predominantly White populations (Netherland & Hansen, 2016; Schuler et al., 2021). These narratives demonizing and targeting Black people who use substances have continuously reinforced racist policies increasing policing in Black communities and, until recently, have heightened sentencing recommendations for even first-time, minor drug charges (Cooper, 2015; Lynch, 2012).

Indeed, Black people continue to be disproportionately arrested for cannabis possession compared with White people, including in states that have decriminalized or legalized cannabis (E. Edwards & Madubuonwu, 2020). This is yet another example of oppression of Black people reinforced by the perpetuation of characterological fallacies that attempt to synonymize drug use with immorality, antisocial traits, delinquency, and, ultimately, Blackness. These policies and practices have resulted in the imprisonment of generations of Black people at rates far higher than their White counterparts for similar behaviors (Camplain et al., 2020; Cooper, 2015; Lynch, 2012), and the associated stigma and stereotypes persist today. We want to be clear that we are not calling for increasing criminal sentencing for White people who use drugs. Rather, we advocate for decriminalization of drug use in service of destigmatizing substance use behavior, decoupling associations between drug use and criminality, and abolishing the racist criminal-legal-system practices that have targeted and harmed Black people for generations (for further reading on this topic, see Earp et al., 2021).

Psychological and psychiatric researchers who understand the highly complex underpinnings of substance use have, despite some efforts (e.g., Hart, 2017; Heilig et al., 2021), failed to effectively oppose these mischaracterizations and the racist policies they engender. Moreover, the field's historically misguided and unethically reported research and the interpretations provided by researchers are often (mis)used to directly guide racist media messages and policies. Even when psychologists are not conducting such harmful studies and analyses, they often fail to acknowledge how these prevailing messages have downstream effects on the public and public policy. This is likely in part because most of them have yet to realize their role in perpetuating these narratives and the responsibility they bear to provide accurate information about drug use and addiction to counter these egregious mischaracterizations.

Doing the research and publishing findings is simply not enough; it is imperative that psychological science move toward an advocacy model to intentionally center anti-racism in the field's work to effectively curtail these avoidable negative impacts on Black communities.

## What about justice (Principle D)? How psychological science has failed to accurately examine and represent Black experiences

Principle D: Justice, of the APA's (2016) *Ethical Principles of Psychologists and Code of Conduct*, states that "psychologists recognize that fairness and justice entitle all persons access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists." However, psychological science has failed and continues to fail to represent Black people in research both as participants and investigators, resulting in an "omission of concepts embedded in the lived experience of othered peoples" (Held, 2020, p. 350). Systemic exclusion of experiences of race and related psychological phenomena among Black people leads to a dearth of possible benefits of psychological science for these populations and further perpetuates a willful ignorance about the experiences of these groups.

### Exclusion of Black people from intervention and assessment research.
Not only have many stigmatizing studies systematically recruited only low-income Black families to bolster deterministic agendas as described above, but others have systematically excluded these populations when there may be some benefit to their participation. For example, throughout the history of intervention research in psychology and psychiatry, most randomized controlled trials (RCTs) of treatments for psychopathology, including depression, schizophrenia, bipolar disorder, and attention-deficit/hyperactivity disorder, have included very few, if any, Black people in their samples. Data pooled from a 15-year period between 1986 and 2001 demonstrate that only 6.7% of the approximately 10,000 participants in these various RCTs were members of minoritized racial and ethnic groups (Miranda et al., 2003; Office of the Surgeon General et al., 2001). In fact, ethnicity was reported in less than half of those RCTs, and not one clinical trial reported the efficacy of the developed treatments among minoritized racial and ethnic groups (Miranda et al., 2003; Office of the Surgeon General et al., 2001). These norms in racial selection in intervention research perpetuate health disparities because treatments are selectively validated among homogeneous

groups of White and wealthy individuals and thus may not be generalizable to Black people and populations with lower socioeconomic status.

These exclusionary practices have also severely biased the development of standardized tests that are widely used in educational and assessment settings, which was brought to light by Robert Williams (1971) in his work demonstrating the misuse of IQ testing for Black children. In fact, because of the aforementioned misalignment and misuse of IQ testing on Black children, the Bay Area branch of ABPsi successfully demonstrated this harm in *Larry P. v. Riles* (1979). A group representing Black students who had been placed in special education classes because of performances on IQ tests sued the San Francisco Unified School District for racial bias and discrimination. The judge decided in favor of the students and placed a moratorium on IQ testing of Black students based on evidence of clear cultural bias.

### Exclusion of research on experiences of Black people from publication.
In addition to lack of representation of Black participants in intervention and assessment research, the exclusion of research by Black scientists from high-impact academic journals actively silences these perspectives and perpetuates the White-washing of studies on experiences of race. Research on mass incarceration, police brutality, the criminal legal system, and related topics is often segregated to "specialty" journals when these topics should be of import to broader audiences. Indeed, issues that disproportionately affect Black people are rarely featured in high-impact journals that reach wide, often majority-White audiences.

S. O. Roberts and colleagues (2020) effectively illustrated the magnitude of this issue by demonstrating the extent of exclusion of psychological studies examining racial and ethnic experiences from top journals in psychology, especially those with the broadest readership. Among approximately 26,000 publications sampled from the 1970s to 2010s in cognitive, developmental, and social psychology, S. O. Roberts and colleagues identified several striking trends. First, only about 5% of publications highlighted race at all (i.e., mentioned racial categories, racial identity, racial segregation, racial stereotyping, racial inequality), indicating that within the subfields of psychological science, questions centering racial and ethnic experiences and their relation to psychological constructs are systematically excluded. They additionally found that a startlingly small minority (5%) of editors in chief were people of color, and 93% of manuscripts on race were edited by White editors. More shocking is their finding that greater proportions of White editorial board members

predicted fewer publications that highlighted race being accepted (S. O. Roberts et al., 2020). Finally, among publications highlighting race, approximately half of participants in those studies were White, indicating that published articles on race and racialized experiences rarely focus solely on the experiences of minoritized racial and ethnic groups. We also note that White participants were significantly more common in articles authored by White researchers, whereas participants of color were more represented in publications authored by researchers of color. When we consider that there are many fewer researchers of color than White researchers, this statistic becomes even more unsettling. Together, all of the aforementioned harmful exclusions—of the study, inclusion, and support of Black people via psychological research—both actively and passively serve to continuously other Black people. Specifically, neglecting to publish scientifically rigorous, inclusive research thoughtfully conducted by scientists with diverse perspectives is just as damaging to Black communities as publishing spurious and misleading studies that encourage dangerous interpretations. The unfortunate reality is that much of the field's research is not meeting the standard of permitting *all* persons access to and benefit from the contributions of psychology and to equal quality in the processes, procedures, and services being conducted by psychologists. Undoubtedly, psychologists must change psychological research practices and the structures that uphold them to ensure the field does not continue to perpetuate these harms (see Table 1).

Given the broad recognition of mass incarceration's disparate and deleterious effects on Black communities, many researchers and advocates have pushed for reform that centers mental-health care (e.g., Kaba, 2021; Klukoff et al., 2021; O'Brien et al., 2020). These reforms may ideally be situated into areas of clinical practice in which psychologists work with legally involved individuals, given that their key roles as researchers *and* clinicians can affect the wellness of individuals and communities with whom they work. Therefore, it is crucial to consider the ways in which mental-health care and the criminal legal system intersect in complicated ways for psychologists. We turn now to describing the issues ingrained in these overlapping systems.

## Harmful Interplay Between Mental-Health Care and the Criminal Legal System

Psychologists' clinical skill and content-area expertise afford power in influencing the lives of others at multiple levels—from conducting clinical research to providing therapeutic services to advocating for policy change. The ethical principles set forth by the APA (2016) implored psychologists to use this power to "safeguard the welfare and rights of those with whom they interact professionally and other affected persons." Yet the predominant system of mental-health-crisis response in the United States is grounded in a criminal legal system that disproportionately harms individuals with mental illness, Black people, and people who have both identities (e.g., F. Edwards et al., 2019). Mental-health-crisis response is undeniably within the professional purview of psychologists, suggesting that the field is complicit with a system that is damaging to the welfare of many persons. The complexities of the intersection of mental-health care and the criminal legal system are further pronounced for psychologists working in correctional or legal settings, in which many clients are Black (Office of Juvenile Justice and Delinquency Prevention 2019). Advocating for individual clients and for the disrupting and dismantling of the larger systems in which these clients are placed (e.g., incarceration, welfare) is at times in competition with psychologists' responsibilities as employees of correctional or legal settings. We review the specific issues that arise from the dual roles of psychologists in these settings and the deleterious overlap of mental-health-crisis response and the criminal legal system more broadly. We then highlight ways in which psychologists can actively strive to mitigate associated harms.

## Systemic biasing in forensic evaluations

Psychologists have myriad responsibilities in correctional- and justice-system settings, including evaluating justice-involved individuals through psychological, forensic, and immigration assessments; treating mental, behavioral, and criminogenic concerns; managing and coordinating care within an interdisciplinary team (e.g., crisis intervention); and consulting on staff training and organizational culture. Such complex roles can lead to competing ethical demands, which can become antitherapeutic in these coercive environments. Specifically, clients are at substantial disadvantage of power beyond the typical therapist-client dynamic by nature of their incarceration and legal involvement (Birgden & Perlin, 2009).

A central role of many forensic psychologists is to conduct psycho-legal evaluations at the request of attorneys or the criminal, civil, or family court. These evaluations are used to make significant decisions about a person's legal future. Despite the weight that these assessments can hold, forensic psychologists are

**Table 1.** Recommendations for Addressing Psychology's History of Research Misconduct and Harm Toward Black Communities

| Initiative | Action |
|---|---|
| *At the level of individuals and academic departments* | |
| Educate budding psychologists about the historical maltreatment of Black and other minoritized racial and ethnic communities in the context of psychology research malpractice | • Update syllabi, readings, and course materials to foster a more thorough reflection on psychology's maltreatment of Black and other communities of color beyond the classic examples (i.e., Milgram and Tuskegee experiments)<br>• Use effective teaching strategies (Burnes & Singh, 2010): (1) Use of course readings to increase knowledge, (2) including self-examination and self-reflection exercises in courses, and (3) bridging this knowledge and awareness-based learning with experiential learning activities<br>• Facilitate critical examination of ongoing research and the ways in which specific framing, studies, or programs of research may be interpreted or used for harm by oppressive systems (see e.g., Buchanan et al., 2021) |
| Diversify course readings and materials to introduce a more holistic and equitable narrative | • Elicit faculty commitment to dedicate consistent attention and effort toward engaging in equitable teaching practices that center diversity, equity, and inclusion<br>• Develop and provide resources for faculty to diversify existing syllabi with more articles authored by Black scientists and scientists of color, articles specifically within the field of Black psychology, and articles that specifically examine experiences of race and related psychological phenomena (see e.g., https://heystacks.org/doc/425/bipoc-authored-psychology-papers)<br>• Engage faculty in yearly updates to their syllabi and create a departmental syllabi review committee to assess the appropriateness and diversity of included readings, materials, etc.<br>• To foster engagement in syllabus diversification, evaluate faculty on their use of diversified syllabi and incorporate these ratings into course evaluations that students can access before course selection to inform whether a course is right for them |
| • *At the level of journals & funding agencies* | |
| Create structures to promote equitable research practices among journals and funding agencies | • Make clear the journal's or funding agency's standards for publication and grant funding (i.e., "minimum standards of equity"), such as prioritizing studies that center experiences of race, meaningfully diverse samples, or samples with a majority of people from minoritized racial backgrounds, and those proposed by Black scientists and other scientists of color<br>• Explicitly instruct reviewers to consider the racial/ethnic makeup of the sample, particularly if the content of an article or grant involves the study of race and related psychological phenomena<br>• Encourage reviewers to consider the backgrounds of the writers of the article or grant in relation to the content<br>• Establish "equity committees" among journals and funding agencies to ensure that publication of studies examining diverse populations and authored by diverse scientists are being accepted at more equitable rates<br>• Incorporate more diverse members on journal and funding agency boards and selection committees to ensure a more equitable selection process and distribution of resources, which will promote more equitable (and interesting) science<br>• Create pools of funding to be allocated specifically for studies that will center experiences of race and related psychological phenomena and/or the creation and validation of community-based interventions to address the lingering impacts of systemic oppression |
| Acknowledge past harms and prevent continued misinformation | • Acknowledge past harms and actively prevent their recurrence by recalling past articles when the harm or potential for harm is particularly pronounced<br>• Retroactively append articles with a disclaimer signaling recognition of the potential harm and guidance to ensure that data and claims be interpreted in the proper context |

expected to provide an unbiased and objective opinion on the basis of data collected in an evaluation (APA, 2013; Heilbrun et al., 2009). Risk-assessment tools were developed as a structured guide with which to make a professional judgment on potential future risk of dangerousness or legal involvement. Forensic psychologists use risk-assessment measures for many psycho-legal questions, such as in the transfer of juvenile defendants

to the criminal legal system and sentencing. These tools are increasingly used in the correctional systems in sentencing decisions (Garrett & Monahan, 2020). Some policymakers and researchers believe that using such measures will reduce the number of detained or incarcerated individuals because they will provide information on rehabilitative needs and guidance for individuals not at highest risk for reoffending (Kopkin et al., 2017). However, risk-assessment measures often rely on static factors (e.g., criminal history, early antisocial behavior; Durose et al., 2014; Kraemer et al., 1997) that are inherently racially biased (Barry-Jester, 2015). For example, Black people are more likely to be arrested compared with White individuals who commit similar crimes (Centers for Disease Control, 2019; Rovner, 2016). Further exacerbating these rates of arrest is high levels of policing in Black communities (Crutchfield et al., 2012; Fagan et al., 2016). Therefore, risk-assessment measures that use previous arrests likely selectively increase the overall risk scores of Black people, leading to longer and harsher sentences. In addition, some risk-assessment measures assign risk using variables that have historically served as proxies for race, such as the presence of a single-parent home (e.g., Violence Risk Appraisal Guide; Kröner et al., 2007). Taken together, the construct validity of such risk-assessment measures can and should be called into question because anti-Black racism contributes disproportionate variance across racial groups. Given that the assignment of risk and consequent legal sequelae rely on factors that are likely biased against Black communities, forensic psychologists should be especially critical of the potential mischaracterization and overcriminalization of Black clients.

### The blurry therapeutic line

Psychologists can be put into a complicated position when working with Black people who are currently involved or have a history of involvement in the criminal legal system. Psychologists in these contexts may be expected to act in ways that clash with the ethical principles and standards set forth by the field. Consider the following example from Dr. Chardée Galán, an author on this manuscript, who worked in an outpatient program for youths adjudicated of a sexual offense:

> As part of their treatment, all clients were expected to admit to their offense and develop a narrative detailing their actions, but some clients denied. Although some clients who denied their offenses certainly appeared to want to avoid assuming responsibility, there were absolutely cases in which I wondered if the teen was telling the truth

and had been wrongly convicted. However, my role as a clinician was simply to help my clients accept responsibility for their actions, identify any thoughts or feelings that contributed to unhealthy choices, and help prevent future engagement in these behaviors. To fulfill my role, I had to assume that the system had made a correct decision and ignore everything I know about the flaws of our criminal justice system, including the pervasiveness of racial disparities in conviction and sentencing rates.

And consider this example from Dr. Jeanne McPhee, an author on this manuscript, who worked in an outpatient clinic contracted by a specialty court focused on the successful reentry of recently released individuals to provide cognitive-behavioral therapy:

> Working in a clinic in which clients were referred to treatment as a part of their participation in a specialty court was, at times, complicated. Though clients were technically volunteering to participate in treatment, the Court would see any missed appointments as noncompliance with the expectations of therapy and, with repeated missed appointments, set forth a series of sanctions on the individual. This put us as clinicians in a tough spot: how do we encourage "voluntary" participation in treatment when the Court is threatening to impose sanctions based on their interpretation of the events? Further, how do we assert our independence from the Court in the treatment room to promote an environment of trust and rapport when our required reporting of missed appointments can lead to sanctions? As much as we tried as therapists to advocate for our clients by explaining the normative difficulty of engaging in treatment, we had a fine line to walk given our involvement with the Court's contract.

As described above, therapists involved in court-mandated treatment programs are often asked to attempt to achieve a challenging balance. They must aim to remain true to their roles as clinicians while trying to avoid further perpetuating legal-system involvement by having to report on or impose consequences for clients not complying with the expectations set forth for engagement in treatment. Therapists in criminal-legal-system settings may run into the common need to disentangle compliance with treatment from the court's perspective (e.g., attending therapy) from meaningful therapeutic engagement or progress. Likewise, therapists may have to explicate various reasons behind disengagement in services, from the desire to exert

control and freedom over their therapeutic treatment to everyday issues of accessibility (e.g., inflexible work hours, lack of transportation) that may be exacerbated by court involvement.

More complicated, indeed, are therapeutic roles inside jails, prisons, and detention centers, in which a therapist is hired as a corrections officer (CO). According to the Bureau of Prisons (BOP), psychologists working in a correctional facility "function first and foremost as correctional workers" in emergency situations (U.S. Department of Justice, Bureau of Prisons, 2016, Section 3[d]). The BOP acknowledges that in nonemergent situations, psychologists are cautioned to avoid violations of the APA Ethical Code. Such a distinction indicates that the expectations of correctional psychologists in emergency situations may directly compete with those of the ethical guidelines under which psychologists practice. Furthermore, the standards do not specifically address key issues such as (a) psychologists' correctional versus mental-health duties and (b) what is meant by an "emergency" situation. With the title of both "psychologist" and "correctional officer" as well as the expectation that the role of CO comes first in emergency situations, inmates may have difficulties perceiving their clinician as someone who they can trust. This may be especially true given the often problematic and challenging relationships between inmates and COs. Psychologists who work within correctional settings have the ethical challenge of balancing the rights of the clients (the inmates) and the rights of the community in which they are employed (the correctional institution; Birgden & Perlin, 2009). Furthermore, there is a significant imbalance of power within the therapeutic relationship between psychologists and incarcerated individuals. In an extreme example, psychologists may be retained to assess an individual's competence for execution. Despite the ethical principle of beneficence and nonmaleficence set forth by the APA *Ethical Principles of Psychologists and Code of Conduct* (APA, 2016), the outcome of said evaluation may provide the correctional institution or court with evidence with which to carry out an execution of clients. In a less extreme example, psychologists providing treatment in correctional settings may elicit information from incarcerated individuals that, if reported to the institution based on the expectations and reporting statutes of the psychologist's practice within the facility, could warrant further sanctions placed on individuals. Taken together, psychologists providing mental-health care within correctional facilities are forced into a complicated dyad of provider and enforcer, a role that may significantly disrupt their therapeutic alliance with and buy-in from their incarcerated clients. The complexities of this dual role can compromise the value of the service as well as the integrity of its usefulness for mental-health treatment.

Although there is certainly a need for mental-health services for individuals involved in the criminal legal system, psychologists must take caution to consider how best to provide these services while maintaining their therapeutic role in an ethical way. Psychologists are positioned to go beyond advocating against harmful consequences of working *within* specific therapeutic and evaluative contexts in the criminal legal system. They should additionally advocate for positive change *across* the system by using their expertise in mental health and human behavior. Thus, we now turn to the responsibility of psychologists to advocate for the divestment from police involvement in mental-health-crisis response.

## Divesting from police involvement in mental-health-crisis response

Although it is crucial to assess mental-health providers' contributions to the criminal legal system, we must also critically examine the involvement of police in mental-health response. Specifically, we must recognize that racially biased conceptualizations of both criminality and mental illness influence real-world consequences that reinforce the oppression of Black people (see Fig. 1). At present, police are deeply ingrained in the picture of mental health in the United States. In addition to serving as frontline responders to mental-health-crisis calls and their presence in psychiatric hospitals (e.g., Diedrich et al., 2020; Rosenthal, 2016), they are embedded in a system of mass incarceration that is not only a major issue in and of itself but affects disproportionate numbers of individuals with mental illness and Black people (Blankenship et al., 2018; Slate et al., 2013; Subramanian et al., 2018; Vogel, 2011; Zaw et al., 2016). Below we elaborate on the negative consequences of police involvement in mental-health-crisis response, underscore the need to invest in alternative systems of care, and describe specific ways in which psychologists can foster necessary change.

***Detrimental consequences of police involvement in mental-health response.*** Police involvement in mental-health response puts individuals at risk of physical violence via excessive use of force and, at worst, heinously results in the death of those individuals. Shockingly, no less than a quarter of fatal police shootings are of individuals with mental illness, and some estimates suggest up to 58% (Bouchard, 2012; DeGue et al., 2016). Framed differently, people with untreated mental illness are 16 times more likely to be killed during a police

encounter than individuals without a mental-health disorder (Fuller et al., 2015). Moreover, people perceived as having a substance use disorder and a co-occurring disorder are significantly more likely to be characterized as resistant and to have force used against them in police encounters than individuals perceived as having a single mental-health disorder or no mental-health disorder (Morabito et al., 2017). Taken together, these findings indicate that police are not equipped to care safely and effectively for community members with complex psychiatric presentations. Note that public support (based on a mixed-race community sample) for police use of force against individuals with mental illness differs by race. In particular, support for use of force is increased when Black suspected criminals have mental illness (compared with having no mental illness), whereas support is decreased when White suspected criminals have mental illness (Kahn et al., 2017). This public support for use of force against Black people with mental illness, in tandem with increased risk of lethal force (Kraemer et al., 1997) and death by police violence (F. Edwards et al., 2019) among Black people, highlights that police involvement in mental-health-crisis response has particularly damaging consequences for Black people.

Both having negative encounters with police and fearing being a potential victim of police brutality are associated with symptoms of anxiety, depression, and trauma (Alang et al., 2021; Bowleg et al., 2020; Geller et al., 2014). Vicarious exposure to police violence is associated with physiological stress and increased poor mental-health days among Black youths and adults, respectively (Bor et al., 2018; Browning et al., 2021). In addition, having a family member involved in an encounter with police is related to increased depressive and anxiety symptoms over time (Turney, 2021). Thus, the criminal legal system has negative physical- and mental-health impacts, particularly for Black people, through both direct encounters and vicarious exposures to police involvement. Being Black is also associated with greater levels of dissatisfaction and distrust of the police compared with levels of dissatisfaction and distrust found among White people (Hurst et al., 2000). Individuals who identify as having a mental illness similarly have elevated levels of distrust compared with the general population (Thompson & Kahn, 2016). Although this elevated distrust is unsurprising given the increased rates of arrest and police violence against Black people and people with mental illness, it highlights the problematic nature of police involvement in mental-health-crisis response. That is, individuals who justifiably do not trust police have limited options for requesting and receiving trusted support when they experience or encounter a mental-health crisis. Beyond the horrific

rates of violence and concerning contributions to mental-health symptoms, police response to mental-health crises often leads to inaccurate assessment and disposition (Lurigio & Watson, 2010). The absence of expertise in mental-health conditions and lack of standards for training and evaluating practices of cultural humility among people responding to mental-health-crisis calls (Fiske et al., 2021; Hails & Borum, 2003; Moon et al., 2018), combined with insufficient structures to support inpatient care needs have contributed to the criminal legal system becoming a catchall for individuals missed by actual systems of mental-health support (Lamb & Weinberger, 2005; Teplin, 2000). Clearly a different system is needed.

***Establishing alternative systems of community-based mental-health response.*** Community-based responders to mental-health crises should have significant training to support humane and effective responses. Mental-health-crisis response requires skills in de-escalation, crisis stabilization, accurate assessment of the presenting psychological concern and appropriate level of care, and connection to the care services indicated. To date, there has been great variability in the mental-health training afforded to law-enforcement personnel involved in mental-health response (Hails & Borum, 2003). In a recent national survey of police mental-health training, police departments on average rated their effectiveness in responding to mental-health crises as a 3.5 on a scale of 1 (*not at all effective*) to 5 (*extremely effective*; Fiske et al., 2021). Given the high stakes of mental-health-crisis encounters—which can involve suicidal ideation, trauma reactions, paranoia, delusions, and hallucinations, among other concerns—our standard of care ought to be higher than one of police-reported moderate effectiveness. Progress in establishing alternative systems of community-based mental-health response is likely to benefit greatly from the involvement of psychologists. Psychologists are well equipped to serve as frontline responders, train mental-health response teams, and facilitate data-driven improvements in care. Of course, mental-health specialists other than psychologists are also suited to effectively contribute to alternative systems of community-based mental-health response.

Fortunately, there are models of effective community-based mental-health response that rely on mental-health specialists rather than on police (Klukoff et al., 2021). For example, in Eugene, Oregon, calls to the police that are identified as nonviolent and involving a behavioral-health issue are diverted to the Crisis Assistance Helping Out On The Streets (CAHOOTS) program. Through this program, interdisciplinary pairs of crisis specialists and medics serve as frontline

responders. Of the tens of thousands of calls CAHOOTS responded to in 2019, approximately 99% were fulfilled without the request of police assistance (Beck et al., 2020a). The Denver Support Team Assisted Response (STAR) program established in 2020 similarly relies on pairs of mental-health clinicians and paramedics to respond to nonviolent mental-health calls. Police assistance was not required for any of the hundreds of calls responded to in the first 6 months of STAR (STAR, 2021). In fact, through a preregistered quasi-experimental analysis, the STAR program was shown to prevent more than 1,000 criminal offenses during the 6 months for which data were gathered. These data suggested that the program reduced not only the number of crimes reported by the first responders but also the actual number of crimes committed during that time period (Dee & Pyne, 2021). Olympia, Washington, offers an additional example of an alternative system of mental-health response with its Crisis Response Unit (CRU). CRU leverages teams of behavioral-health specialists who, in addition to responding to mental-health-crisis calls, regularly engage with community members to enhance trust and build relationships (Beck et al., 2020b; Crisis Response & Peer Navigators, n.d.).

Although some non-police mental-health-response programs have existed for decades (e.g., CAHOOTS was established in 1989), most have been developed within recent years (e.g., Lukert, 2022). Given the extant reports from these programs, it appears that non-police responders can indeed effectively address mental-health calls in the community and likely mitigate the arrests (and potential violence and/or death) that often otherwise result from such encounters. Research is needed to optimize the success of such programs, and additional resources should be funneled into the development of non-police, community-based mental-health-crisis-response systems across the nation. Certainly, psychologists have a role to play in the process of developing, implementing, and maintaining these alternative systems of care (see Table 2).

## Psychologists' Role in Accountability and Change in Psychology

Psychology has both explicitly and implicitly harmed Black people in the United States on individual and systemic levels. Despite repeated calls for accountability and change in psychology (e.g., Galán et al., 2021; Klukoff et al., 2021), there is limited recognition of psychology's history and minimal tangible progress toward rectifying harms and increasing equity. We urge all psychologists, current and future, to become active in changing the field's relationship with and inclusion of Black people as colleagues, clients, participants, and community members. To support these efforts, we have identified specific steps that academics, educators, and practitioners can take to begin challenging anti-Blackness in their professional settings (see Tables 1 and 2).

Academics and educators should refer to Table 1 for initial steps to address anti-Blackness in research. Specifically, it is psychologists' responsibility as a field to educate themselves and educate future psychologists about psychology's historical maltreatment of Black communities. Faculty should examine and update course materials and teaching strategies to accurately present psychology's history and include work by Black scientists and work in Black psychology. In tandem, departments should establish structures to support and transparently evaluate faculty in these efforts. Furthermore, we must promote equitable and ethical research practices from data collection and writing to publication standards to funding priorities. Journals and funding agencies in particular should prioritize high-quality studies that increase the understanding of the experiences of minoritized groups, studies proposed by Black scientists, and studies that support the development of community-based interventions to address the impacts of systemic oppression and anti-Blackness. Furthermore, reviewers should be given specific instruction in equitable review practices and be held accountable for the quality of their reviews. "Equity committees" should be established to monitor and ensure that such studies are funded and published at more equitable rates, and specific pools of funding should be created to support these projects (e.g., William T. Grant Foundation's "Research Grants on Reducing Inequality"). Finally, journals should retroactively add disclaimers and consider retracting past articles with potential for harm.

Practitioners (particularly forensic and community-based practitioners) should refer to Table 2 for actions to reduce anti-Blackness in forensic evaluation and therapeutic care with individuals involved in the criminal legal system. Evaluators should consider risk assessment in the context of systemic oppression and aim to address an individual's racial and ethnic background in reports with cultural sensitivity. Therapists and supervisors should recognize and acknowledge the multiple roles they are asked to play with clients involved in the criminal legal system and take steps to minimize harm and maximize competence in service delivery and ensuring trainees are prepared to do the same. Furthermore, psychologists should advocate for decarceration in general and of forensic psychiatric hospitals in particular. Forensic hospitals *still* disproportionately confine Black people, a practice that has placed these communities at further increased risk for mortality

**Table 2.** Recommendations for Addressing the Harmful Interplay Between Mental-Health Care and Criminal Justice

| Initiative | Action |
| --- | --- |
| Enhancing care for justice-involved individuals | *Forensic evaluation contexts*<br>• Describe relevant risks and needs beyond the use of a risk-assessment measure, especially considering areas in which risk-assessment measures may overestimate risk based on race (see Riggs-Romaine & Kavanaugh, 2019)<br>• Consider the risks and needs of an individual client in light of the systemic factors that may contribute to recidivism and further penetration into the justice system (e.g., community policing)<br>• Consider how to be culturally sensitive in assessments and acknowledge biases against Black, indigenous, and people of color within risk assessments: Include information about a client's race and ethnic backgrounds in the historical and background sections of a report, in a matter similar to discussing a history of trauma or information about an individual's housing/community, rather than simply including it in the first line of identifiers (e.g., name, race, age, gender of the client; APLS Practice Committee, 2021)<br>• Do *not* attempt to remain "color blind" out of a desire to be "objective" because doing so can be especially harmful to the individuals with whom we work by demonstrating an increase in racial bias (Holoien & Shelton, 2012; Richeson & Nussbaum, 2004) and a reduction in trust legitimacy of evaluators by Black individuals (Apfelbaum et al., 2008)<br><br>*Therapeutic contexts*<br>• Establish relationships with community partners to foster warm hand-offs to quality mental-health care for individuals reentering the community after incarceration or for those actively justice involved but not incarcerated (e.g., on parole or probation)<br>• Acknowledge and attempt to disentangle the role(s) that forensic psychologists fill openly with justice-involved clients in early sessions of therapy<br>• Act with therapeutic jurisprudence (i.e., supporting the "overarching dignity of clients and the community while attending to the core values of freedom and well-being" of justice-involved individuals; Birgden & Perlin, 2009, p. 262) to deliver services in correctional institutions with the promotion of human values as enacted in law (for a lengthy discussion on therapeutic jurisprudence, see Birgden & Perlin, 2009)<br>• Recognize the ways in which the correctional system and the businesses that profit within the system may affect the roles psychologists are asked to play<br>• Become familiar with and adhere to the "Specialty Guidelines of Forensic Psychology" (American Psychological Association, 2013) and *Standards for Psychology Services in Jails, Prisons, Correctional Facilities, and Agencies* (International Association for Forensic and Correctional Psychology, 2010), which discuss expectations, principles, and specific actions by which forensic and correctional psychologists should work within the adversarial and, at times, coercive systems, with a focus on minimizing emotional and physical harm and maximizing competence in mental-health-service delivery<br>• Increase access to practica opportunities in forensic settings for trainees, ensuring that the above recommendations are incorporated into training and supervision<br>• Develop measurable clinical competencies based on the above recommendations to appropriately evaluate trainees in forensic settings |
| Divest from police involvement in mental-health response | • Leverage professional networks to compose a joint letter or petition for policymakers calling for divestment from police, investment in community-based crisis response staffed by trained mental-health professionals, and increased funding for mental-health programming more broadly<br>• Develop and conduct surveys of police presence—and employee and client psychological experiences of police presence—in psychologists' workplaces and local mental-health establishments |
| Establish alternative systems of community-based mental-health response | • Partner with existing alternative community-based mental-health-response programs to conduct program evaluation and research, in an effort to establish evidence-based practices for programs of this type<br>• Offer to consult with community agencies initiating these programs to ensure they are incorporating best practices in mental-health response based on extant research<br>• Develop and implement strategies for educating the public—and, perhaps specifically, persons untrained in mental-health response likely to encounter strangers experiencing mental-health issues (e.g., customer-facing employees)—on how to recognize a mental-health issue and call for appropriate responders |

during the height of the COVID-19 pandemic because of poor safety protocols and close confinement (Geringer-Sameth, 2020; Perry et al., 2013). Psychologists are uniquely positioned to advocate for reducing unnecessary institutionalization and disease risk in this context.

Finally, all psychologists should advocate for the divestment of police involvement in mental-health response and for the establishment of psychology-informed community-based care. On the basis of the weight of evidence, psychologists can advance this goal by pushing for reparations for Black people (e.g., National Coalition of Blacks for Reparations in America, 2021). Indeed, psychologists were key in both leading and contributing expert testimony to the California Task Force to Study and Develop Reparations Proposals for African Americans (2022). Members of both the coalition and task force have elucidated the need for economic and social support as well as culturally grounded psychological healing in response to the extent of contemporary and historic psychological harm. This movement needs researchers, educators, practitioners, and nonpsychologist citizens to work together and reimagine a better system to serve all.

When discussing accountability, it is also important to note that psychology is a majority-White field. The historic and contemporary Whiteness of psychology no doubt has played a role in the harms done to Black people. For example, White Americans are more likely to report that anti-Black racism has decreased more since the 1950s than are Black Americans (Norton & Sommers, 2011). Such perceptions may affect the way White psychologists design and interpret research, approach clinical work with Black clients experiencing racism, and react to calls for anti-racist action in the field. Furthermore, the field has failed to recruit, retain, and promote Black psychologists, and this lack of representation in the field must be addressed if there is hope to dismantle anti-Blackness in the academy, criminal legal system, clinic, and community. To this end, it is critical that psychologists recognize and address the problems at each stage of the training. Too often, the field focuses narrowly on one stage (e.g., supporting undergraduate students to develop competitive applications for graduate school) at the expense of other, equally important stages (e.g., supporting junior faculty as they navigate promotion and tenure). It is clear that accountability and change are necessary in multiple domains to redress past harms and make progress toward a more just psychology.

We call on all readers to recognize psychologists' power and responsibility as researchers and mental-health providers to interrupt the criminalization and psychopathologizing of Blackness. We hope that the recommendations put forth in this article, although not exhaustive, will inspire both discussion and action toward combating anti-Blackness in the field's structures, policies, and practices. Although it may be tempting to delay action for another day or even leave the change-making to other people entirely, the ethical principles of the profession implore swift and substantial change. Let us all get to work.

## Transparency

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## Acknowledgments

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