

Standard 7: Education and Training

7.01 Design of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that the programs are designed to provide the appropriate knowledge and proper experiences, and to meet the requirements for licensure, certification or other goals for which claims are made by the program. (See also Standard [5.03, Descriptions of Workshops and Non-Degree-Granting Educational Programs.](#))

7.02 Descriptions of Education and Training Programs

Psychologists responsible for education and training programs take reasonable steps to ensure that there is a current and accurate description of the program content (including participation in required course- or program-related counseling, psychotherapy, experiential groups, consulting projects or community service), training goals and objectives, stipends and benefits and requirements that must be met for satisfactory completion of the program. This information must be made readily available to all interested parties.

7.03 Accuracy in Teaching

(a) Psychologists take reasonable steps to ensure that course syllabi are accurate regarding the subject matter to be covered, bases for evaluating progress and the nature of course experiences. This standard does not preclude an instructor from modifying course content or requirements when the instructor considers it pedagogically necessary or desirable, so long as students are made aware of these modifications in a manner that enables them to fulfill course requirements. (See also Standard [5.01, Avoidance of False or Deceptive Statements.](#))

(b) When engaged in teaching or training, psychologists present psychological information accurately. (See also Standard [2.03, Maintaining Competence.](#))

7.04 Student Disclosure of Personal Information

Psychologists do not require students or supervisees to disclose personal information in course- or program-related activities, either orally or in writing, regarding sexual history, history of abuse and neglect, psychological treatment and relationships with parents, peers and spouses or significant others except if (1) the program or training facility has clearly identified this requirement in its admissions and program materials or (2) the information is necessary to evaluate or obtain assistance for students whose personal problems could reasonably be judged to be preventing them from performing their training- or professionally related activities in a competent manner or posing a threat to the students or others.

7.05 Mandatory Individual or Group Therapy

(a) When individual or group therapy is a program or course requirement, psychologists responsible for that program allow students in undergraduate and graduate programs the option of selecting such therapy from practitioners unaffiliated with the program. (See also Standard [7.02, Descriptions of Education and Training Programs.](#))

(b) Faculty who are or are likely to be responsible for evaluating students' academic performance do not themselves provide that therapy. (See also Standard [3.05, Multiple Relationships.](#))

7.06 Assessing Student and Supervisee Performance

(a) In academic and supervisory relationships, psychologists establish a timely and specific process for providing feedback to students and supervisees. Information regarding the process is provided to the student at the beginning of supervision.

(b) Psychologists evaluate students and supervisees on the basis of their actual performance on relevant and established program requirements.

7.07 Sexual Relationships with Students and Supervisees

Psychologists do not engage in sexual relationships with students or supervisees who are in their department, agency, or training center or over whom psychologists have or are likely to have evaluative authority. (See also Standard [3.05, Multiple Relationships](#).)

COMMENTARY

Standard 7: Education and Training

7.01 Design of Education and Training Programs: Psychologists will ensure that education and training programs include contributions in scholarship, teaching, service, and citizenship that addresses inclusiveness and domestic and global diversity.

7.01 We have a long way to go with this one (Native or not). There is always a lot of talk about diversity and cultural competence being a major focus of training programs in psychology. However for most programs, diversity is a box to check (i.e. be sure to offer the diversity class). There is no understanding that “diversity” is roughly equivalent to “awareness” and that does not qualify as cultural competence, which is based on the expert use of knowledge and skills. The research regarding cultural factors and the lack of universality of Western psychological concepts is not infused in every class the way it should be.

It is not uncommon for faculty to turn “the diversity stuff” over to the ethnic minority faculty. This is both unethical (Standard 3) and an avoidance of their duties to not only gain cultural competence but to teach it and model that it is important to students. Many faculty and departments can shirk their responsibilities in this area with little or no consequences. The fact that this is common practice in psychology departments in the U.S. is an indication that the Ethics Code is considered distantly aspirational rather than realistic.

Story

During its APA review my doctoral program was told to infuse diversity in the curriculum. Few faculty made any changes in their curriculum and when they did it was minor.

Story

It is common to hear undergraduate students in my psychology courses saying things like, “Indians are getting rich off their casino money. They don’t need affirmative action (or something similar).” This happens routinely in the Ethnic Minority Psychology course. The department should offer combat pay to faculty who teach the course. If all faculty included cultural components in their subject areas, a separate class for racist statements would not exist.

7.02 Descriptions of Education and Training Programs: Based upon eleven years of higher education and 27 years of working as a university faculty member, I believe that it is unethical for a training program to recruit ethnic minority students if they do not have ethnic minority faculty. Those students are expected to carry a load that the non-ethnic minority faculty members are not willing to model: that of being a culturally competent psychologist. Too many students do not experience sufficient faculty support and suffer a great deal as a consequence.

Cultural competence in the supervising faculty in the University and in APA Approved Internships certainly needs to be addressed. In the Psychology Dept. in which I teach, the lack of cultural competence comes though mostly as micro-aggressions and the absence of cultural issues being addressed in the courses.

7.03 Accuracy in Teaching: Consistent with Standard 3 of the APA Ethics Code, psychologists will ensure that all psychology courses, at the graduate and undergraduate level, include specifically outlined content in the course syllabi that addresses domestic and global diversity in every subject area.

7.03: In situations in which it is difficult for someone to have in-person access to a course taught by an elder, the psychologist should become creative in order to access the necessary training. For example, distance or blended learning (distance and some contact, like a seminar) might be considered.

Story

In my graduate program, often times during diversity discussions, stereotypes were reinforced rather than being addressed constructively. I think this was the case because those who were attempting to include diversity in their courses really had not acquired the skills to handle the discussions. It takes more than reading an article to become culturally competent.

Story

I can say that I was chosen by my graduate program because the school was in trouble for their lack of diversity. The school was incredibly white, with predominantly Jewish professors. The “culture classes” were taught usually by someone from the dominant society who did not have the skills to teach the class. Students felt that culture was being shoved down their throats because it wasn’t made relevant. The school began to utilize me for Indian culture trainings even though I was still a student. Nonetheless, the way that I taught made it more palatable to the other students. The most important thing regarding training and education is that you have to know yourself and your values first before you can help to educate or train others. It was pretty difficult navigating that graduate school.

Story

My graduate school got a half million dollar grant to educate American Indians in an MFT (Marriage and Family Therapy) program. The school advertised the program and got about 20 Native students from around the nation. The director told the students that their tuition was free due to the grant. After they started, the students were sent to the financial aid office and instead, were given loans for their tuition. The school used me as the program’s coordinator and a teacher in the program. Only four of the 20+ students finished. I learned the hard way that education is a business with the goal to make money.

Through that program I learned about SIP and have been back every year. I have a passion for culture and have learned much from my family at SIP and by studying and educating myself regarding cross-cultural psychology. I now supervise psychology students in practicum and pre-doc placements. I love working with diverse students. I have learned to walk in both worlds but many days it is a struggle.

7.05 Mandatory Individual or Group Therapy: Since very few programs create a safe and supportive environment for Native students, I cannot imagine that those same students would be interested in participating in therapy as a part of the program. The programs that require this may be making it difficult for Indian people to participate in their programs.

7.06 Assessing Student and Supervisee Performance

Story

For the past 5 months, I have been the external clinical supervisor for a Navajo psychology intern who has not received culturally competent clinical supervision since she started in her program. She was given a very critical evaluation regarding her perceived weaknesses. The intern told me that much of what the supervisor wrote was hear-say and she had not been observed directly by him. The supervisor did not review it with her and did not give her a date to review her performance again. I wrote to the supervisor and the department chair and requested an update to that evaluation. Although I did not receive a direct reply, the intern was evaluated again, much more favorably this time.

The evaluation directly stated that she had improved due to my supervision (how would they know?). She brought me a blank evaluation and stated that her supervisor wanted me to fill it out. I based my feedback on her performance in supervision and upon my direct observation of her clinical skills. She received an 'A' for her work for the semester. This intern was in danger of being dropped from her internship due to a lack of cultural competence on the part of her internship faculty and to her powerless position.

Ethnic minority students are evaluated in internship all the time and many times are found wanting as a result of cultural issues. This the third time in two different internships over the past 5 years that I have had to intervene to save the career of a promising Native psychology intern. The two previous interns have gone on to make significant contributions as early career psychologists.

Story

I had a clinical supervisor at an IHS (Indian Health Service) rotation site who said, I "need to moderate my Indianness." As a Native student I was devastated and angry. How could I moderate my "Indianness" when I am who I am? The disrespect of that psychologist, a seasoned IHS employee, was truly incompetent. I always wonder how many Native American students have experienced what I went through.

Story

As an intern, I saw a Native woman who was struggling with a bad medicine dream. Afterward, I went to talk with my supervisor because the session was disturbing. First, she asked when the client was coming back. When I told her the appointment time, the supervisor said she just wanted to be prepared if the pictures on the shared wall between our offices began spinning around at that time. Her response was one of dismissal of the spiritual and cultural aspects of the subject for the client and for me as the intern. She then proceeded to tell me I had a problem with spirituality. I didn't feel safe to bring up cultural or spiritual issues for clients in supervision after that for fear of being ridiculed.

Story

As a Caucasian woman of Western European decent, I offer my perspective based on what I have heard and observed. Part of my work involves providing services to psychologists and other mental health professionals who are being disciplined by licensing boards or employers for ethical violations. Most frequently, I provide supervision, ethics consultation, and remedial education. Less frequently, I provide psychotherapy and assessment. In each of these contexts, I have tried to listen carefully to the perspectives of those with whom I work.

When I reflect on the supervisees, consultees, and clients in these situations, particularly those with Native heritage (and in some cases, those with other ethnic backgrounds), I think about the fault lines that result in difficulties that evolve into ethical errors or misunderstandings that lead to complaints. Sometimes Native therapists are hired so that an agency can offer more culturally competent services to their clients. This is an important and admirable goal. Subsequently, those same therapists are sometimes referred every single Native client, regardless of whether the therapist has the necessary training or competency to address the client's specific issue or even when they are not afforded the culturally competent supervision needed to respond in a helpful way.

As a result, people get thrown in over their heads and are sometimes exploited. They may also be overworked and undernourished (professionally), which is a set up for making both clinical and ethical errors. In these cases, I think that the error is *primarily* the responsibility of the system, and not that of the individual therapist or psychologist.

I would like to see something in the ethics code that holds the systems accountable (actually, the psychologists who run those systems). Currently, the code addresses individuals and does not take into account the context in which those individuals practice. Actual ethics complaints, in these situations, can be an extreme result of untenable circumstances. In most cases, such circumstances do not develop into complaints. Yet, the problem still exists. I would like to see supervisees be afforded greater protection by, and recourse through, the ethics codes.