

Diondre Also Has Bad Days: Cannabis Use and the Criminalization of Black Youth

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Black, school-aged youth may experience socioeconomic, psychological, and emotional difficulties that affect their mental health, leading to maladaptive ways of coping, such as cannabis use. Instead of getting treatment and support to help them manage their stressors in positive ways, Black youth often receive punitive school practices, including referrals to the juvenile justice system. Counselors who work with school-aged youth are likely to encounter many Black youth and can thus either be instrumental to their psychological development or inadvertently impede their well-being with over-pathologization and criminalization of their cannabis use. In this article, the author reflects on a particular experience he had working with a Black youth and how it influenced his cultural competency and development as a counselor. The author also discusses the socioeconomic landscape and psychological experience of Black youth and their rationale for cannabis use. The article concludes with implications for professional counselors.

Keywords: Black youth, cannabis use, criminalization, school-aged youth, cultural competency

Even though people of all races use drugs at similar rates, drug enforcement in the United States overly targets low-income communities and people of color in general (Camplain et al., 2020; Centers for Disease Control and Prevention [CDC], 2019). A growing body of research further suggests that the enforcement of cannabis laws not only disproportionately affects marginalized communities, but that those laws particularly affect Black adolescents and young adults, who, in comparison to their White counterparts, often experience more cannabis possession arrests (Ammerman et al., 2015; Bunting et al., 2013; Tran et al., 2020). Hence, for many Black youth who use cannabis, especially those who live in low-income communities, the intersection of race and low socioeconomic status (SES) becomes a prelude to systematic stigmatization and over-pathologization, resulting in the criminalization of their cannabis use.

The two monolithic societal institutions most complicit in the criminalization of Black youth's cannabis use include the school/educational system and the juvenile justice system (JJS; Bacher-Hicks et al., 2021; Blitzman, 2021; Sheehan et al., 2021). Because of their scope of influence, power, and authority over all youth in the United States, the systematic decisions and practices endorsed within these institutions in response to Black youth's use of cannabis can often lead to deleterious and enduring consequences that can adversely impact their mental health. Professional counselors who work with school-aged youth will likely be Black youth's first encounter with the counseling profession. Therefore, these counselors' engagement with Black youth will likely set the stage for their perception of behavioral health professionals. These counselors can assume a position of active, resolute defense and support of Black youth to bring an understanding to these systems about their ecology and rationale for cannabis use and foster proactive, helpful, and supportive strategies that nurture positive coping and healthy habits. Furthermore, these counselors can challenge the status quo and effect systematic change to combat the paradigms that stigmatize and pathologize Black youth who use cannabis.

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Alternatively, even inadvertently, counselors working in these systems may impede the well-being of Black youth by becoming complicit in these systems and endorsing the pathologization of Black youth and the criminalization of their cannabis use. For instance, counselors may have inherent biases about Black youth, their community, and why they use cannabis. Furthermore, counselors may have views about substance use that prejudice their thinking and approach to working with this population. Even when counselors can bracket their biases (Kocet & Herlihy, 2014), they may fail to address the structural barriers or systems that maintain a posture of criminalizing and dehumanizing Black youth.

Therefore, the purpose of this article is to describe the ecological context of Black youth, particularly in low-SES communities; their reasons for using cannabis; and the response of the school and criminal justice systems to this use. This article also discusses how counselors working in these systems or with Black school-aged youth can be efficacious advocates, promote healthy coping habits, and address systemic barriers that are harmful to Black youth's mental health. To illustrate these issues, I will begin by sharing an anecdote of one of my experiences as an early-career mental health counselor who was part of a multidisciplinary team primarily working with school-aged youth. I hope that this article will make counselors more aware of their biases, particularly regarding cannabis use among Black youth, and that they will work to minimize bias and meet this population's needs effectively.

Personal Anecdote

Very early in my career as a mental health counselor, I had an epiphany about the profession and my unwitting complicity in pathologizing and criminalizing Black youth who used cannabis. I was part of an interagency collaborative team that included the public school system, a community mental health organization, a case management team, and the JJS. Our goal was to help so-called *troubled teens* make better choices and graduate from high school. Referrals to our team usually came from high school teachers, administrators, or the JJS. All the referred youth were enrolled in a public school system. We covered several counties whose demographics included mostly White, Black, and a few Hispanic students.

I was in the position for about 6 months when I noticed a behavior pattern. I must say before I describe this behavior that I had developed relationships with this interdisciplinary team, and they were good people who meant well. However, the approach the team took, including myself, with the White students was different than that used with the Black students. Most of the time, the youth were referred for the same reasons: They were caught smoking, possessing, or being under the influence of cannabis on school grounds. I remember the case of two youths specifically, whom I will refer to as Diondre and Johnny. Johnny was a White teen who lived in a town not too far from Diondre. This town is predominantly White, and Johnny's family would be considered upper middle class. Diondre came from the other side of town, an area that is predominantly Black, which was considered "the ghetto." Diondre's family was considered working class.

As the team simultaneously worked with these two youths, a pattern emerged. The approach with Johnny was very restorative, and there was an inherent belief that Johnny was not "this kind of person," that he was just going through a tough phase, and that we needed to help him bounce back. Team members would say of Johnny, "He's a good kid," "You know, 'boys will be boys,'" and, "He's just experimenting. . . . When I was his age, I did too. I just didn't get caught." Coming out of those meetings, Johnny might have thought of himself: "I'm a good kid. I'm just having a bad day, and this is not really me. I have worth, and people believe that I will eventually turn things around."

In contrast, meetings with Diondre were very combative; there was always a more solemn tone, and sometimes even an aggressive one, used with him. Team members would say about Diondre, “He’s acting like a thug,” “I think he’s in a gang. Is there a father figure in the house?” “We need to get him some mentoring,” and “You know, his mom has never attended one of the intervention meetings; she probably doesn’t care—you know these parents.” At meetings, Diondre would hear statements such as “If you don’t stop doing this, you’re gonna be in juvie” and “Diondre, you need to shape up. Life is hard, but you gotta toughen up.” Coming out of those meetings, Diondre might have thought of himself: “I’m a bad seed, inherently flawed and destined to be locked up. I can’t have a bad day. It’s always like this. I don’t learn. My mom doesn’t care about me, and people don’t believe I’m worth the trouble.”

Because I was the only Black male on the team, I was assigned to “speak some sense” into him—“Have a man-to-man talk with him,” as one team member said. I recall during my first meeting with Diondre that he was slumping in the chair, and I caught his eyes—it is an image that is indelibly imprinted on my mind. Diondre sat in the chair defeated, exuding hopelessness and sadness. Looking over at me, before I could get a word out, Diondre mumbled with a sigh, “Man, you don’t even know me.” His facial expression, his dispirited disposition, and his words shocked me. Immediately, I recognized that yes, it was true: I did not know him. I did not care to know his story, his experience, or his world. I had made assumptions about him and his cannabis use, just like the others on my team.

I realized I had been complicit in the system by criminalizing a young man for his cannabis use and never once finding out what was underneath it. I had never given him the benefit of redemption as I did with Johnny. Now I had learned that, yes, Diondre was redeemable, and like Johnny, he could have bad days. I experienced his life changing as I worked through my biases about him, his community, and his cannabis use, which was something to which I could not relate. Although I had taken a course in multicultural counseling and addiction, I was so steeped in my biases and “cultural superiority” that it impaired my ability to effectively work with a population different from mine. I had become complicit with the system; until my epiphany, I did not advocate for change. I share this story and this article especially for new or emerging counselors who may work in programs or institutions that serve Black youth as a reality check and way of reassessing their roles and fiduciary duties to the clients they serve.

Cannabis Use and Mental Health Among Black Youth

Cannabis is the most frequently used illicit substance by adolescents in the United States (Miech et al., 2017). For instance, in 2019, 37% of U.S. high school students reported past cannabis use, and 22% reported use in the past 30 days (C. M. Jones et al., 2020). Moreover, teenage cannabis use is at its highest level in 30 years, and today’s teens are more likely to use cannabis than tobacco (C. M. Jones et al., 2020). Despite this rise in teen use and the laissez-faire, pro-recreational support of cannabis use by the majority of U.S. adults (Van Green, 2022), researchers have well elucidated the dangers of cannabis use on the developing brains of teenagers and youth.

Several studies have, for example, found that consistent or heavy use of cannabis is likely to have permanent effects on adolescents, including long-lasting impairment of cognition, brain structure, and brain function associated with a potentially irreversible decline in intelligence quotient (Batalla et al., 2013; Jackson et al., 2016; Szczepanski & Knight, 2014). Furthermore, long-term use of marijuana during adolescence is also associated with increased incidence and worsened course of psychotic, mood, anxiety, and substance use disorders (Levine et al., 2017). Additionally, the American Academy of Child

and Adolescent Psychiatry (AACAP; 2023) asserted that short-term cannabis use can lead to, among other things, problems with memory and concentration, school difficulties, increased aggression, and worsening of underlying mental health conditions. Given these potential harms, it behooves parents and community and government leaders to develop programs and services that can discourage or otherwise lessen the use of cannabis among all youth.

Although many programs and services have been proffered and continue to be developed to address cannabis use among youth, punitive methods that disproportionately affect Black youth continue to be the most dominant approach (Volkow, 2021). Black youth tend to be penalized more frequently and to a greater degree when compared to their White counterparts (Ammerman et al., 2015). Instead of being assessed for treatment and support to help them manage stressors or cope with traumas or other emerging mental health challenges, Black youth disproportionately receive school disciplinary actions ranging from detention to suspension as well as referrals to the JJS (Sheehan et al., 2021), a process that has been aptly referred to as *the school-to-prison pipeline* (Bacher-Hicks et al., 2021; Blitzman, 2021).

Ecology of Black Youth

Several studies that examined racial differences in motives for cannabis use have found that Black adolescents and emerging adults tend to use cannabis for three main reasons: coping, emotional enhancement, and social motives (Buckner et al., 2016; Patrick et al., 2011; Terry-McElrath et al., 2009). Therefore, counselors must seek to understand the environmental context of Black youth, particularly those who live in low-SES communities, to address their cannabis use competently and ethically. Bronfenbrenner's (1995) ecological systems theory can help counselors understand the ecological context in which Black youth's development occurs and, by extension, potentially why they use cannabis.

According to Bronfenbrenner (1995), complex interactions between individuals and their environments shape human development. Bronfenbrenner's model consists of five interrelated systems: microsystem, mesosystem, ecosystem, macrosystem, and chronosystem. Examining these various systems will help counselors deal with their biases and increase their knowledge so they can forge culturally responsive approaches in managing cannabis use. Although numerous aspects are implicated in Black youth's ecological systems, Black youth are frequently more vulnerable to socioeconomic and psychosocial factors that affect their mental health (American Psychological Association, 2017), often leading to maladaptive coping strategies such as cannabis use. A few of these factors are discussed below.

Black youth are more likely to live in impoverished neighborhoods with limited access to quality education, health care, and recreational resources (Sanders et al., 2023). Additionally, Black youth encounter higher rates of unemployment and underemployment compared to their White counterparts (Ren, 2022). These factors sustain their rationale for using cannabis to cope with stressors (Andrews et al., 2015; Mrug et al., 2016).

Black Youth and Mental Health

Another important factor to consider in the ecology of Black youth is their poor mental health status resulting from their social context. Black youth are more likely than their White counterparts to be overrepresented in environments where adverse childhood experiences occur, such as low-income neighborhoods and the foster care system (Bernard et al., 2020). Black children are more likely than White children to be exposed to frightening or threatening experiences (Morsy & Rothstein, 2019). Twice as many Black children compared to White children have lost caregivers to COVID-19 (Treglia et al., 2023), and they have also experienced vicarious racism and trauma in witnessing the widely televised murders of Black people (J. C. Williams et al., 2019).

These environmental stressors, along with psychological factors, including depression, post-traumatic stress, suicide, racism, and substance-using peers, exacerbate Black youth's vulnerability to worsened mental health problems, including depression and suicide. According to the AAKOMA Project, Black youth experience significant anxiety related to decision-making and worrying about bad events happening (Breland-Noble, 2023). King et al. (2022) explained that depression symptomatology can be one of the driving forces behind cannabis use for coping in Black youth and can thus result in more frequent cannabis use. Not only are Black youth experiencing severe challenges associated with SES, education, housing, and mental health, but suicide rates among Black youth have increased sharply (Lindsey et al., 2019; Stone et al., 2023).

Race-Based Trauma

Black youth, particularly in urban environments, report high incidences of exposure to interpersonal trauma (Henderson, 2017). Relatedly, racial trauma due to systemic racism, including discriminatory practices, racial profiling, and unequal access to opportunities, is a critical factor that negatively affects Black youth's mental well-being (J. C. Williams et al., 2019). Constant exposure to racial discrimination can lead to feelings of hopelessness, anxiety, and depression (Mouzon & McLean, 2017). Saleem et al. (2020) explained that racial trauma can significantly contribute to high rates of trauma among Black youth. Schools are often one of the first sites where Black youth experience racial trauma and its physical, psychological, and spiritual consequences (Marie & Watson, 2020).

Suicide

According to data from the CDC, from 2018 to 2021, the largest increase in suicides among people 10–24 years old was Black individuals, with an increase of 37%. This rise in suicide among Black youth has been increasing for over two decades (Stone et al., 2023). Furthermore, between 1991 and 2017, suicide attempts among Black adolescents increased by 73%, while attempts among White youth decreased, according to an analysis of more than 198,000 high school students nationwide (Lindsey et al., 2019).

Furthermore, according to AACAP, suicide rates among Black youth have risen faster than in any other racial/ethnic group over the past two decades, with suicide rates in Black males 10–19 years old increasing by 60% (AACAP, 2023). Additionally, early adolescent Black youth are twice as likely to die by suicide as compared to their White counterparts (AACAP, 2023). Even among the youngest children—ages 5–12—research has found that Black youth in this age category were approximately twice as likely to die by suicide than their White counterparts (Stone et al., 2023).

According to The Trevor Project (2020), 44% of Black LGBTQ youth seriously considered suicide in the past 12 months, including 59% of Black transgender and nonbinary youth. Furthermore, 17% of Black LGBTQ youth attempted suicide in the past 12 months, including more than one in four Black transgender and nonbinary youth. Nearly twice as many Black LGBTQ youth ages 13–17 attempted suicide in the past 12 months compared to Black LGBTQ youth ages 18–24 (The Trevor Project, 2020).

Despite these clear indicators of underlying issues, instead of being perceived as youth with potential cannabis use disorders trying to cope with a myriad of emotional, psychological, and socioeconomic challenges, Black youth who use cannabis are often perceived as pathologically deficient (McElrath et al., 2016) and deserving of punitive treatment approaches such as being referred to the criminal justice system. Hence, the JJS has become the de facto “drug treatment” system for Black youth with substance use disorders (SUDs) in the United States (M. E. Johnson et al., 2022).

Confronting Biases: My Journey of Self-Exploration

Existing biases, stereotypes, and misinformation may lead counselors to assume that Black youth use cannabis more frequently than their White peers, which further justifies pathologization of their cannabis use, just as I did when working on the interdisciplinary team. My and the team's prejudices against Diondre's cannabis use caused us to see him and people in his community as *pathological* users of drugs, unlike Johnny, who was only experimenting and would get over it. These biases were likely, in part, informed by research, which continues to find that Black youth report a greater likelihood of cannabis use than their White counterparts (R. M. Johnson et al., 2019; Lanza et al., 2015; Wu et al., 2016).

As I embarked on a journey of deep self-reflection after my epiphanic moment with Diondre, one of the things I realized was that science and research have historically not only failed the Black community, but they have also been weaponized against it in all domains, especially behavioral health science (Scharff et al., 2010). I thus had to confront an epistemological assumption that helped me understand research differently. Although research articles were limited in describing the complexity of cannabis use within the Black community and Black youth, I came to understand the role of these and other research limitations in the perpetuation of bias and stereotypes.

As explained by Connelly (2013) and Puhan et al. (2012), despite the primary goal of presenting limitations being to provide meaningful information to the reader, too often, limitations in medical education articles are overlooked or reduced to simplistic and minimally relevant themes. Whether clearly communicated by researchers or neglected by practitioners, overlooking limitations and other aspects—such as sample size, population, and other methodological or analytic procedures—can reinforce very harmful beliefs that influence our practice of counseling. Research had informed me and others on the team that Black youth used cannabis more than White youth, but questioning research, particularly research limitations, had opened my eyes to a reality that contradicted what I believed.

I came to realize, as explained by Unger (2012), that much of the research on racial or cultural differences in cannabis use tends to categorize racial groups into broad umbrella designations (e.g., White, Hispanic, Black, Asian) without considering the extensive heterogeneity of people within these categories. Social, biological, cultural, and other factors may contribute to the heterogeneity of risk for substance use by non-racial characteristics, but these factors are not often examined (Unger, 2012).

Lee et al. (2021) examined the complexity of youth's cannabis use across racial, ethnic, and cultural backgrounds. A total of 68,263 adolescents between the ages of 12 and 17 were divided into seven subgroups by race/ethnicity (White, Hispanic, Black, Asian, Native American, Native Hawaiian/Pacific Islander, and mixed race). Lee et al. then examined cannabis-specific risk and protective factors, including perceived availability of cannabis, adolescents' perceived risk of cannabis use, and perceived disapproval of parents, peers, and close friends. Past-month, past-year, and lifetime cannabis use were used as cannabis use outcomes to examine the associations with risk and protective factors as well as with race/ethnicity.

Lee et al.'s (2021) study found that 1) the perceived availability of cannabis was associated with higher use, 2) lower disapproval of cannabis use perceptions and lower cannabis risk perceptions were also associated with greater cannabis use, and 3) disapproval of one's parent(s)/peer(s)/friend(s) was inversely related to past-month, past-year, and lifetime cannabis use. These findings suggest there is substantial heterogeneity of cannabis risk, protective factors, and cannabis use across race and ethnicity among U.S. adolescents when other sociological and cultural factors are considered,

as Unger (2012) previously emphasized. So, it is not that Black youth use cannabis more than White youth, but rather that Black youth, particularly in low-SES communities, may experience more risk factors that better account for or motivate cannabis use than their race.

Black Youth, the War on Drugs, and Cannabis Use

The American JJS is characterized by an overrepresentation of Black youth, including Black children at young ages (e.g., Abrams et al., 2021; Puzzanchera, 2021; Puzzanchera et al., 2022). Although Black Americans make up only 15% of all youth, 41% of youth in custody in the United States are Black (Puzzanchera, 2021). Furthermore, according to the Sentencing Project, Black youth are more likely to be in custody than White youth in every state but Hawaii (Rovner, 2023).

In 2017, the Sentencing Project reported that Black youth in the United States disproportionately enter the JJS at significantly higher rates than their White peers. Black youth are more than four times as likely to be detained or committed to juvenile facilities as their White peers (Rovner, 2023). This influx of Black youth in the criminal justice system has been called the school-to-prison pipeline, a phenomenon wherein students are pushed out of public schools and into the JJS, often causing irreparable harm (Hemez et al., 2020).

The school-to-prison pipeline often includes policies such as zero-tolerance discipline, school-based arrests, disciplinary alternative schools, and secured detention (Hemez et al., 2020; Welsh & Little, 2018). Black students are often subject to harsher disciplinary actions at school than White students are, and those punishments can damage students' perceptions of their school and negatively affect their academic success years later (Del Toro & Wang, 2023). Although Black students make up 16% of public school enrollment, they account for 42% of all students who have been suspended multiple times. Black males have led the country in suspensions, expulsions, and school arrests (Green et al., 2020), while Black students with disabilities are the most likely to receive out-of-school suspensions (Harper, 2021).

The JJS is ill equipped to provide support for Black youth who use cannabis for coping. Research indicates that youth in the JJS are grossly under-assessed for SUDs, and many are never referred for SUD treatment, even when current substance use and associated problems are reported (M. E. Johnson et al., 2022). Black youth are sometimes assessed as having behavioral problems rather than having a mental health or substance use issue (AACAP, 2022). Black youth who do receive diagnoses are often misdiagnosed or are over-diagnosed, including with very severe disorders that exaggerate legitimate mental health symptoms (Rutgers University, 2019; Schwartz & Blankenship, 2014).

Given this complexity of their ecological developmental context, it is incumbent upon counselors who work with Black youth, especially in collaboration with or within the JJS, to engage with them ethically, competently, and empathetically instead of becoming complicit with systems that perpetuate racialized systematic barriers that can lead to disastrous outcomes for Black youth. Having a correct understanding of the origin and intent of drug laws in America can help counselors dismantle their prejudices, biases, and assumptions against Black youth.

As mentioned in the anecdote, although I am a Black man, I did not grow up in the United States and therefore lacked significant understanding of certain aspects of U.S. history, which impacted my working with Diondre. For instance, I was aware of slavery, Jim Crow, and racism toward Black people, but was very much ignorant of the composite of laws embodied in the war on drugs and how

it originated as a way to demonize Black and Brown people. My journey in understanding Diondre's context led me to the realization that from their inception, most drug laws in the United States were aimed at demonizing Blacks for the purpose of incarceration.

According to Baum (2016), President Nixon's domestic policy advisor John Ehrlichman revealed this very motive in a 1994 interview, in which he stated that the war on drugs had begun as a racially motivated crusade to criminalize Black Americans and the antiwar left:

The Nixon campaign in 1968, and the Nixon White House after that, had two enemies: the antiwar left and black people. . . . You understand what I'm saying? We knew we couldn't make it illegal to be either against the war or blacks, but by getting the public to associate the hippies with marijuana and blacks with heroin. And then criminalizing them both heavily, we could disrupt those communities. We could arrest their leaders, raid their homes, break up their meetings, and vilify them night after night in the evening news. Did we know we were lying about the drugs? Of course we did. (LoBianco, 2016, paras. 2–3)

Understanding that policies enshrined in the war on drugs originated with a malicious animus against Black bodies made me realize that a system was in place that continued to propagate the dehumanization of Black people through unwitting yet complicit participants, including me. This knowledge increased my awareness of what I was doing and laid bare my biases and how they influenced my work with Diondre.

Counseling Implications

Although counselors can impede and be complicit in perpetuating systems that are deleterious for Black youth who use cannabis, they can also be crucial allies in supporting their needs. First, counselors need to educate themselves about how addiction occurs. Some counselors may hold on to debunked theories about addiction, such as the choice theory, which erroneously posits that addiction is a choice (Heyman, 2009), or the moral theory, which posits that addiction entails a moral failing (Kennett & McConnell, 2013; Pickard, 2017). Both of these views blame the person with an addiction for their problems, justifying judgmental behaviors toward them, such as my initial approach to working with Diondre. But these views are not consistent with current research and best practices.

Many researchers and government agencies have increasingly come to understand addiction as a brain disease that affects every demographic and that treatment rather than punishment is a much more effective approach in helping people with SUDs (CDC, 2023; Goldstein & Volkow, 2011; R. Johnson, 2021; National Institute on Drug Abuse [NIDA], 2020). Counselors who understand addiction as a disease can provide insight and understanding about the plight of Black youth who use cannabis to cope and can create an environment of empathy, healing, and capacity rather than punishment.

Second, counselors need to understand that many of the drug laws in the United States were not developed based on sound scientific research and a clear understanding of how addiction happens. Rather, they were built on racist ideologies that demonized Black Americans and other racial and ethnic minorities (Flowe, 2021; Hickman, 2000; Waxman, 2019; E. H. Williams, 1914). Combined with flawed addiction theories (e.g., the aforementioned moral model and choice theory), drug laws were designed to penalize instead of treat people battling addiction, especially racial and cultural

minorities (Flowe, 2021; Kennett & McConnell, 2013; Pickard, 2017; University of Georgia School of Law, 2022). Counselors should reflect upon what they learned about drugs and both the historic and present regulation of drugs in the United States.

Third, counselors need to increase their level of self-awareness. As Ratts et al. (2015) explained in the Multicultural and Social Justice Counseling Competencies (MSJCC), “Privileged and marginalized counselors develop self-awareness, so that they may explore their attitudes and beliefs, develop knowledge, skills, and actions relative to their self-awareness and worldview” (p. 5). Developing self-awareness is very hard, because it requires a level of vulnerability and honest self-reflection that can often be brutal. Doing the work reflects a deep exploration of one’s self, values, beliefs, and assumptions and can bring out a lot of shame, causing one to be trepid and shrink from vital acts of self-exploration. Nevertheless, this work is essential if we are to be honest with ourselves and develop cultural humility.

Moreover, doing the work in my experience has resulted in such an unparalleled and profound groundedness that I have no regrets doing it. This practice of self-exploration has not always been easy, but it has truly transformed my existence as a human being, making me a better person. After my epiphany with Diondre, I explored my *isms*. I remember that one of my *aha* moments was realizing that, although I was a Black man working with Black youth, I was both a victim and a perpetrator of internalized racism (Hall, 2010). Scholars have referred to this phenomenon of Black-on-Black racism in many ways, such as *colorism* (Clark, 2007; Fears, 1998; M. M. Williams, 2011), *internalized racism* (Hall, 2010), and *double consciousness* (Du Bois, 1897). Deep reflection caused me to realize that, even as a Black man in the United States, I had adopted negative messages about individuals in my own race, and these influenced my understanding of my clients’ issues and my provision of clinical services.

Both Johnny and Diondre were caught using cannabis, but my and my team’s disposition toward them differed. The assumption was that Diondre’s use was pathological somehow and required a *heavy hand*, while Johnny’s use was exploratory and required a *gentle nudge* in the right direction. Race was the delineating factor, and me being Black did not ensure support for Diondre because of my negative internalizations. Although all forms of racism are harmful, internalized racism is especially toxic, as it is a rejection of self and a tacit acceptance of oppression. Self-exploration as a result of my experience with Diondre not only benefited him, but it helped me grow in my acceptance of my humanity in areas I was unaware that I was neglecting.

This allowed me to be more open to other perspectives and human experiences. I became genuinely interested in Diondre as a person. I visited his community, his church, and his home; I spent time with him and his friends at the park. I met his pastor, who had known him since he was an infant. I saw him playing the drums at his church. I met his uncle, who affirmed that “he gon’ be a good quarterback.” I met his father, who, although he did not live in the same home with Diondre and his mother, was nonetheless invested in his son’s life. I met his cousins who introduced him to cannabis and experienced the verbal chastising of them by their aunt, Diondre’s mom. I listened to her talk about her aspirations for her firstborn child and only son. He was a person who was loved. He had challenges, but he also had numerous resources of which I was not aware.

More than 15 years later, I continue to do the work. I assume that I have *isms* that might interfere with the therapeutic process. With my person-centered orientation, I explore elements of culture and identity of my clients; I open a door to explore our differences. The cultural formulation adopted by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders*, (5th ed., text rev.; 2022) is helpful in achieving this. I do it with everyone, even if they appear to be

similar to me. Even with clients with whom I only have a few sessions, I find a way to bring up or broach apparent and hidden cultural differences. Broaching is the process by which counselors bring up cultural characteristics of the client and the counselor and invite clients to explore the relevance of those characteristics (Day-Vines et al., 2007). Broaching is very important because it preemptively communicates to the client that their *whole person* is welcomed into the therapeutic space.

We may only have a few minutes in session to do this work, so I would start by saying something like, “Hey, I know that we are both males, but, for instance, I identify as a cisgendered male. What about you? How do you identify? And what concerns do you have about our similarities or differences?” Doing this allows the client to be seen and sets a tone for our interactions. Even when clients brush this off during our initial session, I have experienced instances in which they bring up things later and were thankful for me broaching; they had made note of it, and it made them feel safe with me. I remember exploring cultural differences with Diondre and, through that process, exploring what it meant to be a Black male in his community. We had profound conversations about identifying as a thug or nerd, which his cousins teased him about. Diondre even opened up and began to explore his sexual orientation, something he did not feel safe doing with anyone in his community for fear of being judged. I continue to practice broaching and highly recommend it.

The fourth action counselors can take to be allies for Black youth who use cannabis calls for moving beyond self-exploration and understanding Black youth’s culture to a commitment to dismantle systemic barriers. The fourth developmental domain of the MSJCC specifies that social action should be employed in six areas, which include, among others, institutional, community, and public-policy levels, to build multicultural counseling competency (Ratts et al., 2015). Structural racism includes the ways in which societal structures and institutions establish and perpetuate policies, practices, and social norms that reify racial hierarchies, including differential access to material conditions and opportunities based on race (Gee & Ford, 2011). Alvarez et al. (2022) emphasized that system transformations can occur at the client level, at the provider level, and at the organizational and community levels. Getting to know myself and my *isms* and gaining an in-depth perspective of Diondre, his family, and his community allowed me to gain insight into their ecological context and the systems they had to deal with, including the multidisciplinary team I was working with. I was not always successful, but I was very committed to pushing for equitable policies. Counselors within schools, the mental health industry at large, and the JJS have an opportunity to advocate for equitable treatment so that clients such as Diondre can have the same expectations for restoration and redemption despite their ecological contexts.

Conclusion

Over the past 15 years of experience as a professional counselor, I have come to value the experiences that have shaped me into the person I am today. Not that I am free from defects as a person and as a clinician, but I am *becoming*. Becoming a multiculturally competent counselor requires that we constantly look at ourselves and the systems within which we are employed. As our country becomes more polarized and people retreat into silos of ideology, political dogma, religiosity, and otherizing, as counselors we must resist. I am convinced more than ever that we need to maintain a stance that consistently heralds a message of love, compassion, empathy, and humanization.

To do this, we must commit to doing the work—the ongoing and at times painful, awkward, and vulnerable work of intentional self-reflection, advocacy, and action. Black youth, like other marginalized youth and adults, have suffered much and for a long time. In us they should find refuge, warmth, and a safe space to cry, to laugh, and to question themselves, their cultural identity,

their gender identity, their faith, and more. Through us, they can learn to develop ways to cope with all that they experience without causing deleterious consequences to themselves. By doing the work, we can realize that, just like Johnny, Diondre can have bad days, and with a little help and support, maybe his bad days or maladaptive coping will not lead to life-altering punitive consequences.

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