The Effects of Stigma Priming on Forensic Screening in African American Youth

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Abstract
In the present study, we examined the effect of stigma priming on a psychological screening in two separate experiments with African Americans who had juvenile court contact. Results of the first experiment showed that asking adolescents to state their racial group membership had no effect on self-reported internalizing and externalizing behaviors. In the second experiment, adolescents primed by making racial identity attitudes salient reported higher levels of oppositional defiant, depressive, and anxiety symptoms, but not conduct disordered behavior, when compared with peers in a control group. Three racial identity profiles were identified: (a) Miseducation-Pro-Black, (b) Low Race Salience, and (c) Multiculturalist. Only the Low Race Salience profile was shown to be associated with stigma priming vulnerability in a forensic mental health screening.

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African Americans, juvenile court, adolescents, racial identity, stereotype threat

African American individuals are disproportionately overrepresented in settings characterized by violence risk (e.g., emotional disturbance designation and juvenile justice systems; Roberts, 2004; Serwatka, Deering, & Grant, 1995; Skiba, Poloni-Staudinger, Gallini, Simmons, & Feggins-Azziz, 2006), and underrepresented in universities and corporate management (P. N. Cohen & Huffman, 2007; Hurtado, Cabrera, Lin, Arellano, & Espinosa, 2009). These trends have motivated many lines of inquiry in the social sciences, including an examination of both the negative effects of, and resilience to, stigma in African American individuals and other minority groups (Branscombe, Schmitt, & Harvey, 1999; Crocker, Voelkl, Testa, & Major, 1991; Mendoza-Denton, Downey, Purdie, Davis, & Pietrzak, 2002; Steele, 1997).

Stigma priming is a commonly used method in experimental studies examining the effects of the social phenomenon of negative stereotypes about marginalized groups. Stigma priming refers to an experimental manipulation that makes discrimination salient in the moment, which, in theory, causes differences in target variables. For instance, research has shown that stigma priming (a) decreases performance on aptitude tests (Steele & Aronson, 1995), (b) increases in-group identification (Branscombe et al., 1999), (c) increases perceived discrimination (Crocker et al., 1991), and (d) depresses sense of school belonging (Mello, Mallett, Andretta, & Worrell, 2012) in African American youth. Despite the fact that several studies have included stigma priming, there are a number of gaps in the literature. For example, almost all studies have been focused on college students. Few studies have included adolescents, and we could not find any studies in the extant literature that included juveniles with court contact. The purpose of the present study is to address these shortcomings. Because stigma priming is an extension of the priming and behavioral priming literatures, we begin with an overview of these theoretical antecedents.

Priming

The term priming refers to “a change in the ability to identify and produce an item as a result of a specific encounter with the item” (Schacter & Buckner, 1998, p. 185). In one of the first studies on priming, Meyer and Schvaneveldt (1971) showed 12 high school students two lists of letters, and assessed how quickly and accurately the students could identify the two lists as words or nonwords. When the two lists of letters were also commonly associated words (e.g., bread and
butter), identification of the lists as words was quicker and more accurate than
when the two lists of letters did not contain commonly associated words (e.g.,
nurse and butter). Priming is, therefore, an operationalization of implicit memory,
which means it is a memory that exerts an effect on the completion of a task
absent of conscious awareness (Roediger, 1990).

Behavioral priming is an extension of priming, and refers to the effect of
past experience on current behavior (Schacter & Buckner, 1998). In a study on
the behavioral consequences of trait construct priming, Bargh, Chen, and
Burrows (1996) engaged 34 university students in a vocabulary scrambling
exercise that included both rude (e.g., aggressively, intrude, obnoxious) and
polite words (e.g., patiently, respect, cordially). The exercise included
unscrambling a set of five words (e.g., “he it hides finds instantly,” Bargh
et al., 1996, p. 233). Following the scrambling exercise, participants located
and informed a researcher of their completion. However, participants found
that the experimenter was in a conversation with another adult (i.e., confeder-
ate). Students primed with rude stimuli interrupted the conversation more
quickly and frequently than peers who unscrambled the polite words. The
behavioral priming literature has expanded rapidly since this seminal study. In
fact, Dijksterhuis (2014) estimated that there are between 200 and 400 studies
on behavior priming. Notwithstanding the extensive body of literature on the
phenomenon, there is little consensus about the usefulness of such work due
largely to the lack of successful replication studies across laboratories.

**Stigma Priming**

VandenBos (2007) provided the following definition for stigma in the
American Psychological Association dictionary:

> The negative social attitude attached to a characteristic of an individual that
> may be regarded as a mental, physical, or social deficiency. A stigma implies
> social disapproval and can lead unfairly to discrimination against or exclusion
> of the individual. (p. 894)

Stigma priming is a specific type of behavioral priming, referring to the
effect of past experience with negative stereotypes on current behavior.
Perhaps the most commonly used stigma priming construct is stereotype threat
(ST). Steele and Aronson (1995) described ST as a social-psychological pre-
dicament in which individuals are at risk of confirming a widely held, nega-
tive stereotype about their demographic group. In their original study on ST,
Steele and Aronson primed stigma by describing a test of verbal abilities (i.e.,
difficult Graduate Record Examination items) as diagnostic of cognitive
functioning. Steele and Aronson proposed that priming the test as diagnostic
would put African American individuals at risk of confirming the stereotype that they are not as intelligent as their European American peers. They further theorized that the sense of threat would reduce participants’ capacity to perform on the test. Results showed that test scores were significantly lower in stigma primed African American individuals when compared with African American individuals in a control group (i.e., test was not described as diagnostic) after controlling for previous achievement.

Since Steele and Aronson’s (1995) study, researchers have shown that ST depresses test performance on both verbal (e.g., Stone, Harrison, & Mottley, 2012) and nonverbal (e.g., McKay, Doverspike, Bowen-Hilton, & Martin, 2002) cognitive tasks in African American college students. Although fewer in number, scholars have also demonstrated the negative effect of ST on test taking in African American high school students (e.g., Kellow & Jones, 2008). Other researchers have shown that activating ST increases blood pressure (Blascovich, Spencer, Quinn, & Steele, 2001) and that chronic threat exposure leads to disidentification with certain careers (Woodcock, Hernandez, Estrada, & Schultz, 2012).

ST has also been shown to affect behavior that is not specific to test performance. In Steele and Aronson’s (1995) third examination of ST, participants were administered a test of verbal abilities that was either described as diagnostic (i.e., threat condition) or nondiagnostic (i.e., control condition) of their abilities. Following the test, participants were assessed on personality dimensions (e.g., organized, aggressive-belligerent), their enjoyment of different types of music (e.g., classical, jazz, rap), and their enjoyment of sports (e.g., basketball, baseball, boxing), all of which included stereotypes about African American individuals (see italicized activities). Results showed that African American individuals in the priming condition group were more stereotype avoidant than African American individuals in the control group, as evidenced by endorsing less of the stereotypic traits (e.g., enjoyment of basketball). In Steele and Aronson’s fourth study, respondents in the threat condition were asked to endorse their racial group membership before taking a test of verbal abilities and completing a questionnaire on behavioral interests (e.g., sports). Again, Steele and Aronson reported that scores for stereotypic behavior were significantly lower in the threat condition group when compared with peers in the control group.

In another set of studies, Inzlicht and Kang (2010) hypothesized that gender-based ST would result in a reduction of volitional control. These authors conducted two experiments with college women using stereotypes about mathematical deficiencies. In both experiments, participants were administered a math test and were later told that they had failed the exam. Following the experience of failure, participants in a control group were inoculated with a self-appraisal exercise, and participants in the threat condition
were not. In Study 1, females who were not inoculated with a self-appraisal exercise (i.e., threat condition group) presented with higher levels of aggression in a subsequent competitive activity than peers who were provided with an opportunity for self-appraisal (i.e., control group). In Study 2, the threat condition group ate substantially more ice cream in a taste test that followed the ST situation than control group peers. Inzlicht and Kang (2010) also showed that after male and female college students are asked to recall an experience of discrimination, they are more likely to make a high-risk lottery choice (i.e., 4% chance of winning a US$250 prize) over a low-risk lottery choice (i.e., 70% change of winning a US$20 prize).

Researchers have further shown that ST has an effect on business-oriented behaviors in young women, including levels of purchase intentions (Lee, Kim, & Vohs, 2011), salary amounts requested (Tellhed & Bjorklund, 2011), and use of masculine verbal styles (von Hippel, Wiryakusuma, Bowden, & Shochet, 2011). In Tellhed and Bjorklund’s (2011) study, 115 business school students were instructed to read a job advertisement and negotiate a salary with a study confederate. Before salary negotiations, stigma primed students were told the exercise would be hard and was, therefore, a good assessment of their negotiating skills. Students in the control group were told the task was easy and not an accurate indicator of their negotiation skills. Women in the threat condition requested lower salaries than their male peers. In sum, there is a growing body of evidence that ST affects self-reported intentions to act as well as actual behaviors.

**Racial Identity and Stigma Priming**

In the present study, we examined whether racial identity attitudes and profiles predict vulnerability to ST in a forensic assessment situation. Black racial identity has been defined as “a set of attitudes held by individuals of African descent [which include] how these individuals view (a) themselves as Blacks, (b) other individuals of African descent, and (c) individuals from other racial and ethnic groups” (Worrell, Mendoza-Denton, Telesford, Simmons, & Martin, 2011, p. 637). Research on racial identity attitudes has included a focus on their potential to increase perceptions of and buffer against perceived discrimination in African American individuals (e.g., Sellers & Shelton, 2003). Many studies on resilience and racial identity have included academic outcomes, and results have been mixed. In several studies, racial identity attitudes have not been related to academic achievement, although some researchers have found a positive relationship between racelessness (i.e., low racial identification) and academic achievement (e.g., Arroyo & Zigler, 1995).

Steele, Spencer, and Aronson (2002) theorized that being highly identified as an African American should be negatively related to achievement outcomes
in stigma priming situations. To date, several researchers have examined the role that racial identity plays in the context of ST. Mcfarland, Lev-Arey, and Ziegert (2003) adapted seven items from Helms’s (1990) version of the Racial Identity Attitude Scale (RIAS; Parham & Helms, 1981) and administered the adapted scale before and after an academic test. McFarland et al. reported two interactions between racial identity and cognitive test performance. First, African American individuals who disidentified with race during the test performed better than those who did not disidentify. Second, racial identity interacted with domain identity (i.e., the degree to which the individual identifies with the domain being tested) and test performance such that African American individuals who were high in both posttest racial and domain identity performed better than those who were high in racial identity and low in domain identity. However, McFarland et al. (2003) did not account for the multidimensional nature of racial identity.

In 2006, Davis, Aronson, and Salinas examined the relationship of racial identity attitudes operationalized with the RIAS (Parham & Helms, 1981) and ST. These researchers used all four subscales of the RIAS (Pre-Encounter, Encounter, Immersion, and Internalization) and found an interaction between threat and internalization racial identity attitudes. Attitudes that reflect African American self-acceptance are described as *internalization attitudes*. Davis et al. found that in the low-threat condition, individuals who were high in Internalization attitudes—that is, they were pro-Black—performed better than those who were high in Internalization and under high threat, and individuals who were low in Internalization. Thus, internalization attitudes did not counteract threat, but seemed to be helpful in nonthreat conditions.

Recent work has demonstrated that subscale scores on the Cross Racial Identity Scale (CRIS; Vandiver et al., 2002) cluster into meaningful and interpretable profiles (Worrell, Vandiver, Schaefer, Cross, & Fhagen-Smith, 2006). The CRIS is an index of six racial identity attitudes—Assimilation, Miseducation, Self-hatred, Anti-White, Afrocentric, and Multiculturalist (Vandiver et al., 2002; Worrell, Vandiver, Cross, & Fhagen-Smith, 2004). Although profiles have been given similar names to subscales (e.g., Miseducation, Assimilation, Afrocentric, Multiculturalist), the profiles are based on all six subscale scores, and individuals with different profiles have been shown to differ on a variety of constructs, including acculturation and social distance (Chavez-Korell & Vandiver, 2012), psychological well-being (Telesford, Mendoza-Denton, & Worrell, 2013; Whittaker & Neville, 2010), and personal and race-based rejection sensitivity (Telesford et al., 2013).

For example, Telesford et al. (2013) used cluster analyses to group African American university students into six groups—Afrocentric, Assimilated, Conflicted, Low Race Salience, Negative Race Salience, and Multiculturalist
profiles—based on similarities in racial identity attitudes. Adolescents with a Conflicted profile endorsed both self-hating and Afrocentric attitudes and reported the highest psychological distress scores compared with peers with different racial identity profiles. Conflicted adolescents were also marked by anxious expectations of race-based rejection when compared with peers with Multiculturalist and Low Race Salience profiles.

**Stigma Priming in Youth With Court Contact**

Stereotypes of problematic behavior by African American individuals are rife in the United States (Welch, 2007), and examples and consequences of these stereotypes are apparent in the juvenile justice system (Puzzanchera, 2009) and in special education (i.e., disproportionality; Coutinho & Oswald, 2000; Oswald, Coutinho, Best, & Singh, 1999). For example, African American individuals represented just 16% of the adolescent population in 2009, but accounted for much higher percentages of total arrests for serious crimes such as burglary (30%) and nonserious crimes such as disorderly conduct (32%; Puzzanchera & Adams, 2011). Disproportionality is also rampant in special education (Coutinho & Oswald, 2000; Harry & Anderson, 1994; MacMillan & Reschly, 1998; Serwatka et al., 1995), and statistics indicate that within the pool of special education students, African American youth are overrepresented in the most restrictive, and underrepresented in the least restrictive, educational settings (Skiba et al., 2006). There is also evidence that African American individuals are aware of their overrepresentation in these arenas and of the negative stereotypes about their racial group (Harrell, 2000).

We suspected that African American youth with court contact may be especially vulnerable to stigma priming because their experience of detention has made the negative stereotypes about their racial group particularly salient. We also suspected that vulnerability to negative stereotypes would be explained, in part, by certain racial identity attitudes. As psychological assessments are used to make high stakes decisions about juvenile offenders, studying the effect of stigma priming on assessments in detained African American adolescents is prudent. For example, in juvenile justice system, psychological testing is used to determine eligibility for diversion from a primarily punitive delinquency court to a primarily rehabilitative mental health court. Psychological testing is also used to determine violence risk, which aids judges in decisions to place youth back in the home, in a group home, or in a secure facility.

Furthermore, psychological assessments in forensic settings often include self-reports of problematic behaviors (Archer, Buffington-Vollum, Stredny,
Andretta et al. (2006), and the self-report items that are specific to oppositional and aggressive behavior touch on stereotypes about behavior in African American adolescents. Therefore, scores on behavioral self-reports may be affected by stigma priming. In Study 1, we addressed the effect of stigma priming on behavioral assessment scores in a sample of African Americans with juvenile court contact. In Study 2, we tested the hypothesis that racial identity attitudes and profiles will predict vulnerability to stigma priming in this group.

**Study 1**

In Study 1, respondents in the stigma priming condition were asked to state their racial group membership before reporting on internalizing and externalizing behaviors. Given the data on stereotypes and disproportionate representation of African Americans in remedial programs, behavioral self-reports might represent a domain in which African American individuals expect to be judged on the basis of negative stereotypes. Furthermore, Steele and Aronson (1995) showed that the solicitation of racial group membership is sufficient for making negative stereotypes about a target racial group salient and for changing behavioral outcomes. Therefore, we hypothesized that African American juvenile court respondents in the priming condition would report lower levels of conduct disorder and oppositional defiant disorder behaviors than African American juvenile court respondents in the control group, essentially engaging in stereotype avoidance. Because stigma has been shown to predict internalizing behaviors and poor mental health outcomes in devalued groups (Pascoe & Smart Richman, 2009), we also hypothesized that stigma primed respondents would report higher levels of depressive and anxious symptoms than peers in a control group.

**Method**

The decision to conduct the present study was initially made to inform the courts and before making the decision to disseminate data beyond the court system. All youth at the host court are screened for mental health differences immediately following arrest to determine their clinical eligibility for a mental health diversion court. The screening of youth is overseen by the juvenile mental health court stakeholders, who approved the dissemination of data before we proceeded with submissions.

**Participants.** Participants consisted of 306 African American juvenile court respondents. Participants’ ages in the sample ranged from 10 to 18 (M = 15.91,
SD = 1.63), and the grade level ranged from 5th to 12th with a mode of 9th grade (n = 92, 30.1%). Males (n = 235, 76.8%) constituted the majority of the sample. The primed group consisted of 127 adolescents and the control group consisted of 179 adolescents. In terms of socioeconomic status (SES), 28% resided in the Police Service Areas (PSA) of the city marked by the highest level of adults without high school diplomas (i.e., between 23% and 32%). Another 30% were in PSAs where between 18% and 22% of adults did not have a high school diploma. In addition, 67% of participants were accounted for in the two PSAs with the lowest total average household incomes in the city. Data were also collected on the severity of charges before the court. Seventy-one (23%) participants were before the court on minor charges (e.g., failure to pay metro fare, runaway, shoplifting, etc.). Another 95 (31%) were charged with more serious misdemeanors (e.g., simple assault, disorderly conduct, unlawful entry), and 139 (46%) were charged with a felony (e.g., unlawful use of a motor vehicle, robbery, assault with a dangerous weapon). A missing data point for offense severity in one participant in the primed group was attributed to data entry error at intake.

**Procedure.** Interviews were conducted at one of two intake facilities. Youth who were arrested before 3:00 p.m. were taken directly to the courthouse and interviewed in a private room following an interview with an intake probation officer. Youth arrested after 3:00 p.m. were taken to a facility to stay overnight until the hearing at the courthouse the next morning; these youth were interviewed in a private interview room at the overnight facility, and these interviews also followed interviews with intake probation officers.

Participants completed the Conners Comprehensive Behavior Rating Scales–Self-Report (CBRS-SR; Conners, 2008). Youth had been arrested and processed by both police and probation officers before completing the CBRS-SR. Administrators included two male postdoctoral fellows—one Latino and one European American—who both appeared to be of European descent. Randomly selected respondents were asked to state their racial membership before CBRS-SR administration (i.e., threat condition): “How would you describe yourself, African American, Black, West-Indian Caribbean, or something I have not mentioned?” Participants were read CBRS-SR items and responded by stating a number. Response options ranged from 0 (not true at all—never) to 3 (very much true—very often).

**Measure.** Only four CBRS-SR scales were used—Conduct Disorder (CD), Oppositional Defiant Disorder (ODD), Major Depressive Episode (MDE), and Generalized Anxiety Disorder (GAD)—and Conners (2008) showed that scores on these scales (CD, α = .84; ODD, α = .82; MDE, α = .88; and GAD,
α = .89) were reliable in adolescents. The normative sample was chosen to match the population of the United States, and African American representation was similar to U.S. Census data (i.e., 16%). Conners also reported convergent validity evidence for CBRS-SR scores through correlations with scores on the Achenbach System of Empirically Based Assessment (Achenbach & Edelbrock, 1987) and the Behavior Assessment Scale for Children–Second Edition (Reynolds & Kamphaus, 2004). Moreover, Conners showed that CBRS-SR scores had strong classification statistics in a clinical sample of adolescents (n = 700; CD = .85, ODD = .85, MDE = .79, GAD = .75). Results of a more recent study on African American adolescents with juvenile court contact yielded internally consistent CBRS-SR scores as well (Andretta et al., 2014).

Data analyses. The data analyses plan was focused on comparing CBRS-SR scores between the experimental and control groups. Therefore, t tests were used to compare differences in mean CBRS-SR scores between the two groups. Cohen’s d effect sizes were used to develop inferences about the practical significance of the observed differences, which is a quantification of the difference in mean scores in standard deviation terms. For the purpose of the present study, a d of .30 was considered the cutoff for a minimally interpretable effect size. A Cohen’s d of .30 indicates the difference in mean scores was equal to 30% of a standard deviation. Cohen (1988) described .20 as a small and .50 as a medium d effect size.

Results

Gender group proportions were similar in the primed (males = 78%) and control (males = 76%) groups. To compare SES differences, PSA information was used in conjunction with the city’s public information on average household income by PSA of residence. In accordance with the data available on the host city’s website, PSAs were organized into five groups: (a) 33k to 49k, (b) 50k to 83k, (c) 83k to 104k, (d) 105k to 177k, and (e) 178k to 315k. There were no differences in SES between primed and control groups, χ²(4) = 3.13, p = .54, Cramér’s V = 0.12. There were also no differences in school grade, χ²(7) = 8.49, p = .29, Cramér’s V = 0.17, or charge severity between the groups, χ²(2) = 0.44, p = .80, Cramér’s V = 0.04.

Descriptive statistics and correlations for Study 1 are provided in Table 1. CD and ODD scores were strongly correlated, as were MDE and GAD scores. CD, ODD, MDE, and GAD scores were also normally distributed, with a slight elevation of kurtosis for CD scores. Scores on the CBRS-SR subscales yielded acceptable internal consistency estimates (see Table 2). CD and ODD
scores in both the control and threat conditions were significantly \((.004 \leq p \leq .0001)\) and sometimes meaningfully \((.30 \leq d \leq .55)\) higher than scores in the standardization sample (Conners, 2008). Participants’ scores for MDE and GAD were similar to those reported in the normative sample \((.02 \leq d \leq .19;\) Conners, 2008). However, as can be seen in Table 2, our hypothesis was not supported as the treatment and control groups did not differ significantly or meaningfully on any of the outcome variables.

### Table 1. Study 1: Means, Standard Deviations, and Intercorrelations.

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>M</th>
<th>SD</th>
<th>Kurtosis</th>
<th>Skewness</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct disorder</td>
<td></td>
<td>.69*</td>
<td>.52*</td>
<td>.47*</td>
<td>3.88</td>
<td>4.79</td>
<td>6.70</td>
<td>1.90</td>
</tr>
<tr>
<td>2. Oppositional defiant</td>
<td>.55*</td>
<td></td>
<td>.59*</td>
<td>.54*</td>
<td>8.06</td>
<td>4.59</td>
<td>2.38</td>
<td>0.54</td>
</tr>
<tr>
<td>3. Depression</td>
<td>.52*</td>
<td>.60*</td>
<td></td>
<td>.93*</td>
<td>6.89</td>
<td>7.30</td>
<td>4.51</td>
<td>1.42</td>
</tr>
<tr>
<td>4. Anxiety</td>
<td>.48*</td>
<td>.61*</td>
<td>.91*</td>
<td></td>
<td>6.51</td>
<td>7.39</td>
<td>4.67</td>
<td>1.46</td>
</tr>
<tr>
<td>M</td>
<td>3.99</td>
<td>8.56</td>
<td>7.55</td>
<td>7.50</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>4.93</td>
<td>4.84</td>
<td>7.72</td>
<td>7.74</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kurtosis</td>
<td>7.02</td>
<td>2.27</td>
<td>4.59</td>
<td>3.55</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skewness</td>
<td>1.97</td>
<td>0.42</td>
<td>1.33</td>
<td>1.12</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*Note. Correlations and descriptive statistics are below the diagonal for the control group \((n = 175)\) and above the diagonal for the primed group \((n = 127)\).

*\(p < .001\).*

### Table 2. Externalizing and Internalizing Differences Between Individuals Who Endorsed Their Racial Group and Those Who Did Not (Study 1).

<table>
<thead>
<tr>
<th></th>
<th>Control Condition ((n = 175))</th>
<th>Priming Condition ((n = 127))</th>
<th>t</th>
<th>df</th>
<th>p</th>
<th>(d_{\text{corrected}})</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD</td>
<td>3.99 (4.93)</td>
<td>3.88 (4.79)</td>
<td>0.20</td>
<td>304</td>
<td>.84</td>
<td>0.02</td>
</tr>
<tr>
<td>(\alpha)</td>
<td>.81</td>
<td>.79</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>ODD</td>
<td>7.50 (5.18)</td>
<td>7.17 (5.27)</td>
<td>0.71</td>
<td>304</td>
<td>.48</td>
<td>0.08</td>
</tr>
<tr>
<td>(\alpha)</td>
<td>.77</td>
<td>.81</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>MDE</td>
<td>7.55 (7.72)</td>
<td>6.89 (7.30)</td>
<td>0.76</td>
<td>304</td>
<td>.45</td>
<td>0.09</td>
</tr>
<tr>
<td>(\alpha)</td>
<td>.86</td>
<td>.87</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>GAD</td>
<td>7.50 (7.74)</td>
<td>6.51 (7.39)</td>
<td>1.12</td>
<td>304</td>
<td>.26</td>
<td>0.13</td>
</tr>
<tr>
<td>(\alpha)</td>
<td>.89</td>
<td>.88</td>
<td></td>
<td></td>
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</tbody>
</table>

*Note. CD = Conduct Disorder; ODD = Oppositional Defiant Disorder; MDE = Major Depressive Episode; GAD = Generalized Anxiety Disorder.*
Discussion

These results were unexpected and not in keeping with the previous literature on stereotype avoidance and emotional responses to stigma priming (McCoy & Major, 2003; Steele & Aronson, 1995). There are several possible reasons for this outcome. It may be that simply reporting race was not sufficient to prime stigma in this sample. These participants had been processed by police officers before being screened and many have been in the system before, so the reporting of race may not be sufficient to create a sense of threat. Alternatively, it may be that items on the CBRS-SR do not have the same impact as those on the instrument developed and used by Steele and Aronson (1995). Steele and Aronson chose items that were stereotypically associated with African American individuals, whereas on a standardized instrument with strong psychometric properties, items with differential item functioning by groups are eliminated in the development phase. Thus, there may not be any or enough stereotypical items in the CD and ODD scales to trigger an avoidance response. The CD scale includes items that assess the degree to which individuals engage in interpersonal and property violations, including stealing, hurting people with weapons, and damaging property. ODD items include, but are not limited to, losing one’s temper, becoming angry, and arguing with adults.

In addition to the explanations mentioned, divergent results might also be accounted for by differences in the setting of the experiment. Respondents were interviewed shortly after arrest, and it is possible that the immediate experience of being in detention primes stigma in participants, thereby making responses to an additional priming condition imposed by the researchers moot. A future study in African American juvenile court respondents that occurs outside of an intake facility may help to ascertain whether a heightened state of threat is a default state in detention. If so, it might also be important to find out whether providing a stigma priming intervention (e.g., self-affirmation; Martens, Johns, Greenberg, & Schimel, 2006) attenuates the effect of the phenomenon in detention. Previous research on ST as a default state in specific settings is mixed. Inzlicht and Ben-Zeev (2000) argued that environmental factors are enough to activate ST (e.g., the presence of non-stigmatized peers), but Brown and Day (2006) provided some evidence to the contrary.

A fourth explanation relates to Steele and Aronson’s (1995) stereotype avoidance instrument. Given that the instrument was developed specifically for the study and the scores had modest reliability (α = .65), Steele and Aronson’s results may not generalize consistently. Last, it is also possible that the large standard deviations in scores made it difficult to detect any effects.
of stereotype avoidance. To examine the issue of priming salience (i.e., degree to which reporting racial membership made stereotypes important in the moment), in Study 2, we increased the salience of the prime by having participants in the treatment group complete a measure of racial identity before completing the behavioral ratings.

The racial group of the interviewers in Study 1 also warrants some discussion. Both interviewers appeared to be non-Latino White. Although White male experimenters were used in three of Steele and Aronson’s (1995) four studies, in a variation of Steele and Aronson’s study, Blascovich et al. (2001) reported higher levels of arterial blood pressure in African American college students during an academic test situation when the test administrator was White. However, results of a recent study showed that among African Americans with juvenile court contact, no differences in behavioral self-report scores for violence potential, \( t(88) = .12, p = .91, d = .02 \), or emotional distress, \( t(88) = .31, p = .76, d = .06 \), were observed between administrations by White and African American experimenters (Andretta, Sutton, Ramirez, Barnes, & Woodland, 2015). These data suggest that results of the present study would not be different if the experimenters were African American.

**Study 2**

The first question in Study 2 was related to the intensity of priming, in that, instead of asking primed group participants to report their race or ethnicity, participants completed the CRIS (Vandiver et al., 2002; Worrell et al., 2004). We hypothesized that racial identity priming would result in stereotype avoidance and fewer CD and ODD behaviors in the primed group (Steele & Aronson, 1995), but higher levels of anxiety and depressive symptoms when compared with controls (Ong, Fuller-Rowell, & Burrow, 2009; Pascoe & Smart Richman, 2009).

We also hypothesized that racial identity profiles would be related to stigma priming. More specifically, we hypothesized that low race salience would result in vulnerability to priming in keeping with a finding reported by Oyserman, Kemmelmeier, Fryberg, Brosh, and Hart-Johnson (2003) and that internalized racial identity profiles would attenuate stigma priming in keeping with the studies showing individuals with these profiles report low levels of psychological distress (Telesford et al., 2013; Whittaker & Neville, 2010).

**Method**

**Participants.** Participants in Study 2 included 239 African American adolescents who were arrested (119 in the control group and 120 in the treatment
group) and were a sample from a larger study on racial identity attitudes (Worrell, Andretta, & Woodland, 2014). There were fewer participants in this study because it did not immediately occur to the practitioners that completing the CRIS might have an effect on CBRS-SR scores. When the potential for stigma priming was conceived, the practitioners began staggering the order of the CRIS and CBRS-SR administration. Youth administered the CRIS before this point were not included in the present study. The first study was focused on the psychometrics of CRIS scores and CRIS profiles in adolescents. The focus of the present study was on the effect of making racial identity attitudes salient on the self-report of internalizing and externalizing behaviors.

The majority of participants were male ($n = 181$, 75.5%), and they ranged in age from 11 to 18 years old ($M = 15.75$, $SD = 1.50$). Their grade level assignments were from 6th to 12th, with the largest percentage of respondents in the 9th grade ($n = 63$, 26.4%). The SES of Study 2 participants and their charges before the court were both similar to participants in Study 1. Fifty-four percent were living in PSAs with the highest rates of high school dropouts in the city, and 39% resided in the PSA marked by the lowest total household incomes in the city. One hundred seven (46%) were charged with felonies, 57 (24%) were charged with minor misdemeanors, and 69 (30%) were charged with more serious misdemeanors. Data for offense severity were missing for six participants, with missing data attributed to entry errors at intake.

**Measures.** Participants completed the same four CBRS-SR subscales as participants in Study 1: (a) ODD, (b) CD, (c) MDE, and (d) GAD. Participants also completed the CRIS (Vandiver et al., 2002). The CRIS is intended to assess six racial identity attitudes—assimilation, miseducation, self-hatred, anti-White, Afrocentricity, and multiculturalism—using 30 items rated on a 7-point Likert-type scale (1 = strongly disagree, 7 = strongly agree). There is strong construct validity evidence for CRIS scores in terms of internal consistency, stability, structural validity, and convergent and discriminant validity (Gardner-Kitt & Worrell, 2007; Vandiver, Cross, Worrell, & Fhagen-Smith, 2002; Worrell & Watson, 2008; Worrell et al., 2011).

**Procedure.** The primary purpose of the study was to inform culturally appropriate programming at the host court. Permission to disseminate the data beyond the court was provided by the juvenile mental health court stakeholders. Participants in the stigma primed group completed the CRIS before completing the CBRS-SR, whereas participants in the control group completed the CBRS-SR before the CRIS. Participants were randomly assigned to the
stigma primed and control groups at intake. CRIS scores were structurally valid—comparative fit index (CFI) = 0.93, nonnormed fit index (NNFI) = 0.92, root mean square error of approximation (RMSEA) = 0.04—and reliable in the sample (.72 ≤ α ≤ .84). As with Study 1, items were read to the participants, and scores were recorded by one of two postdoctoral fellows.

Results

Descriptive statistics and correlations for Study 2 are provided in Tables 3 and 4. As in the previous study, there was a strong association between CD and ODD scores, and between MDE and GAD scores. CD and ODD scores were also elevated (.004 ≤ p ≤ .0001; .31 ≤ d ≤ .68) in comparison with scores in the standardization sample of adolescents used to develop the CBRS-SR (Conners, 2008). As in Study 1, CBRS-SR scores were reliable in this sample (see Table 4). Stigma primed adolescents reported higher scores for MDE and GAD when compared with adolescents in the standardization sample, with small to medium effect sizes (i.e., .22 ≤ d ≤ .37). However, control scores for MDE and GAD were similar to normative scores (i.e., .05 ≤ d ≤ .08; Conners, 2008). There were similar proportions of females in the primed (28%) and control (21%) groups. There were also no differences between primed and control groups with regard to charge severity, χ²(2) = 0.78, p = .68, V = 0.06; SES, χ²(4) = 2.39, p = .67, V = 0.12; or school grade, χ²(6) = 1.13, p = .98, V = 0.07.

Contrary to our hypothesis, respondents in the priming condition reported significantly higher scores for ODD behaviors, but the effect size was small (see Table 4). Primed participants also reported significantly higher scores

Table 3. Study 2: Means, Standard Deviations, and Intercorrelations.

<table>
<thead>
<tr>
<th>Measure</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>M</th>
<th>SD</th>
<th>Skewness</th>
<th>Kurtosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Conduct disorder</td>
<td>—</td>
<td>.54*</td>
<td>.54*</td>
<td>.41</td>
<td>4.70</td>
<td>5.26</td>
<td>4.27</td>
<td>1.39</td>
</tr>
<tr>
<td>2. Oppositional defiant</td>
<td>.54*</td>
<td>—</td>
<td>.64*</td>
<td>.62*</td>
<td>8.89</td>
<td>4.41</td>
<td>2.64</td>
<td>0.39</td>
</tr>
<tr>
<td>3. Depression</td>
<td>.54*</td>
<td>.54*</td>
<td>—</td>
<td>.91*</td>
<td>9.28</td>
<td>8.12</td>
<td>3.34</td>
<td>1.00</td>
</tr>
<tr>
<td>4. Anxiety</td>
<td>.51*</td>
<td>.57*</td>
<td>.91*</td>
<td>—</td>
<td>9.50</td>
<td>8.58</td>
<td>3.45</td>
<td>1.02</td>
</tr>
<tr>
<td>M</td>
<td>3.88</td>
<td>7.50</td>
<td>7.13</td>
<td>7.29</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>SD</td>
<td>4.38</td>
<td>4.13</td>
<td>7.38</td>
<td>7.08</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kurtosis</td>
<td>5.75</td>
<td>2.66</td>
<td>4.16</td>
<td>3.19</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skewness</td>
<td>1.68</td>
<td>0.40</td>
<td>1.26</td>
<td>1.02</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Note. Correlations and descriptive statistics are below the diagonal for the control group (n = 119) and above the diagonal for the primed group (n = 120). *p < .001.
Racial identity profiles. Racial identity profiles were identified using CRIS scores. Clustering was conducted in a large sample of African American juvenile court respondents in another study (Worrell et al., 2014; $M_{age} = 15.92$, $SD = 1.42$; males = 372, 78%), which included the 119 control condition and 120 threat condition participants. Five racial identity profiles were identified and named in keeping with the previous literature (e.g., Chavez-Korell & Vandiver, 2012; Telesford et al., 2013; Whittaker & Neville, 2010; Worrell et al., 2006): (a) Miseducation-Pro-Black ($n = 69$, 30.5%), (b) Self-Hating ($n = 19$, 8.4%), (c) Multiculturalist ($n = 56$, 24.8%), (d) Low Race Salience ($n = 57$, 25.2%), and (e) Anti-White ($n = 25$, 11.1%). However, only three of the groups had at least 20 participants in both the control and priming conditions—Miseducation-Pro-Black, Low Race Salience, and Multiculturalist—and CD, ODD, MDE, and GAD scores were examined across profiles in these three groups.

The Miseducation-Pro-Black profile was characterized by above average levels (> .5 $SD$s) of Afrocentric attitudes and miseducated attitudes (i.e., endorsement of negative stereotypes about Blacks, suggesting some conflict around being Black). Low Race Salience adolescents were identified by their low scores (< −.4 $SD$s) for all racial identity attitudes. Last, adolescents with

<table>
<thead>
<tr>
<th></th>
<th>Control condition ($n = 119$)</th>
<th>Priming condition ($n = 120$)</th>
<th>t</th>
<th>df</th>
<th>p</th>
<th>$d_{corrected}$</th>
</tr>
</thead>
<tbody>
<tr>
<td>CD</td>
<td>3.88 (4.39)</td>
<td>4.70 (5.26)</td>
<td>−1.31</td>
<td>237</td>
<td>.192</td>
<td>0.17</td>
</tr>
<tr>
<td>ODD</td>
<td>6.76 (4.35)</td>
<td>8.16 (4.75)</td>
<td>−2.38</td>
<td>237</td>
<td>.018</td>
<td>0.31</td>
</tr>
<tr>
<td>MDE</td>
<td>7.13 (7.38)</td>
<td>9.28 (8.12)</td>
<td>−2.15</td>
<td>237</td>
<td>.033</td>
<td>0.28</td>
</tr>
<tr>
<td>GAD</td>
<td>7.29 (7.08)</td>
<td>9.50 (8.58)</td>
<td>−2.18</td>
<td>237</td>
<td>.031</td>
<td>0.28</td>
</tr>
</tbody>
</table>

Note. CD = Conduct Disorder; ODD = Oppositional Defiant Disorder; MDE = Major Depressive Episode; GAD = Generalized Anxiety Disorder.
a Multiculturalist profile reported only one elevated score (> .5 SDs) relative to peers, and that score was for multiculturalist inclusive attitudes.

Most of the literature offers little guidance on how racial identity profiles will relate to stigma priming, but two studies are suggestive. Oyserman et al. (2003) classified students into racial self-schemas on the basis of interviews, and identified individuals with dual schemas (in-group and larger society), in-group schemas only, and no racial self-schema (i.e., low race salience). They found that individuals with the dual schemas had higher grades and academic engagement when compared with their peers with no racial self-schemas. When racial schema was primed, the group with no racial self-schemas was more vulnerable to ST whereas the dual schema group was not. Using Oyserman et al.’s (2003) results as a guide, we hypothesized that individuals in the Low Race Salience profile would be more vulnerable to stigma priming and individuals with this profile in the primed group would report significantly higher scores on CD and ODD in keeping with the negative stereotypes of African American individuals. We also surmised that Low Race Salience participants would show more emotional vulnerability to stigma priming and report significantly and meaningfully higher scores for MDE and GAD than their control group peers.

Telesford et al. (2013) identified several racial profiles in a sample of African American college students, including three that were similar to this study: Multiculturalists, Low Race Salience, and Negative Race Salience (which is similar to the Miseducation-Pro-Black profile in terms of their awareness of, and agreement with, negative stereotypes about African American individuals). They reported that individuals with Multiculturalist and Low Salience profiles had lower psychopathology and rejection sensitivity scores than individuals with the Negative Race Salience profile. Based on both the Oyserman et al. (2003) and Telesford et al. (2013) studies, we hypothesized that the Multiculturalist profile would protect against stigma priming, resulting in no difference in CBRS-SR scores between stigma primed and control group Multiculturalists.

We also used the results of the first part of this study to inform a third hypothesis. In Study 1 and the first part of Study 2, we hypothesized that the stigma primed group’s scores would be lower than the control group’s based on stereotype avoidance. However, vulnerability to stigma priming, especially in the context of nonstereotypical behaviors that make up standardized instruments, may lead to stereotype confirmation as happens in studies of academic performance under threat. The Negative Race Salience group differed negatively from the Multiculturalists and Low Race Salience group in both psychopathology and rejection sensitivity in the Telesford et al. (2013) study, and Telesford et al. suggested that the Negative Race Salience of this
### Table 5. CBRS-SR Scores by Priming Level and Racial Identity Profile.

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th></th>
<th>Priming</th>
<th></th>
<th>t</th>
<th>df</th>
<th>p</th>
<th>d_corrected</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>n</td>
<td>M (SD)</td>
<td>n</td>
<td>M (SD)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Conduct Disorder</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miseducated</td>
<td>30</td>
<td>4.57 (4.15)</td>
<td>38</td>
<td>5.53 (5.16)</td>
<td>-0.83</td>
<td>66</td>
<td>.41</td>
<td>0.20</td>
</tr>
<tr>
<td>Multiculturalist</td>
<td>22</td>
<td>3.27 (3.19)</td>
<td>34</td>
<td>3.32 (4.53)</td>
<td>-0.05</td>
<td>54</td>
<td>.96</td>
<td>0.01</td>
</tr>
<tr>
<td>Low Race Salience</td>
<td>37</td>
<td>2.24 (2.42)</td>
<td>20</td>
<td>3.70 (4.52)</td>
<td>-1.59</td>
<td>55</td>
<td>.12</td>
<td>0.44</td>
</tr>
<tr>
<td><strong>Oppositional Defiant</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miseducated</td>
<td>30</td>
<td>8.07 (4.31)</td>
<td>39</td>
<td>8.56 (4.28)</td>
<td>-0.47</td>
<td>67</td>
<td>.64</td>
<td>0.11</td>
</tr>
<tr>
<td>Multiculturalist</td>
<td>22</td>
<td>7.86 (4.97)</td>
<td>34</td>
<td>7.41 (4.94)</td>
<td>0.33</td>
<td>54</td>
<td>.74</td>
<td>-0.09</td>
</tr>
<tr>
<td>Low Race Salience</td>
<td>37</td>
<td>4.89 (3.10)</td>
<td>20</td>
<td>7.20 (4.55)</td>
<td>-2.27</td>
<td>55</td>
<td>.03</td>
<td>0.62</td>
</tr>
<tr>
<td><strong>Major Depressive Episode</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miseducated</td>
<td>30</td>
<td>9.57 (8.37)</td>
<td>39</td>
<td>8.10 (5.74)</td>
<td>0.86</td>
<td>67</td>
<td>.39</td>
<td>-0.21</td>
</tr>
<tr>
<td>Multiculturalist</td>
<td>22</td>
<td>6.95 (6.50)</td>
<td>34</td>
<td>8.41 (8.64)</td>
<td>-0.67</td>
<td>54</td>
<td>.50</td>
<td>0.19</td>
</tr>
<tr>
<td>Low Race Salience</td>
<td>37</td>
<td>4.45 (6.71)</td>
<td>20</td>
<td>7.40 (8.26)</td>
<td>-1.36</td>
<td>55</td>
<td>.18</td>
<td>0.41</td>
</tr>
<tr>
<td><strong>General Anxiety Disorder</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Miseducated</td>
<td>30</td>
<td>9.37 (7.46)</td>
<td>39</td>
<td>8.38 (6.13)</td>
<td>0.60</td>
<td>67</td>
<td>.55</td>
<td>-0.15</td>
</tr>
<tr>
<td>Multiculturalist</td>
<td>22</td>
<td>8.04 (7.33)</td>
<td>34</td>
<td>9.26 (10.25)</td>
<td>-0.48</td>
<td>54</td>
<td>.63</td>
<td>0.13</td>
</tr>
<tr>
<td>Low Race Salience</td>
<td>37</td>
<td>4.67 (6.38)</td>
<td>20</td>
<td>7.30 (7.76)</td>
<td>-1.37</td>
<td>55</td>
<td>.18</td>
<td>0.38</td>
</tr>
</tbody>
</table>

group might make them particularly vulnerable to ST. Thus, we hypothesized that the Miseducation-Pro-Black group would be vulnerable to stigma priming and that individuals with this profile would report higher scores under priming than the control group.

As can be seen in Table 5, two of the three hypotheses were supported. Individuals with Low Race Salience profiles had meaningfully higher scores under threat (.38 ≤ d ≤ .62) than individuals with this profile in the control group on all four CBRS-SR scores, although only the ODD difference was statistically significant as well. Also as hypothesized, Multiculturalists in the threat condition did not differ significantly or meaningfully (.01 ≤ d ≤ .19) from Multiculturalists in the control condition. However, our hypothesis with regard to the Miseducation-Pro-Black profile was not supported, with stigma primed and control group participants with this profile reporting similar CBRS-SR scores.

### General Discussion

The present study is the first to examine the effect of stigma priming on assessment situations in juvenile court respondents. Two hypothetical stigma
priming conditions were tested in separate studies. In Study 1, respondents were asked to state their racial group membership before completing the CD, ODD, MDE, and GAD scales of the CBRS-SR. No differences in scores were identified between adolescents in the stigma primed and control conditions. In Study 2, the salience of the priming condition was increased by having participants complete a racial identity scale. Results revealed no effect on CD scores. However, stigma primed adolescents reported significantly higher scores for ODD, MDE, and GAD than their peers in a control group. The findings for ODD were contrary to our hypothesis, as we expected lower scores based on previous evidence of stereotype avoidance in stigma primed, minority groups (Pascoe & Smart Richman, 2009; Steele & Aronson, 1995). However, higher MDE and GAD scores were as hypothesized and indicated that stigma priming can result in higher internalizing self-reports. Analyses also showed that adolescents in the Low Race Salience cluster were more vulnerable to stereotype confirmation than their peers. In contrast, adolescents with Multiculturalist and Miseducation-Pro-Black profiles did not differ across priming conditions.

**Stigma Priming in Detention Settings**

In Study 1, we found that asking youth to report their ethnic-racial group membership had no impact on CBRS-SR scores. Increasing the salience of the prime resulted in elevated scores on ODD, MDE, and GAD. The fact that the ODD scores were higher rather than lower needs additional study. It is possible that demographic differences between participants in the previous studies and the present studies help explain the inconsistencies. Previous studies were conducted with college students in university settings. As noted by Steele and Aronson (1995), African American individuals in university settings have been known to use strategies to decrease the perceived “race-class stereotype as potentially menacing” (p. 803). The discrepancy in the results suggests that stigma priming theory developed in college students is not necessarily generalizable across adolescents at risk.

Respondents in the present study may use a different set of coping strategies that may be more characteristic of African Americans adolescents from low SES backgrounds. Ferguson (2001) argued that adolescents from low SES backgrounds are often taught to stand up for themselves when they feel threatened, perhaps leading to higher scores on oppositional defiance. A second possibility—psychological reactance—may also explain why an effect was found for ODD scores but not CD scores. ODD items on the CBRS-SR pertain more to resistance to authority; in contrast, CD items are more associated with violations of other peoples’ rights. MDE and GAD scores reflect
internalizing concerns, and the higher scores for the primed group on these two subscales support claims that ST results in increased levels of anxiety (see Steele & Aronson, 1995).

**Stigma Priming and Racial Identity Profiles**

Study 2 examined the effects of stigma priming on individuals with different racial identity profiles. Results provided some insight regarding the psychology of stigma priming in adolescents involved with the juvenile justice system. Specifically, thoughts and feelings about being African American shaped responses to stigma priming. Although the expanded nigrescence model (Vandiver et al., 2002) associates only self-hatred attitudes with psychopathology, the present study supports the hypothesis that Multiculturalist racial profiles, which represent a dual identity, are protective (Oyserman et al., 2003; Telesford et al., 2013; Whittaker & Neville, 2010). It is possible that Multiculturalists have successfully integrated both positive and negative racial identity attitudes, and assimilating stimuli in a stigma priming condition does not require accommodation to stereotype conforming behaviors. A similar line of logic might explain why adolescents with Miseducation-Pro-Black profiles were unaffected by the threat condition. That is, making racial identity salient did not affect their already stereotyped conformist self-evaluation of behavior (i.e., the miseducation items assess endorsement of negative stereotypes of African American individuals).

Research on adolescents with Low Race Salience profiles is mixed. Some researchers have argued that adolescents without an integrated set of racial identity attitudes are vulnerable to unfavorable outcomes (e.g., poor school grades and low academic persistence; Oyserman et al., 2003). In contrast, Telesford et al. (2013) recently reported low levels of psychological distress in Low Race Salience young adults, and their levels of distress were comparable with levels found in Multiculturalists. However, there was no priming in the Telesford et al. study, making it more akin to the control condition. In the present study, adolescents with Low Race Salience profiles reported meaningfully higher scores for CD, ODD, MDE, and GAD behaviors when racial identity was primed. These data indicate that racial identity may be more important to Low Race Salience adolescents than their self-reports and profile classification suggests, an importance that is only apparent in the face of priming, as was the case in this study and Oyserman et al.’s. Given the results, it is possible that the Low Race Salience label is misleading. As argued by Oyserman et al. (2003), “it is likely that race may not be a particularly important self-defining characteristic for many [aschematics] unless pertinent life experiences make it central” (p. 335). It would be important for
future studies to address latent racial identity attitudes, particularly among individuals who report Low Race Salience attitudes.

**Implications for Intervention**

Results of the present study suggest that racial identity attitudes may provide another avenue for researchers to explore interventions intended to counter the harmful effects of stigma. In one of the first stereotype intervention studies, Aronson, Fried, and Good (2002) taught African American college students about the malleability of intelligence, and this information appeared to inhibit the effect of ST on their academic performance. Good et al. (2003) conducted a similar study in which the malleability of intelligence was taught to middle school students. These researchers showed their intervention lessened the impact of ST on standardized math scores in female students, and reading scores in minority and low SES students. Other successful stereotype interventions have included self-affirmations (Martens et al., 2006) and lessons focused on reducing intergroup bias (Rosenthal & Crisp, 2006) in college students. Further research in this area should include racial identity attitudes, and using racial identity profiles to identify students in most need of intervention might prove beneficial.

Differentiating personal and group self-concepts might be one way to examine how racial identity is related to ST and stigma priming more broadly. The CRIS includes items that make both personal and group self-concepts salient, and Telesford et al. (2013) found that African Americans with different racial identity profiles differed on both personal and race-based rejection sensitivity. A study focused on differentiating these types of threats will be helpful in understanding threat activation when using racial identity priming and might also illuminate when personal versus group self-concept is a more fruitful avenue for ST interventions.

Results of the present study also have implications for counseling situations with African American adolescents. That is, clients who report low racial identification (i.e., Low Race Salience) might benefit from exploring these attitudes. Low Race Salience adolescents might also benefit from exploring what types of events prime stigma for them, and how they might be internalizing the harm incurred by those events. Miseducation-Pro-Black adolescents reported slightly higher than average levels of externalizing and internalizing behaviors relative to peers. These behaviors may be related to ambivalence about being an African American individual, as individuals with this profile endorsed living by Afrocentric principles and, at the same time, negative stereotypes about African American individuals. Thus, Miseducated adolescents might be fruitful targets of psychotherapy focused on developing
unconditional positive attitudes toward their group. In contrast, and as was found in previous studies, racial identity is not a likely source of psychological distress in adolescents with Multiculturalist profiles, suggesting that their psychological concerns stem from other issues.

**Limitations and Future Directions**

To control for differences in reading abilities and to expedite screening procedures in the setting where this study was conducted, respondents were read screening items. The effect of reading CRIS or CBRS-SR items on respondents’ scores is unknown, although adequate psychometric properties suggested scores on these scales were reliable and valid. Another limitation was the sample size. Some of the racial identity profiles identified in the present study included only a few adolescents, and it is not clear to what extent the results generalize to other adolescents with similar racial identity attitudes and profiles. Thus, replication of the current findings is an important next step.

Nonetheless, the present study is one of few to examine participants’ self-report scores on a standardized rating scale using the stigma priming paradigm. Armenta (2010) showed that highly ethnically identified Latinos performed poorly on a test of intelligence when compared with peers with lower levels of ethnic identification. Results of the present study suggest that some racial identity attitude profiles are potential indicators of stigma priming vulnerability as well. Future study of racial identification and racial identity profiles as explanatory variables in contexts where stigma priming occurs is warranted.

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