Standard 3: Human Relations

3.01 Unfair Discrimination
In their work-related activities, psychologists do not engage in unfair discrimination based on age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, socioeconomic status or any basis proscribed by law.

3.02 Sexual Harassment
Psychologists do not engage in sexual harassment. Sexual harassment is sexual solicitation, physical advances or verbal or nonverbal conduct that is sexual in nature, that occurs in connection with the psychologist's activities or roles as a psychologist and that either (1) is unwelcome, is offensive or creates a hostile workplace or educational environment, and the psychologist knows or is told this or (2) is sufficiently severe or intense to be abusive to a reasonable person in the context. Sexual harassment can consist of a single intense or severe act or of multiple persistent or pervasive acts. (See also Standard 1.08, Unfair Discrimination Against Complainants and Respondents.)

3.03 Other Harassment
Psychologists do not knowingly engage in behavior that is harassing or demeaning to persons with whom they interact in their work based on factors such as those persons' age, gender, gender identity, race, ethnicity, culture, national origin, religion, sexual orientation, disability, language or socioeconomic status.

3.04 Avoiding Harm
Psychologists take reasonable steps to avoid harming their clients/patients, students, supervisees, research participants, organizational clients and others with whom they work, and to minimize harm where it is foreseeable and unavoidable.

3.05 Multiple Relationships
(a) A multiple relationship occurs when a psychologist is in a professional role with a person and (1) at the same time is in another role with the same person, (2) at the same time is in a relationship with a person closely associated with or related to the person with whom the psychologist has the professional relationship, or (3) promises to enter into another relationship in the future with the person or a person closely associated with or related to the person.

A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist's objectivity, competence or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.

Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical.

(b) If a psychologist finds that, due to unforeseen factors, a potentially harmful multiple relationship has arisen, the psychologist takes reasonable steps to resolve it with due regard for the best interests of the affected person and maximal compliance with the Ethics Code.

(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)

3.06 Conflict of Interest
Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial or other interests or relationships could reasonably be expected to (1) impair their objectivity,

competence or effectiveness in performing their functions as psychologists or (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.

3.07 Third-Party Requests for Services
When psychologists agree to provide services to a person or entity at the request of a third party, psychologists attempt to clarify at the outset of the service the nature of the relationship with all individuals or organizations involved. This clarification includes the role of the psychologist (e.g., therapist, consultant, diagnostician, or expert witness), an identification of who is the client, the probable uses of the services provided or the information obtained, and the fact that there may be limits to confidentiality. (See also Standards 3.05, Multiple relationships, and 4.02, Discussing the Limits of Confidentiality.)

3.08 Exploitative Relationships
Psychologists do not exploit persons over whom they have supervisory, evaluative or other authority such as clients/patients, students, supervisees, research participants and employees. (See also Standards 3.05, Multiple Relationships; 6.04, Fees and Financial Arrangements; 6.05, Barter with Clients/Patients; 7.07, Sexual Relationships with Students and Supervisees; 10.05, Sexual Intimacies with Current Therapy Clients/Patients; 10.06, Sexual Intimacies with Relatives or Significant Others of Current Therapy Clients/Patients; 10.07, Therapy with Former Sexual Partners; and 10.08, Sexual Intimacies with Former Therapy Clients/Patients.)

3.09 Cooperation with Other Professionals
When indicated and professionally appropriate, psychologists cooperate with other professionals in order to serve their clients/patients effectively and appropriately. (See also Standard 4.05, Disclosures.)

3.10 Informed Consent
(a) When psychologists conduct research or provide assessment, therapy, counseling or consulting services in person or via electronic transmission or other forms of communication, they obtain the informed consent of the individual or individuals using language that is reasonably understandable to that person or persons except when conducting such activities without consent is mandated by law or governmental regulation or as otherwise provided in this Ethics Code. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

(b) For persons who are legally incapable of giving informed consent, psychologists nevertheless (1) provide an appropriate explanation, (2) seek the individual's assent, (3) consider such persons' preferences and best interests, and (4) obtain appropriate permission from a legally authorized person, if such substitute consent is permitted or required by law. When consent by a legally authorized person is not permitted or required by law, psychologists take reasonable steps to protect the individual's rights and welfare.

(c) When psychological services are court ordered or otherwise mandated, psychologists inform the individual of the nature of the anticipated services, including whether the services are court ordered or mandated and any limits of confidentiality, before proceeding.

(d) Psychologists appropriately document written or oral consent, permission, and assent. (See also Standards 8.02, Informed Consent to Research; 9.03, Informed Consent in Assessments; and 10.01, Informed Consent to Therapy.)

3.11 Psychological Services Delivered to or Through Organizations
(a) Psychologists delivering services to or through organizations provide information beforehand to clients and when appropriate those directly affected by the services about (1) the nature and objectives of the services, (2) the intended recipients, (3) which of the individuals are clients, (4) the relationship the psychologist will have with each person and the organization, (5) the probable uses of services provided and information obtained, (6) who will have access to the information, and (7) limits of confidentiality. As soon as feasible, they provide information about the results and conclusions of such services to appropriate persons.

(b) If psychologists will be precluded by law or by organizational roles from providing such information to particular individuals or groups, they so inform those individuals or groups at the outset of the service.

3.12 Interruption of Psychological Services

Unless otherwise covered by contract, psychologists make reasonable efforts to plan for facilitating services in the event that psychological services are interrupted by factors such as the psychologist's illness, death, unavailability, relocation or retirement or by the client's/patient's relocation or financial limitations. (See also Standard 6.02c, Maintenance, Dissemination, and Disposal of Confidential Records of Professional and Scientific Work.)

COMMENTARY
Standard 3: Human Relations

3.01 Unfair Discrimination: This may be the least enforced Standard in the Ethics Code. Which types of discrimination are fair? Discrimination by psychologists often comes from implicit and unacknowledged biases that are expressed as micro-aggressions. While the term is called "micro," the effect on the receiving party is profound. This Standard only represents lip service or window dressing towards the idea that psychologists should seek out and demonstrate multicultural competence skills.

3.01: Stereotypes are deeply engrained in our society. It is necessary to make a conscious effort in order to treat minority individuals with respect. Psychologists should have awareness of the potential impact of implicit cultural bias on their work.

3.01: I think some times non-Native psychologists have no clue that some of the things they say are harassing and demeaning to Native people. In many ways, we are the hidden minority in the US and are not given the same respect as other groups; just look at the mascot issue. There is a serious lack of awareness around these types of issues, and what the majority culture allows to be categorized as harassing or demeaning.

Story
When I was in my last year of graduate school, I was invited to a training in grant writing sponsored by NIH for young Native investigators. The training featured psychological researchers for mentoring. In the opening remarks, a senior NIH official said that the goal of the meeting was not to lower the standards for grant seeking but rather to create new skills in us to bring us up to the skill level of these other majority researchers. The comment was paternalistic and suggested a genuine bias against the potential skills of young Native scientists. Psychologists were among the trainers and this type of attitude is not limited to NIH.

Story
The doctoral program in which I am enrolled advertises that they have a mission of diversity, but what I have found is a lack of it. It is true that the diversity classes are about various cultures, but only the ones the professors choose to focus on. I did a poster presentation on the difference between cultural awareness and cultural competence because they are so different. I felt small and belittled because of my beliefs and experiences in the classes and could only wait for the class to end to find a safe place to cry.

I understand the school tries with awareness of diversity but they harm because of their lack of understanding and in how they react to other's statements. When you are the only one in your program and are the representative of the Native population, the stress is very high. So it is important and necessary that the faculty model cultural competence.

How about the training from Natives about Native culture? The answer is that while I do that, from whom can I seek guidance, training, and supervision. At the same time, while I have Cherokee heritage, I've yet to work with Cherokee clients nor had specific training to do so. Will I consistently fall under the clause to provide services to every Native client in order to ensure that services are not denied? Is that fair to the client and is that "doing no harm" to both of us?

All I know now is to ask the client, seek supervision, ask on the SIP listserv, and consult the research. So while this is taking steps to obtain the competence, there must be more.

Story
Last week the training director in my program came up and said, "You are starting your externship at an American Indian placement, so how are you going to handle boundaries and dual relationships?" There was no excitement that I was going to work in the Native community where I have been wanting to work. I told her that my supervisor was going to help me navigate my role. She said, "You are a part of the community so you can't have dual relationships." I replied that I had been emailing my supervisor about this navigation. Then she wanted to know which supervisor I was asking, the one at the center (who is Native) or the one at the hospital (who she thinks is white but is Native). It was infuriating and discouraging.

3.03 Other Harassment: It could be that in an academic environment harassment is more common manner due to the imbalance of power. One example particular to ethnic minority students is a disrespect of their desired privacy of information about their personal and family lives. Faculty (who are in power) often assume that they have the right to cross those boundaries. Or perhaps they don't know about them, but why not? Eurocentric environments often disregard the sanctity of such topics. Faculty, knowingly or unknowingly, divulge information that a minority student would not wish to have shared. This can occur when faculty divulges confidential information after promising confidentiality.

3.03 Harassment happens unknowingly because of implicit bias. I have seen and experienced this too much.

3.03: This includes singling out people of certain ethnic or marginalized groups to explain the point of view of their group. This is harassing and demeaning. Tribal communities don't single out that way. Healthy communities don't single out that way.

Story
During my academic career, I have been "talked to," scolded, admonished, and punished for not "tooting my own horn." One of the most painful experiences of my entire career was to sit in my promotion meeting and be told by my wonderful promotion committee (which they truly were; otherwise kind and supportive) that in order to get a promotion, I had to write about all the great and wonderful things that I had done and was doing. The amount of shame that I felt was very strong. Boasting and bragging would get one

ostracized in my culture. It is just wrong. One of my difficulties in writing about this is to articulate this as an ethical issue.

Story

"You need to be more visible, to be asking more questions, to be more involved in class discussions." This typical faculty view is contrary to many Native practices, where respect is shown by silence, and questions in public are considered rude. I was lucky to be one of five Native students in our program, and we sat together in the back row whenever we could. Our grades sometimes suffered because we had not been socialized to be competitive for speaking time and could not compete with majority students in grabbing speaking time in class.

Because we sat together and often went places together, we were sometimes branded as cliquish by non-Native students. The reality was that we were just trying to make it through the program. However, the cliquish reputation got us uninvited to social events.

Other students also thought that we had been admitted into the program because of preferences rather than skill, and that our skills were not up to those of the other students. Some faculty bought into that belief because of our silence in class, feeling we were either dumb or unprepared. The whispers and the looks played into our stereotype threats I am sure.

Story

I had a clinical supervisor at an IHS (Indian Health Service) rotation site who said, " You need to moderate your Indianness." As a Native American student, I was devastated and angry. How could I moderate my Indianness when I am who I am? I consider the disrespect from that person whom I previously considered to be a culturally competent, seasoned IHS employee, to be truly incompetent.

Story

Because I had been through circumstances similar to many described in this Commentary, when I taught in a doctoral program I instituted certain requirements designed to help everyone get the most they could from my classes. I required that every student meet with me individually before the end of the second week of class. That way, the Native, Asian, and Latino students could make a personal connection with me and I could get to know their stories. In order to do this, my office hours were triple what was required in my contract. Secondly, during those first two weeks of class, (regardless of the course title) we talked about cultural safety and cultural communication styles. The students read and discussed research from learning and cognition about which classroom seat positions absorbed more information, how to recognize and respect different discussion styles, and how class and gender affected group communication. This allowed students to learn about implicit biases in an immediate, yet safe, way. This knowledge then could be used to examine the course topic for the semester. Third, I told the class that none of them would ever be asked to educate the class about their particular group. It was my job to present the issues and research from the various groups, whether or not they were represented in the class.

Story
When I was younger, my family and I lived in one of the richer suburbs of the city. But we lived in the lower income part of this suburb. I was known to be one of six Native students in a county that was huge. In my freshman year in high school, we went to watch a school play one afternoon. One other Native student, a friend of mine, was also there. In this play, Natives were characterized as being drunks and the women as not smart. As we sat and watched, our friends looked at us and were just as upset as we were. My friend and I walked out. When the school showed this play to the community, that part of the play was cut out and we received an apology from the school. The school knew that we were the only two Native females in the high school at the time. They didn't ask us if we were offended by that part of the play. They just corrected the situation.

Story
Some colleagues and I wrote the opening chapter for an NIH monograph dedicated to Native health. Our chapter was an overview of Native health in history. The chapter was embargoed from being published for almost three years by the administration in power because they did not did not like our reference to the historical events of small pox infected blankets being distributed to tribes to weaken and subdue them.

3.04 Avoiding Harm: This is where it is important to note how value systems and biases can impact the definition of "harm". Avoiding harm is related to cultural safety and how psychologists' behavior communicates that safety to clients. Micro-aggressions destroy cultural safety. If a psychologist or supervisor does not recognize and accept their actions as harmful, they will not do anything to minimize the harm.

3.04: Psychologists need to increase their knowledge about what is harmful to clients, students, and supervisees before we can discuss minimizing harm. Minimizing harm comes down to awareness, competence, and openness to feedback. It is important to check in with those who have less power than we do, since they are not often comfortable enough to speak up, even when they have been harmed. There are definitely culturally competent ways to do that.

Story
Working in both the research and the clinical field of psychology, I have been fortunate to work in a diverse environment with great mentors and psychologists who value diverse perspectives and backgrounds. Working in that environment has shown me how important it is to seek out opportunities for understanding and clarity, especially in a field where our patients come from diverse backgrounds and experiences. Competence is vital especially when you hold the title of clinician. The community and patients who seek professional expertise come to us as clinicians and expect us to be "competent" in our field of psychology. Research plays a huge role and also serves as a means of training in itself. However, as clinicians we need to seek out opportunities to gain and acquire the necessary skills and training to better and more adeptly serve the community in which we provide professional care.

When I worked in a neuropsych clinic, there were times when we would get Native American patients from the reservation. When they travelled to the major city, out of their natural or safe environment, they often demonstrated the behavioral signs of anxiety and stress due to a new or novel experience. In this case, "competence" not only referred to seeking training in an area in which we were not well informed, it referred to providing our patients with a "safe" environment where they could feel at ease so that we could achieve the best results. "Competence" referred to maintaining appropriate boundaries while helping clients feel at ease.

Story
During my externship, I worked therapeutically with a young woman during the entire rotation. Among her many symptoms, this client used to cut herself. At the end of our time together, she gave me a gift for helping her through rough times. The gift I was given was a tool the client used to cut on herself. I attempted to process this with the clinical supervisor but was told, "Throw it away." I wanted to process the meaning of a gift I thought was highly significant to the client, but could not as a result of the psychologist's incompetence.

Story
I have many times reviewed (and been offended by) APA journal submissions that include Native participants under an "other" category for race or ethnicity to cover over the fact that they were unable to get a representative sample. This practice perpetuates the common and bad science of glossing over groupings.

3.04 Tokenism: Although this insidious practice is not named in this principle, it places the sole Native faculty member directly in the path of harm by placing the departmental responsibility for cultural diversity solely on their shoulders.

Story
I was the only Native faculty member at two universities and the only Native faculty member in Psychology at three. I cannot stress enough how lonely that is, how stressful, and how difficult that is for Native students interested in Psychology. It is a real roadblock to increasing the representation of Native psychologists in the profession.

Story
Native junior faculty members are not only disempowered by their junior position, but they may have a different cultural sense about negotiation for resources and for help. Start-up negotiations are extremely difficult for most Native faculty to negotiate because the practice of start-up negotiations as currently practiced in psychology departments is culturally selfish. Because of my cultural background, I thought that asking for the moon in start-up was wrong, so I was quite conservative in my requests. Later I went back for some additional help and was told, "You should have asked for that in your start-up." The lack of mentoring around such an obvious cultural issue really tends to work against the success of Native faculty members.

3.05 Multiple Relationships: Multiple relationships are common in Native communities, rural settings, and university settings. It is not unusual. The APA guidelines actually are supportive of this BUT the organization of the guidelines makes it difficult to support that contention. For example, *"Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical."* Then in another place: *"(c) When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur."*

So it seems that the guidelines support multiple relationships but, due to how they are organized, seems to contradict itself.

3.05: Multiple relationships are common and in some instances expected in Native communities as relationships are both broad and deep. People in tribal environments are in multiple relationships. Native providers in urban areas are also in multiple relationships because there are so few of us. In certain instances, refusing to provide services because of the potential for multiple relationships would be construed as offensive and perhaps contribute to harm if no care was provided at all. Whether in a rural or an urban area, accessibility to culturally competent services is an issue. This needs to be factored in. We still need to have boundaries around these relationships, and confidentiality is key. We are operating in a context that was not considered when the code was originally written.

3.05: Native American communities can be very cohesive. When Tribal members go away to college, many of them come home. You have your role as a psychologist, but you also have a role as a community member, as a relative, and as a member in your spiritual society. Your therapy client is also the clerk at the store.

Story
I dance jingle dress at powwows. The announcers were introducing me as a clinical psychology doctorate student and I could see how that could potentially be inviting to others. Also, I got to do a Ted Talk about suicide and then was solicited for my advice. My people are so proud of me but at the same time it invites some interactions that may become difficult. It makes it more difficult to say "no" sometimes to members of my community.

Story
One December, I was asked to judge the community's Christmas Tree Lights contest. This was actually an honor because I was not a member of that particular Tribe, but I was seen as someone who participated with the community and who could render a fair judgment. This meant staying after work until it was completely dark (and below freezing) to ride around in the open old convertible of a tribal member with a clipboard to see all the houses in the village. I did it even though I am a "cold wimp." The people who

took me around told me all sorts of stories about the families in each house. This allowed me to understand the dynamics in the village even better. It definitely raised my stock in that village and therefore raised the stock of the clinic.

3.06 Conflict of Interest: This also might be difficult for psychologists working in small communities. They might be the only resource and thus on some level may experience a conflict of interest.

3.06 : Once again, individuals and organizations are mentioned, but communities are not. Communities should be added.

3.09 Cooperation with Other Professionals: Traditional healers should be considered as professionals.

3.10 Informed consent: In some indigenous environments it is culturally inappropriate to ask for signed informed consent. A verbal consent is appropriate. This can be documented on the form, in the research notes or recorded if the interview is recorded.

3.10: Native elders sometimes have difficulty with the idea of signing consent forms, due to our past history of abuse from the government. I explain the form and fill it in as I am explaining it. Then I ask, "Now is this ok?" They will answer yes or no. If yes I will show them where to sign. If they don't write or speak English, a witness also signs.

3.10: Simply stating or reading the consent form at the first session with a client is not sufficient if you have interactions with them in multiple settings. It is important to remind people from time to time. We can not assume they remember the consent form. We use them all time but they don't.

3.11 Psychological Services Delivered to or Through Organizations: This Standard needs to include working with the community and community stakeholders. It should be #1 under (a), before considering individuals.