

Standard 2: Competence

2.01 Boundaries of Competence

(a) Psychologists provide services, teach and conduct research with populations and in areas only within the boundaries of their competence, based on their education, training, supervised experience, consultation, study or professional experience.

(b) Where scientific or professional knowledge in the discipline of psychology establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status is essential for effective implementation of their services or research, psychologists have or obtain the training, experience, consultation or supervision necessary to ensure the competence of their services, or they make appropriate referrals, except as provided in Standard [2.02, Providing Services in Emergencies](#).

(c) Psychologists planning to provide services, teach or conduct research involving populations, areas, techniques or technologies new to them undertake relevant education, training, supervised experience, consultation or study.

(d) When psychologists are asked to provide services to individuals for whom appropriate mental health services are not available and for which psychologists have not obtained the competence necessary, psychologists with closely related prior training or experience may provide such services in order to ensure that services are not denied if they make a reasonable effort to obtain the competence required by using relevant research, training, consultation or study.

(e) In those emerging areas in which generally recognized standards for preparatory training do not yet exist, psychologists nevertheless take reasonable steps to ensure the competence of their work and to protect clients/patients, students, supervisees, research participants, organizational clients and others from harm.

(f) When assuming forensic roles, psychologists are or become reasonably familiar with the judicial or administrative rules governing their roles.

2.02 Providing Services in Emergencies

In emergencies, when psychologists provide services to individuals for whom other mental health services are not available and for which psychologists have not obtained the necessary training, psychologists may provide such services in order to ensure that services are not denied. The services are discontinued as soon as the emergency has ended or appropriate services are available.

2.03 Maintaining Competence

Psychologists undertake ongoing efforts to develop and maintain their competence.

2.04 Bases for Scientific and Professional Judgments

Psychologists' work is based upon established scientific and professional knowledge of the discipline. (See also Standards [2.01e, Boundaries of Competence](#), and [10.01b, Informed Consent to Therapy](#).)

2.05 Delegation of Work to Others

Psychologists who delegate work to employees, supervisees or research or teaching assistants or who use the services of others, such as interpreters, take reasonable steps to (1) avoid delegating such work to persons who have a multiple relationship with those being served that would likely lead to exploitation or loss of objectivity; (2) authorize only those responsibilities that such persons can be expected to perform competently on the basis of their education, training or experience, either independently or with the level of supervision being provided; and (3) see that such persons perform these services competently. (See also Standards [2.02, Providing Services in Emergencies](#); [3.05, Multiple Relationships](#); [4.01, Maintaining](#)

[Confidentiality](#); [9.01, Bases for Assessments](#); [9.02, Use of Assessments](#); [9.03, Informed Consent in Assessments](#); and [9.07, Assessment by Unqualified Persons](#).)

2.06 Personal Problems and Conflicts

(a) Psychologists refrain from initiating an activity when they know or should know that there is a substantial likelihood that their personal problems will prevent them from performing their work-related activities in a competent manner.

(b) When psychologists become aware of personal problems that may interfere with their performing work-related duties adequately, they take appropriate measures, such as obtaining professional consultation or assistance and determine whether they should limit, suspend or terminate their work-related duties. (See also Standard [10.10, Terminating Therapy](#).)

COMMENTARY

Standard 2: Competence

2.01 (a) Boundaries of Competence: Refer to the proposed Principle of Humility in the Values Statement. Cultural competence begins with understanding your own values and biases. As has been stated previously in this Commentary, the majority of psychologists who practice in this country do not have this understanding, much less basic multicultural competence skills, despite years of research and publications urging them to gain those skills.

As an expression of sovereignty, it is critical for the community (or subgroup) to determine whether or not an individual is competent to engage in work with them. A researcher or clinician may believe they have competence to do work with a community, however, if the community does not believe the person has the necessary competence, they do not. Exposure to the community, along with a working knowledge of the community's history and customs are essential for competent work with Native folks. Many tribes now expect a person working in their community to have some training from the tribe, which should be accepted. Further, if the tribe accepts you that is the final word in many cases.

This process is not quick and cannot be circumvented by cursory reading or brief lectures. This process requires skill building as opposed to classroom work.

Story

When I was a counselor in the State of Washington, I learned that the State of Washington was certifying non-Native counselors as "Native American/Minority Culturally Competent" after attending 100 hours of training. Out of curiosity, I signed up to provide training. I learned that the program lined up individuals from many cultures and countries and gave each of them about four (4) hours to present their culture, history and lifestyle characteristics. Once a participant reached their 100 hours, they were given a certificate verifying they were now Culturally Competent to counsel with any minority, Native American/Alaska Native or any cultural group. I was appalled that in order for the State of Washington to comply with its own standard of cultural competency they would do something like this.

I have met many well-meaning people who manage to attend a Sun Dance ceremony as an observer, or go to sweat lodge ceremonies, or participate in a *yuwipi* or other ceremonies, and then claim Indian heritage. They dress up in Native attire and dance at powwows. They give themselves Indian names. They buy turkey feathers made to look like eagle feathers. Some manage to acquire actual eagle feathers and wear them publicly as if they were Native. I've witnessed individuals like this in urban areas where the population of Natives are scarce. I've observed that they don't get out their "regalia" at large powwows and especially at our home powwows, where there would be actual Natives who would be able to identify them as imposters.

2.01 (b) Obtain Training, experience, consultation, or supervision to ensure competence of services: There is a great deal of scientific and professional “knowledge in the discipline of psychology” that “establishes that an understanding of factors associated with age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status is essential for effective implementation of their services or research,” (APA Ethics Code, Standard 2.01b). In spite of that, this knowledge is systematically ignored by graduate training programs, by professional organizations that offer Continuing Education and by practicing psychologists who fail to obtain appropriate consultation or supervision to work with Indigenous populations or students.

Story

In my graduate program, which is an APA accredited Clinical Psychology doctoral program (Psy.D.), there is a complete lack of cultural competence. This institution prioritizes APA accreditation, which appears to encourage the program to be LESS culturally competent. For example, the accreditation guidelines stress assessment and suggest that assessment courses must be taught with more frequency than multicultural courses. The institute has told graduate students that there is a “push” by APA to use assessment experience as the “gold standard” for gaining a slot in pre-doctoral APA internships. This has led to the prioritizing of assessment at the cost of teaching about the importance of cultural competence.

This has been extremely disheartening to me. Assessment instruments such as the Rorschach, MMPI-2, and WAIS 4, are at best irrelevant to most Native communities and at worse, harmful because they have no norms, validity or reliability with our populations. While I have to learn them because I might be working with White clients, my peers and professors do not have to learn cultural competence skills. The implications are that they will never work with ethnic minorities or that if they do, cultural competence skills are not necessary.

Additionally, insistence on certain language skills, such as only writing in APA format, has been, to me, just another form of assimilation. Throughout my graduate program, I have had to take a writing class to improve my writing. All the students in these classes are ethnic minorities. Why is it this way? Why aren't we talking about this? Why don't my professors or the editors at APA journals have to learn how my community talks and thinks? Why is their way seen as ideal? I ask myself these questions because when I go back to my community my family asks me, “Why are you talking that way?” “Where did that come from?” This difference in my way of being and talking then creates distance between my family and me. In order to gain a doctorate, I am being asked to put my culture aside. Is this what we want our training institutions to do?

Story

It's frustrating and disheartening but the reality is that there are many psychologists out there who assume they are multi-culturally competent! I too have experienced damage

from others "seasoned" in the field. I felt they were way off when it came to Native issues and competence. I have received criticism and "feedback" on many occasions for being "too reserved...Native". Not once did the person in the power position consider how they might have contributed to that. I'm glad we completed what we set our minds to (obtaining the doctorate) and now we can work diligently at making impactful improvements.

Story

I mentored a kid who was 17 years old, and who came from a broken home. After hearing his story, I understood why he wouldn't complete the therapy needed to finish his court ordered treatment. I had first thought that if he attended therapy, he would clear all those skeletons out of the closet. But he said the questions they asked made him feel more uncomfortable and they didn't understand what he was feeling. I then backed him up and made the calls necessary to explain to his probation officer that there had been no "cultural sensitivity" in his therapy to date. I had to explain that he had different cultural views and beliefs than the therapists that he had seen before. He wasn't like the usual clients that they saw on a daily basis.

There needs to be training and different approaches when therapists work with Indigenous people. I interacted with this kid's therapist, who didn't believe the Natives were any different from any other person who walked through their doors. In the end, the young man wanted a "traditional healer" and ceremonies to help him get over his past and to guide him in the right direction. I think some people forget the historical trauma we Natives faced a long time ago and also the battles we still fight to this day.

2.01 (c) Relevant education, training, supervised experience, consultation or study:

As illustrated in the story above, many psychologists are not taught that the acquisition of cultural competence skills requires additional "relevant education, training, supervised experience, consultation or study." Not only are general cultural competency skills lacking for many psychologists, practitioners should have cultural training SPECIFIC to the tribe or group with whom they are working.

2.01 (c) Couldn't relatively brief talks (e.g. the four-hour talks) during 100 hours of training be effective in helping practitioners understand histories better? Is it possible that some cultural sensitivity actually is taught through these kinds of training? Is it better to have no cultural sensitivity training, or some training even if it is not 'perfect' (learning is, after all, pretty continuous)?

Story

I think it would be helpful to have some language when it comes to indigenous competencies, about indigenous communities having the right to define what competencies are necessary for their respective population. I may have experience, training, etc. in working with urban American Indians, but that doesn't necessarily equate to competency should I ever work with the Dine on their nation. I may have Cherokee heritage, but I've never worked with Cherokee clients or had specific training to do so. Just because I self-identify as traditional by no means makes me an expert on traditions,

nor should I promote myself as such. There's a difference between having experience that provides some perspective and competency in a specific arena, whether it be cultural or otherwise.

Story

I was teaching Multicultural Psychology in a doctoral program in New York State. One of the requirements of the program for this class was a trip to “another” culture. I travelled with graduate students to Africa, Asia, and Central America. This requirement represented a substantial expense for the students. In its history, the program had had one Native American student. They always mentioned her when they advertised themselves as a “minority friendly program”.

I decided to take the class to a Native reservation that was a three-hour drive from the campus. The program director called me in and wanted to know, “what country this place is in.” No one on the permanent faculty had any awareness of it.

The students had an enlightening and fun trip without having to take out another loan. They met a medicine woman, learned the history of treaties in our area, and became aware of job opportunities in IHS (Indian Health Service), PHS (Public Health Service), and with local tribes. They learned a circle dance, went to a salmon bake, and hung out with local Tribal Council and religious leaders. This represented a whole new world and certainly met the requirement of a trip to “another” culture. The total cost to the students was \$200.00.

2.01 (d) Boundaries of Competence: There are no boundaries to explain what is required to work with certain individuals, communities, or populations. Some individuals may think that reading a few articles or books on Native Americans would make them competent to offer services or work in an educational or research capacity with our people, but it would not. If a psychologist is going to work with a Native Community, the community needs to have a voice in determining what will make this individual competent to work with them. There is so much variability across tribes and traditions that we need to be careful to not generalize. Unless the training is specific, there is a risk of a well intentioned, but insufficiently trained, person doing damage to individuals or communities because they have been educated about "Native people," when in fact they have no clue what they are doing in their current setting.

2.01 (d): What does "closely related experience" mean? Does it mean other minority groups? Does it mean other individuals with a certain diagnosis? Working with a member of one tribe (or another minority) does not make an individual competent to work with an individual from another tribe. Often times we, like other minority groups, are put into the “Native box” and we are assumed to all be the same. This standard suggests that as well, which I think is dangerous. As has been stated before, many psychologists assume they have “related experience” when, in fact, they do not.

2.01(d): “Consultation with community” would be an important safeguard to providing

ethical services.

Story

It is especially hard when those who have power over us claim to be "Indian experts" and have the power to punish you, perhaps causing you to lose your family, your license or your reputation. I had a frightening experience with Child Protective Services in a large city for following traditional practices. The person who came to my home to investigate the complaint against me was White and did not know anything about my culture. It took a huge amount of work to establish my credibility with her and with Child Protective Services. This was very stressful to me and to my family. I don't know how people should be certified to be able to work with Indians but I think taking a course or two on Indian history does not make an expert. Because there are so few Native clinicians in that city, when the investigator named my tribe in a staff meeting even when she did not use my name, my identity was instantly and publicly revealed, thus violating my confidentiality and that of my family.

Story

A positive story that I have to share as an Indigenous Ph.D. student is that I have found the dream of working with Native American (NA) people to be an attainable aspiration. I have the profound desire to work on a dissertation that focused on an area that would help NA people. Due to the fact that my program does not have an American Indian research lab I wondered about the possibility of pursuing a dissertation with an NA population.

After months of discussing those possibilities with my chair, and understanding that an NA focus was not her area of expertise, I decided that if pursuing my research was not realistic under the present circumstances, I would choose a topic that would be more practical. My chair had told me that it had been a long time since she had worked with the qualitative methods that were appropriate for my desired research. However, she clarified that she was planning to polish her skills in that area. By the start of the new semester I had accepted that there were significant limitations to pursuing my desired dissertation topic. I decided that I would not continue insisting to my chair that I wanted to work on that topic.

To my surprise, during my first appointment of the year with my chair, I found that she had already given feedback to the faculty on my work on my intended topic, and that she wanted me to continue writing about that subject. In addition, she had made arrangements to attend the same class on qualitative research that I was scheduled to take for that semester. As soon as I received her feedback I started to edit my work in progress and I could see it becoming a real project. I am happy to report that I have a Chair who is willing go the extra mile to help me reach my research goals.

2.01 (e): Many Native or Tribal communities are in frontier or rural areas. A psychologist may be the only mental health professional around for many miles. Clinics for Native communities often expect the psychologist to provide mental health services for all ages and diagnoses whether it is an emerging area or not. Psychologists working in these areas

must be well-rounded generalists willing to educate themselves in a wide variety of subjects and to readily consult with resources many miles away.

2.01 (f) Forensic Roles: It is important to recognize tribal laws and traditions regarding illegal activities when in a forensic role.

2.03 Maintaining Competence: Refer to Commentary, 2.01 (a). People might just think they can maintain their competence by reading the latest book on Native people. Learning is a continuous and interactive process. In keeping with the Native concept of Respect, it is not respectful for a clinician to expect that their clients will teach them cultural competence skills, e.g. "I learn from my clients." Clients come into treatment because they are in a vulnerable state. For the clinician to expect any ethnic minority client to answer basic questions about their culture because the clinician has failed to obtain consultation or supervision from a colleague or teacher is unethical.

2.04 Bases for Scientific and Professional Judgments: Psychologists' work should also recognize the gaps in scientific and professional knowledge. Given the lack of proven generalizability of research from Western, Educated, Industrialized, Rich, and Democratic (WEIRD) populations to Native populations, it is particularly important to keep in mind the following results from the research of Henrich, J., Heine, S.J., and Norenzayan, A. (2010):

The findings suggest that members of WEIRD societies, including young children, are among the least representative populations one could find for generalizing about humans. Many of these findings involve domains that are associated with fundamental aspects of psychology, motivation, and behavior – hence, there are no obvious a priori grounds for claiming that a particular behavioral phenomenon is universal based on sampling from a single subpopulation. Overall, these empirical patterns suggest that we need to be less cavalier in addressing questions of human nature on the basis of data drawn from this particularly thin, and rather unusual, slice of humanity. (Abstract)

For this reason, it is particularly important to know the culture and community with whom one is working and to use that knowledge as a basis for professional judgments. Often times "Western" approaches are not particularly effective, and can be harmful, with Native individuals or any culture that may have differing health outcomes or disparities.

2.05 Delegation of Work to Others: Avoiding delegation to others with whom the psychologist has multiple relationships seems unreasonable in small tribal communities. If the psychologist was raised in or even lives in the tribal community, this is not possible. Multiple relationships are common and valued amongst many Native people. At the same time, when the psychologist delegates work, care should be taken that the relationship not be exploitative and that the psychologist can maintain objectivity.

2.06 Personal Problems and Conflicts: Values and biases can prevent psychologists from performing their work-related activities in a competent manner. Granted, it's not really clear what your own culturally based values, assumptions, and biases are until you encounter a different culture, as much of it is implicit and automatic. However, I think part of training for cultural competence is helping someone become explicitly aware of their cultural views.

Story

I believe it is hard to determine cultural competency when it comes to a person not affiliated with a recognized tribe who is teaching, guiding, disciplining, or making decisions for an individual who was born, raised, and directly affiliated with a tribe. The needs of our people differ significantly compared to those in other areas in Indian country as well as to those from areas all over the United States.

When speaking with mentors and individuals directly involved in my education, I was told, on several occasions, that I should be very careful in choosing where to attend college. My ultimate goal had always been to attend a particular Ivy League college for graduate school. After completing an internship at that school, I was certain that I wanted to attend graduate school there. However, one of the Assistant Deans there continued to correspond with me after the internship. He strongly suggested that it might be wise to reconsider my choice from graduate school.

Although this Ivy League college claimed to be a strong, culturally diverse, and culturally competent university, the Dean made it clear that that was not the case at all. He told me that, “there would be a cultural struggle and many racial indifferences that would and could be discouraging” when furthering my education. He also mentioned that what I would gain from an Ivy League college I could equally gain from another institution. It took me a year to come to terms with what he was trying to explain to me, as I was deeply offended and discouraged by his words of advice.

After I moved on to finish my Bachelor’s degree at another university, I realized that what he had said was more true than false. The change set back the timeline for my overall goals, but it has not closed the door on them.

As far as increasing competency in Indian Country, I believe that whether I am at an Ivy League school or at another university, implementing appropriately competent practices can only result by working directly with that particular tribe.